



# Clarksville Housing Authority

605 Lucas Street • Clarksville, Arkansas 72830  
Phone: (479) 754-3564 • Fax: (479) 754-3963

## Dear Applicant:

We appreciate your interest in obtaining housing with the Clarksville Housing Authority. Please read the enclosed application, complete, and return it in person with the required documentation as listed on page three. Please note that when you are offered housing, you will need to have funds available covering the following:

- Security Deposit on Unit . . . . . \$ 200.00 Family/Single/Elderly/Non-Elderly Family**
- . . . . . \$ 100.00 Elderly/Disabled**
- Pet Deposit (if applicable) . . . . . \$ \_\_\_\_\_**
- Current Month's Rent . . . . . \$ \_\_\_\_\_**
- Electric Deposit . . . . . \$ 200.00**
- Gas Deposit. . . . . \$ 120.00**

Vacancies are filled from a waiting list. Letters will be mailed periodically asking if you are still interested in housing with us. If you are, please respond in the given time frame or you will be dropped from our active waiting list.

Please feel free to call or come by the office if you have any questions concerning the application or your status on the waiting list.

## Definitions of Eligible Families:

“All of the federally defined families, including elderly, family, near-elderly family, disabled family, displaced family, remaining member of a tenant family, and a single person and two or more persons related by blood, marriage, adoption or other operation of law, or two or more persons who are not so related but who will live together in a stable relationship and share resources.” (Documenting a stable relationship and shared resources between otherwise unrelated individuals usually involve documenting a living arrangement that is already in place.)

The Clarksville Housing Authority provides housing and residential support for low-income families (singles included). The 173 well-maintained units have easy ground level access and are centrally located in the Clarksville city limits. Rent is based on income and is recalculated once each year. There are deductions for disabled, elderly, and families as follows:

**DISABLED AND ELDERLY DEDUCTIONS** – all verified medical expenses not covered by Medicare or additional insurances which exceed 3% of the household income.

**EXAMPLES:** Rx (prescription) drugs doctor bills, hospital bills, supplemental health insurance policies, personal and over the counter items as necessitated by physician, etc. Please ask if you are unsure as to these deductions.

**FAMILY DEDUCTIONS** – Documented childcare expenses incurred while working, looking for work, or attending school or job training.

## INCOME LIMITS:

|                   |          |          |          |          |
|-------------------|----------|----------|----------|----------|
| # FAMILY MEMBERS  | 1        | 2        | 3        | 4        |
| HOUSEHOLD MEMBERS | \$36,550 | \$41,750 | \$46,950 | \$52,150 |
| #FAMILY MEMBERS   | 5        | 6        |          |          |
| HOUSEHOLD INCOME  | \$56,350 | \$60,500 |          |          |

**CLARKSVILLE HOUSING AUTHORITY**  
**Main Office**  
**605 Lucas Street**  
**Clarksville, AR 72830**  
**Telephone: (479) 754-3564 Fax: (479) 754-3963**

**APPLICATION for PUBLIC HOUSING**

**This is not a Section 8 application and cannot be used for the Housing Voucher program.**

**Instructions: Please read Carefully. Incomplete applications will not be processed.**

1. This application is valid for all public housing properties operated by the Housing Authority
2. To be qualified for admission to public housing an applicant must:
  - (a) Be a family as defined in PHA's Admission and Continued Occupancy policy.
  - (b) Meet the HUD requirements on citizenship or immigration status.
  - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices.
  - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers.
  - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session, if requested to do so.
  - (f) Pay any money owed to PHA or any other housing authority.
  - (g) Not have had a lease terminated by PHA in the past 12 months.
  - (h) Be able and willing to comply with the Housing Authority lease; and
  - (i) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.
3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.
4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.
5. Applicants with disabilities may seek assistance with the completion of the application at PHA's Admissions and Occupancy Department, at the address above.
6. PHA will conduct a criminal record check on all applicants age 18 years and older.



