

APPLICATION
HOUSING AUTHORITY OF OSAGE COUNTY
P. O. BOX 818, PAWHUSKA, OK 74056
PHONE #918-287-2270 FAX # 918-287-2224

THINGS TO SPEED UP YOUR APPLICATION PROCESSING:

1. ***READ CAREFULLY AND PROVIDE ALL INFORMATION REQUIRED.***
2. ***ALL APPLICATIONS MUST HAVE THE FOLLOWING TO BE PROCESSED:***
 - Copies of Social Security Cards, Drivers Licenses and Birth Certificates for all persons to be living in the apartment.
 - Two (2) references for the head of household and one (1) reference for anyone else that will be living in the apartment that is 18 years or older. These references cannot be related to you or anyone in your household.
 - Acceptable references are:
 - Rent References (***Must be on Business Letterhead or Notarized.***)
 - Business/Credit References (***Must be on Business Letterhead or Notarized.***)
 - Personal Character References (***Must be on Business Letterhead or Notarized.***)

These references must include the following:

 - Name, address and phone number of person or business giving the reference.
 - State years of acquaintance
 - Type of acquaintance
 - Must state your character as they know it
3. ***Signatures*** of all adult members (18 years or older) of household.
4. ***Verification*** of income. This must be faxed or mailed from your employer.
5. ***Pay any money owed to this or any other Housing Authority.***
6. ***You must not have any family members engaged in any criminal activity or drug-related activity.***
7. ***Information about the Housing Authority of Osage County:***
 - HAOC provides equal opportunity housing.
 - HAOC does not provide emergency housing.
 - Rent is income based; wages, child support, alimony, pension, Social Security, SSI, TANF, interest and head rights, etc.
 - Security deposit is required. Additional deposit required for pets and proof of current rabies vaccination and City tags (where applicable).
 - HAOC does not provide any utilities. Applicants will pay all utility deposits (when instructed to do so by Project Manager) and must have service at all times.
 - Stove, refrigerator, central heat and air, washer and dryer hookups are provided.
 - Yard care is provided free.

*If you have any questions please call the number above and we will be glad to assist you!
Please return in a long envelope #10 or bring to office.*

APPLICATION

PHA use only: Date of application _____ Time of application _____

Rent references (1) _____ (2) _____ Business Credit References (1) _____ (2) _____

Business and or Personal Character References (1) _____ (2) _____

Signed by applicant _____ Co-applicant _____ Social Security Cards _____

Birth Certificates _____ Drivers Licenses _____ Income information _____

NCIC Report sent _____ returned _____ OCIS Search _____

PHA Certification: Based on the determinations set forth above, this family was found to be:

Eligible _____ Ineligible _____ Declined _____ Dated Admitted _____ Bedroom size _____

Signature of PHA Representative: _____ Date _____

Pawhuska _____ Hominy _____ Barnsdall _____ Shidler _____ Fairfax _____ Osage _____

Will any household member require modifications or special features in order to fully utilize Public Housing? Handicapped accessible _____ Audio _____ Visual _____ Partially Accessible _____

Do you have a pet? _____ Yes _____ No Will you be getting a pet? _____ Yes _____ No

Are you or anyone in your household a smoker? _____ Yes _____ No

Do you understand the deposit will be higher for a smoker and payable by monthly payments until paid in full?

1. **Name of head of household:** _____
2. **Name of adult co-head of household:** _____
3. **Current address; Street, Apt. #** _____
Current City, State and zip. _____
Current Area Code, Home & work Phone #s _____
Emergency contact Person & phone _____

For Statistical Purposes Only

4. **Race of Head:** _____ Caucasian/White _____ African American/Black _____ Asian or Pacific Islander _____ Native American/ Alaskan Native
5. **Ethnicity of Head:** _____ Hispanic/Latino _____ Non-Hispanic/Non Latino

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the Public Housing Authority unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

Name Last, First	Date of Birth	Sex	Age	Social Security Number	Relation to Head	Disabled Person	Full time student
					Head		