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**APPLICATION CHECKLIST**

**Please provide all applicable documents:**

- \_\_\_\_\_ Driver's License or current picture identification; photo ID for each applicant 18 years of age & older
- \_\_\_\_\_ Social Security cards (numbers) for all applicants and members of family applying
- \_\_\_\_\_ Birth Certificates on all applicants or sign a Declaration of Citizenship form; birth announcements accepted on a temporary basis until a birth certificate is provided
- \_\_\_\_\_ Full Time Student(s): Proof of enrollment at a college, university, or trade school
- \_\_\_\_\_ Immigration and Naturalization Service card and/or certificate issued by the U.S. Dept. of Justice

**Verification of Income from ALL sources:**

- \_\_\_\_\_ Social Security and/or SSI earnings/benefit award letter(s) dated within 60 days of application (1-800-772-1213) Pending: \_\_\_\_\_yes OR \_\_\_\_\_no
- \_\_\_\_\_ Income from Employment: verification form filled out by the employer; include anticipated income (such as a bonus or pay raise you expect to receive); provide the most recent pay stubs which indicate the year-to-date income (must be current and consecutive) Pending: \_\_\_\_\_yes OR \_\_\_\_\_no
- \_\_\_\_\_ Unemployment Benefits: statement with \$ amount, start & end dates
- \_\_\_\_\_ Pension or Retirement payments Pending: \_\_\_\_\_yes OR \_\_\_\_\_no
- \_\_\_\_\_ Alimony or Private Financial Support Pending: \_\_\_\_\_yes OR \_\_\_\_\_no
- \_\_\_\_\_ Child Support: verified through agency dispensing funds Pending: \_\_\_\_\_yes OR \_\_\_\_\_no
- \_\_\_\_\_ TEA and/or SNAP (Food Stamps) Verified by DHS Pending: \_\_\_\_\_yes OR \_\_\_\_\_no
- \_\_\_\_\_ School Funding: Federal funding; grants; scholarships; etc.
- \_\_\_\_\_ VA Disability: Letter from the Office of Veteran Affairs stating dollar amount currently receiving (must be dated within 60 days of application) Pending: \_\_\_\_\_yes OR \_\_\_\_\_no

**Income from Assets including but not limited to:**

- \_\_\_\_\_ Checking account: current three consecutive statements
- \_\_\_\_\_ Statements of interest earned from savings account(s), Credit Union(s), IRA(s), 401K(s) Certificate(s) of Deposit, dividends from stocks and/or bonds, trust fund(s), etc.
- \_\_\_\_\_ Tax Assessment on real property, or real property sold within the past two years, or provide a Copy of Quitclaim deed
- \_\_\_\_\_ Self-Employment form; copy of year-end income tax

**A copy of the following (if applicable):**

- \_\_\_\_\_ Marriage Certificate or proof of established relationship of 12 months or more (such as lease agreement(s) and/or utility bills with both names listed, etc.)
- \_\_\_\_\_ Divorce Decree(s) Pending: \_\_\_\_\_yes OR \_\_\_\_\_no
- \_\_\_\_\_ Custody/Guardianship Papers: Pending: \_\_\_\_\_yes OR \_\_\_\_\_no
- \_\_\_\_\_ Child Care Expense(s): form filled out by childcare provider

**Elderly/Disabled: Medical expenses not covered by insurances including, but not limited to:**

- \_\_\_\_\_ Pharmaceutical printout(s) for 12-month period indicating co-pay amounts
- \_\_\_\_\_ Medical statements indicating what is owed and the monthly payment amounts (or proof of what has been paid)
- \_\_\_\_\_ Power of Attorney or other legal documents concerning applicant
- \_\_\_\_\_ Request for special accommodations: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

- \_\_\_\_\_ Form HUD-52675: Debts owed to public housing agencies and terminators.
- \_\_\_\_\_ Form HUD-92006: Supplement to application for federally assisted housing. *in the application*
- \_\_\_\_\_ Enterprise Income Verification form (sign and date) required on all applicants 18 years & older.

## Dear Applicant(s):

Please read the front and back cover pages of the application. Fill out the application to the best of your ability. If you are unable to fill it out by yourself, please ask a family member or friend to assist you.

*If the application is mailed to you, and after filling it out, review it and make sure all of the pages are filled out completely, signed, and dated on the highlighted requests for signatures.*

*Review the application check list on the reverse side of this page and check all document requirements that pertain to you and/or other family members.*

*Provide the "checked" documents with the filled-out application at time of submission in order to complete your application requirements. We will make copies from the original documents. If you have copies of personal information, we will only accept certified copies from local, state, or federal agencies.*

A list of qualifications may be found on the back of the application cover page.

Provide complete names of apartment complexes and/or the names of landlord(s) or manager(s), and mailing addresses (including city, state, and zip code) in the rental history section.

**Verification of SSI and SS earnings must be dated within 60 days of application submission.** To receive an updated letter of SS or SSI earnings, go online at [www.socialsecurity.gov](http://www.socialsecurity.gov) to set up your own account and print the verification. Or you may call the toll-free number 1-800-772-1213 to request a copy. The nearest SSA office is located at 2708 E. Parkway, Russellville. The phone number for that office is 1-877-445-0827.

CHA will conduct criminal record checks, other background checks, and request rental references on all applicants 18 years of age and older.

Once eligibility is determined, complete applications will be entered into the computer and placed on a preliminarily approved waiting list in the order received by date and time.

The waiting list will then be processed in order according to unit type and size and admission preferences.

Our local preferences are elderly/disabled, full-time students, and working family (20 hours or more/week) for the head of household.

If you do not qualify for the local preference, your name will be listed below those who are qualified.

Vacancies are filled from waiting lists (NO EXCEPTIONS!).

We ask you to keep your information updated on any changes in family composition, income, telephone numbers, and/or addresses.

Applicants with disabilities may seek assistance with the completion of the application at CHA's Admissions and Occupancy Department, 605 Lucas Street, Clarksville, AR.

All applicants 18 years of age and older must sign and date the Enterprise Income Verification form in order to verify employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

If you have any questions, do not hesitate to call the office at (479) 754-3564 or come by during our regular business hours (8:30 am – 12 noon, 1-4 pm, Monday – Friday, closed holidays and weekends).

**If required documents are not provided during the submission interview, the application will not be further processed until such documentation is turned in.**

**Applications without complete documentation will not be accepted.**

PHA use Only: Date of Application: \_\_\_\_\_ Time of Application: \_\_\_\_\_  
 CPD \_\_\_\_ TT \_\_\_\_ Notes: \_\_\_\_\_

**The Clarksville Housing Authority is an Equal Housing Provider**

- 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 \_\_\_\_\_

**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 you, list all persons who will live in the PHA 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.

|   | First Name & Last Name if different from Head's | Date of Birth | S<br>e<br>x | Social Security Number | Relation to Head | Disabled Person? | Birthplace: City/State | Full-time Student ? |
|---|---|---------------|-------------|------------------------|------------------|------------------|------------------------|---------------------|
| H |   |               |             | _____                  | Head             |                  |                        |                     |
| 2 |   |               |             | _____                  |                  |                  |                        |                     |
| 3 |   |               |             | _____                  |                  |                  |                        |                     |
| 4 |   |               |             | _____                  |                  |                  |                        |                     |
| 5 |   |               |             | _____                  |                  |                  |                        |                     |
| 6 |   |               |             | _____                  |                  |                  |                        |                     |

6. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, etc.? \_Yes \_No. If yes, who can verify this? Please give name, address, and phone #:  
 \_\_\_\_\_

7. Is the applicant family displaced by governmental action through no fault of their own? \_Yes \_No. If yes, who can verify this? Please give name, address & phone #:  
 \_\_\_\_\_

8. Is the applicant family displaced by domestic violence? \_Yes \_No If yes, who can verify this? Please give name, address, and phone number \_\_\_\_\_  
 \_\_\_\_\_

9. Is any adult family member employed? \_Yes \_No If yes, name, address & phone # of employer:  
 \_\_\_\_\_

10. Is any adult family member enrolled in a job training program, including one required under the Welfare program? Yes No If yes, who can verify this? Please give name, address & phone #:

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11. Is any adult family member enrolled in an education program full-time? Yes No If yes, who can verify this? Please give name, address, and phone #:

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12. **Family Income Information:** Please list the source and 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, etc. Example: Wages, \$150/week, SSI, \$421/month

| Family Member Name | Income Source | Amount \$ | Frequency – Per                               | Hours Worked Per Week |
|--------------------|---------------|-----------|---|-----------------------|
|                    |               |           | ___ Week ___ Month<br>___ Year ___ Bi-Monthly |                       |
|                    |               |           | ___ Week ___ Month<br>___ Year ___ Bi-Monthly |                       |
|                    |               |           | ___ Week ___ Month<br>___ Year ___ Bi-Monthly |                       |

Note: Applicant(s) will provide all releases/certifications as required by PHA.