6. Do you anticipate any changes in household composition with in the future? Yes No

7. Is the applicant family displaced by a declared Natural disaster, such as a flood, fire, etc?
Yes _____ No _____

8. Is the applicant family displaced by domestic violence? Yes _____ No _____

9. Is any adult family member employed? Yes No If yes, name address & phone # of employer: _____

10. Is any family member enrolled in a job training program, including one required under the Welfare program Yes No

11. Is any adult family member enrolled in an education program full-time? Yes No

12. Family Income Information: Please list the source and gross amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI SSID Unemployment, Worker's Compensation, Child Support, Indian headright, etc. Example: Wages, \$150/week, SSI, \$421/ month

Family Member Name	Income Source	Amount \$	Frequency – Per Week Month Year

13. Do you have a checking or savings account or own any Certificates of Deposit, stocks bonds etc? Yes No If yes, describe the type of asset(s): _____

14. Do you own any real estate? Yes ___ No ___ If yes, what is the current market value & address? _____

15. Have you sold any real estate in the past two years? Yes ___ No ___ If yes, what was the address _____

16. Current Landlord's name and phone# _____

Date Family moved to this location _____

17. Most recent address, Street, Apt. # _____

Most recent City, State and Zip _____

Most recent Area Code and Phone # _____

18. Prior Landlord's name, Phone # _____

Date Family moved to this location _____

19. Have you ever lived in public housing before? Yes ___ No ___ If yes, where? _____

Date: From _____ To _____ Name of Lessee: _____

Do you currently owe any money to a housing authority Yes ___ No ___

20. Have you ever been evicted from housing Yes ___ No ___ If yes, why? _____

21. Do you have any past due utility bills? Yes ___ No ___

22. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation Yes ___ No ___ If yes, please explain the nature of the problem, who was involved and date: _____

23. Is any one in your household currently on parole or probation? Yes ___ No ___ If yes, please explain: _____

Qualifying for Deductions in Calculating Rent:

24. Is the head of household or spouse age 62 or older or a person with a disability?

Yes ___ No ___

25. Is any person in the household disabled? Yes ___ No ___ If yes, please answer the following questions, if no, skip to question #28.

26. Does your household have any medical expenses (include insurance, Medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? Yes ___ No ___ If yes, please describe the type of expense (not your medical condition) and the un-reimbursed amount you spend per month on all medical expenses:
Type of expenses: _____

Name, address & phone # of a medical professional or pharmacist who can verify monthly medical expenses: _____

27. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work Yes ___ No ___ If yes, please describe the nature of the expense and the monthly amount: _____

Please give us the name, address and phone # of someone who can verify the expense: _____

28. Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training? Yes ___ No ___ If yes, please list the name, address and phone# of your child care provider: _____
_____ Monthly un-reimbursed child care cost: \$ _____

29. Is any member of the household age 18 or older other than the family head and spouse a full time student? Yes ___ No ___

30. Drivers License or State ID # Applicant: _____

Co-applicant: _____ Automobile: Year _____

Make: _____ Model: _____ License: _____

I/We certify that the statements on this application are true to the best of my/our knowledge and believe and understand that they will be verified. I/We authorize the release of information to the Housing Authority of Osage County by my/our employer(s), the Department of Public assistance, the Social Security Administration, and or other business or government agencies. I/We understand that any false statement made on the application will cause me/us to be disqualified for admission.

Applicant Signature _____ Date _____

Co-applicant Signature _____ Date _____

Adult Member _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000.00 or imprisoned for not more than five years or both.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

HOUSING AUTHORITY OF OSAGE COUNTY
P.O. BOX 818
PAWHUSKA, OK 74056

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house;▫ Required to repay all overpaid rental assistance you received;▫ Fined up to \$ 10,000;▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	<p>When you answer application questions, you must include the following information:</p> <p>Income</p> <ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive) <p>Assets</p> <ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