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) please:

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What is the market value of all assets? \_\_\_\_\_

14. Do you own any real estate? Yes No If yes, what is the address? \_\_\_\_\_

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

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16. Current Landlord's name and phone # \_\_\_\_\_

Date Family Moved to this location. \_\_\_\_\_

17. Most recent former address, Street, Apt. # \_\_\_\_\_

Most recent former City, State and Zip \_\_\_\_\_

Most recent former Area Code and Phone # \_\_\_\_\_

18. Most recent prior landlord's name, phone # \_\_\_\_\_

Date Family Moved to this location \_\_\_\_\_

**Screening Questions: A "yes" answer will not necessarily disqualify you for admission.**

19. Have you ever been evicted from housing? Yes No If yes, why? \_\_\_\_\_

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20. Have you ever lived in public housing before?  Yes  No If yes, where? \_\_\_\_\_  
Dates: From To Name of Lessee: \_\_\_\_\_  
Do you owe any money to the housing authority?  Yes  No \_\_\_\_\_

21. Do you have any past due utility bills?  Yes  No If yes, please describe and give amount owed:  
\_\_\_\_\_

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 and who was involved:  
\_\_\_\_\_  
\_\_\_\_\_

23. Is anyone 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 If yes, please answer the following questions.

25. 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 unreimbursed amount you spend per month on all medical expenses: Type of expense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monthly medical expense: \$ Please give us the name, address & phone # of someone who can verify the expense: \_\_\_\_\_  
\_\_\_\_\_

26. 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, describe the nature of the expense and the monthly amount:  
\_\_\_\_\_

Please give us the name, address & phone # of someone who can verify the expense: \_\_\_\_\_  
\_\_\_\_\_

27. Do you have childcare 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 unreimbursed childcare cost: \$ \_\_\_\_\_

28. Is any member of the household age 18 or older other than the family head and spouse a full-time student or a person with a disability?  Yes  No If yes, please give us the name of the family member and the name and address of someone who can verify this information:  
Name of family member: \_\_\_\_\_. Please give us the name, address & phone # of someone who can verify this information: \_\_\_\_\_  
\_\_\_\_\_

29. Drivers License or State ID #: Applicant: \_\_\_\_\_ Co-applicant: \_\_\_\_\_  
Automobile: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License: \_\_\_\_\_

30. Do you have any pets?  Yes  No If yes, what type? \_\_\_\_\_

**PHA will be contacting all former landlords for the period three years from the date of application.**

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority 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 this application will cause me/us to be disqualified for admission.

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Applicant Signature

Date

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Co-applicant Signature

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 or imprisoned for not more than five years or both.

Tenant/Applicant will sign all necessary releases/certifications as to all verifications as requested by the PHA.

- \_\_\_\_ Verification of Receipt of Public Assistance Income Release
- \_\_\_\_ Verification of Receipt of Social Security/SSI Income Release
- \_\_\_\_ Verification of Child Support Income Release
- \_\_\_\_ Verification of Military Pay Release
- \_\_\_\_ Verification of V.A. Benefits Release
- \_\_\_\_ Verification of Receipt of Unemployment Benefits Release
- \_\_\_\_ Verification of Pension or Annuity Release
- \_\_\_\_ Self Employment Income Verification
- \_\_\_\_ Verification of Need for Unit with Special Features Release
- \_\_\_\_ Verification of Income from Employment Release
- \_\_\_\_ Zero Income Checklist Verification
- \_\_\_\_ Asset Verification
- \_\_\_\_ Full-time Student Verification
- \_\_\_\_ Child Care Expense(s) Certification(s)
- \_\_\_\_ Medical Verification
- \_\_\_\_ Prescription Verification
- \_\_\_\_ Disability Verification
- \_\_\_\_ Disability Expense Allowance Verification
- \_\_\_\_ Certification of need for Person with Disabilities
- \_\_\_\_ Attendant Care Verification
- \_\_\_\_ Employer's Certification of Need for Auxiliary Apparatus to Permit Employment
- \_\_\_\_ Screening Cover Letter Release (Landlord Verification)
- \_\_\_\_ Utility Verification Release
- \_\_\_\_ Threat Assessment Verification Release



## CLAIM FOR A LOCAL PREFERENCE FOR PUBLIC HOUSING

What is a Local Preference? A local preference is a way to move up on the waiting list. A local preference will place you on the waiting list above those without a local preference.

Who qualifies for a Local Preference? YOU may qualify for a local preference. Please read to see if the item below describes your situation. If you feel that it does, you MUST document your circumstances as described in the area below.

I am claiming the preferences checked below, and agree to provide the information and documentation necessary to verify my claim:

Elderly/Disabled

Full-Time Students (not eligible if parents claim you as a deduction)

Working Family – This may be verified by check stubs or a statement from your employer.

\*\*\*\*\*

### SIGNATURE

I certify that the above information is true and correct to the best of my knowledge.

At this time I do not qualify for a Local Preference as described above.

HOH Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Housing Authority of the City of Clarksville*

605 LUCAS STREET  
CLARKSVILLE, ARKANSAS 72830

**AUTHORIZATION FOR RELEASE OF ADDITIONAL  
INFORMATION**

(To be signed by all household members 18 years of age or older.)

I do hereby authorize any agencies, offices, groups, organizations, or business firms to release to the Clarksville Housing Authority any information or materials which are deemed necessary to complete and verify my application for participation and/or to maintain my continued assistance in the Low Income Public Housing Program. These organizations are to include, but are not limited to: Bank or Financial Institutions, Courts, Law Enforcement Agencies, Credit Bureaus, Past & Present Employers, Landlords, Utility Companies, Worker's Compensation Payers, Hospitals, Public & Private Retirement Systems, Attorneys, Providers of Alimony, Child Care, Child Support, Handicapped Assistance, Medical Care, Educational and/or Technical Training Institutions; additionally, any non-profit agencies or organizations such as DHS, that utilize volunteers (to verify community service, SNAP, TEA, etc.).

I understand that the Department of Housing and Urban Development (HUD) may conduct computer-matching programs in order to verify the information supplied on my application or re-certification. It is understood and agreed upon, that this authorization of the information obtained, with its use, may be given to and used by HUD in the administration and enforcement of program rules and regulations from other Federal, State, or Local agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

NEAREST RELATIVE NAME: \_\_\_\_\_

Relation: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

**CREDIT REFERENCES (must be someone who is NOT related to you)**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#( ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#( ) \_\_\_\_\_

## Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

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**PHA or IHA requesting release of information** (full address, name of contact person, and date):

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**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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

### Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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(I)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

Public Housing (24 CFR 960)

Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)

Section 8 Moderate Rehabilitation (24 CFR 882)

Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants, and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e., unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise, the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

|  |  |             |
|--|--|-------------|
| <b>This Notice was provided by the below-listed PHA:</b><br>Clarksville Housing Authority<br>605 Lucas Street<br>Clarksville, AR 72830<br>phone: (479) 754-3564<br>fax: (479) 754-3963 | <b>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs &amp; Termination Notice:</b> |             |
|  | <b>Signature</b>   | <b>Date</b> |
|  | <b>Printed Name</b>  |             |

## Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact: (Check all that apply)</b>  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant****Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste, and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.  
Form HUD- 92006 (05/09)



# Clarksville Housing Authority

605 Lucas Street • Clarksville, Arkansas 72830  
Phone: (479) 754-3564 • Fax: (479) 754-3963

---

Unit: \_\_\_\_\_  
(For Office Use Only)

I have received a copy of the Clarksville Housing Authority Notice of Occupancy Rights under the Violence Against Women Act, Form HUD-5380 and Form HUD-5382.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date





(FOR OFFICE USE ONLY)

SITE NAME: \_\_\_\_\_

RHR ACCT #: \_\_\_\_\_

**Personal Information:**

**General Consent Form**

I, \_\_\_\_\_ have made  
  Last Name                                      First                                      Middle                                      Maiden

application with \_\_\_\_\_ for \_\_\_\_\_  
  Company Name                                      State Purpose

\_\_\_\_\_  
Current Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
Previous Address                                      City                                      State                                      Zip Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth                                      Sex                                      Social Security Number                                      Driver's License                                      State                                      (\_\_\_\_\_) Home Phone

**Release:**

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit granter federal and state records of employment and income history, including state employment security agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case, the authorization continues in effect for the maximum period not to exceed one (1) year. Notice to applications applying for a community in Minneapolis and St. Paul only: If you are charged an application fee but a consumer credit report or tenant screen report is not ordered, you are entitled to a refund of the application fee. Please circle your preferred method for return of the application fee as either 1) mail, 2) destroy it, or 3) hold for retrieval upon one business-days' notice. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

\_\_\_\_\_  
Applicant Signature                                      Date

**OUT-OF-STATE CRIMINAL RECORDS SEARCH**

|   |   |
|---|---|
| _____<br>City / County                                      State | _____<br>City / County                                      State |
| _____<br>City / County                                      State | _____<br>City / County                                      State |

7900 W. 78<sup>th</sup> Street, Ste. 400 • Edina, MN 55439  
PH> 952-545-3953 / 888-389-4023 • FX> 952-545-3973 / 888-389-4024 • www.RentalHistoryReports.com



(FOR OFFICE USE ONLY)

SITE NAME: \_\_\_\_\_

RHR ACCT #: \_\_\_\_\_

## Criminal Record Search Consent Form

### Personal Information:

I, \_\_\_\_\_ have made application

Last Name

First

Middle

Maiden

with \_\_\_\_\_ for \_\_\_\_\_

Company Name

State Purpose

\_\_\_\_\_  
Current Address

City

State

Zip Code

\_\_\_\_\_  
Previous Address

City

State

Zip Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

Sex

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License

\_\_\_\_\_  
State

(\_\_\_\_\_)\_\_\_\_\_  
Home Phone

Have you ever been convicted of a crime?  Yes  No. If yes, provide approximate date and explain: \_\_\_\_\_  
Approximate Date(s)

\_\_\_\_\_  
Description of Crime(s)

### Release:

I/We authorize Rental History Reports (RHR) and/or the above named company to review my entire criminal history including arrests and convictions for the purpose stated above. I acknowledge that a photographic copy or telephone facsimile copy of this authorization shall be valid as the original.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## OUT-OF-STATE ADDRESS HISTORY

If you have resided in any states other than the one(s) provided in the address history above within the past 15 years please complete the additional information below.

|                        |                |                        |                |
|------------------------|----------------|------------------------|----------------|
| _____<br>City / County | _____<br>State | _____<br>City / County | _____<br>State |
| _____<br>City / County | _____<br>State | _____<br>City / County | _____<br>State |



Lease with Confidence.

|                       |       |
|-----------------------|-------|
| (FOR OFFICE USE ONLY) |       |
| SITE NAME:            | _____ |
| RHR ACCT #:           | _____ |

## National Sex Offender Registry Search Consent Form

### Personal Information:

I, \_\_\_\_\_ have made application

Last Name First Middle Maiden

with \_\_\_\_\_ for \_\_\_\_\_

Company Name State Purpose

Current Address \_\_\_\_\_

City State Zip Code

Previous Address \_\_\_\_\_

City State Zip Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_ Driver's License \_\_\_\_\_ State \_\_\_\_\_ (\_\_\_\_\_) Home Phone \_\_\_\_\_

Have you ever been convicted of a sexual crime?  Yes  No. If yes, provide approximate date and explain: \_\_\_\_\_

Approximate Date(s)

Description of Crime(s) \_\_\_\_\_

### Release:

I/We authorize Rental History Reports (RHR) and/or the above named company to perform a search of the National Sexual Offender Registry. I acknowledge that a photographic copy or telephone facsimile copy of this authorization shall be valid as the original.

Applicant Signature \_\_\_\_\_

\_\_\_\_\_ Date

## OUT-OF-STATE ADDRESS HISTORY

If you have resided in any states other than the one(s) provided in the address history above within the past 15 years please complete the additional information below.

|               |       |               |       |
|---------------|-------|---------------|-------|
| _____         | _____ | _____         | _____ |
| City / County | State | City / County | State |
| _____         | _____ | _____         | _____ |
| City / County | State | City / County | State |