

NOTICE

Once this application has been completed and all documents have been gathered, you **MUST** call the office to schedule an appointment.

No paperwork will be accepted until your scheduled appointment time.

(No exceptions)

To schedule an appointment, please call (229)468-5400.

HOUSING AUTHORITY OF OCILLA, GEORGIA

534 N. Alder St. / P. O. Box 147

Phone: (229) 468-5400

Fax: (229) 468-5084

Required Information For All Housing Applicants

The following information must be submitted at the time of your appointment.

1. Application Form completed

2. Birth Certificates on all family members that will be living in the household (if no birth certificate available, passports will be acceptable).

3. Social Security Cards (or printout from Social Security Office of SS numbers).

4. Current Food Stamp Summary (within six (6) months).

5. Current Proof of Income

- Last four Employment paycheck stubs or statement printed on letterhead or stamped with business stamp of date hired, wages per hours, paid weekly, bi-weekly, or monthly & number of hours working per week.
- Print out of Social Security or SSI benefits.
- History printout from child support. If no printout then you must bring a statement from child support recovery stating you do not receive child support.
- Statement from friends or family stating the dollar amount they will be helping you with per week or per month
- Copies of any other source of income.

6. Expenses

- **Child Care Expenses**

1. Statement on letterhead of amount paid per week or per month
2. Statement from private individuals stating the dollar amount paid per week or per month: must have copies of paid receipts to support statement.

- **Medical Expenses (62 years and above)**

1. 12-month print-out from local pharmacy.
2. Monthly health insurance expense verifications.

7. Marital Status

- Marital Separation Status Affidavit enclosed or Divorce papers

8. Any Assets such as stocks, bonds, property, homes or mobile homes must be accounted for so bring verification of the value of the assets.

We verify all information provided to our office

Email Address _____

PRELIMINARY APPLICATION

I. This form must be completed in your own handwriting, if possible. You must use the correct legal name for each member of your household as it appears on the social security card. All adult members of the household must sign below, certifying the information pertaining to them. **Please PRINT.**

Name: _____ Social Security No.: _____
(Last) (First) (Middle)

Address: _____ City/ County _____ St. _____ Zip Code _____

☐ Rent ☐ Live with someone

If you are currently renting, please state who/where? _____

If you are currently living with someone please state who, _____

Telephone No.: (H) _____ (W) _____ Other _____ Sex: ☐ M ☐ F

Emergency Contact: _____ Phone No.: _____ Relationship: _____

Date of Birth: / / Age: (Eligible if 18 or Emancipated) Income Source:

Do you attend school full-time? ☐ Yes ☐ No If so, where _____

Race: (Check one) [For statistical purpose only]

☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian / Pacific

Please list the name of persons that will be living with you: (Please Print)

[illegible]

Are you currently a resident of the City of Ocilla? ☐ Yes ☐ No

How did you learn about OHA?

☐ Social Services ☐ Shelter ☐ Church ☐ Advertisement ☐ Personal Referral

☐ Civic or Non-Profit Organization ☐ Hospital ☐ Other: _____

II. Please list total annual income (money received) for all family members below: Include wages, TANF, Social Security benefits, Supplemental Benefits, Veterans Benefits, Disability Benefits, Retirement Benefits, Income from a business, Interest/Stock/Dividend income, alimony, odd jobs, regular support, or any other type of regular payments received, **Including contributions.**

Name of Family Member with Income	Type of Income	Date of Employment	Weekly Gross Amount	Name and Address of Income Source

PREFERENCE CATEGORY

Please check the statement(s) below that best describes your current housing situation. This will affect your position on the waiting list and must be verified.)

- ☐ (6) Fire Victim
 ☐ (3) Single Parent or Married Families
☐ (5) Elderly/Disabled/Handicapped/Nearly Elderly
 ☐ (2) Single Persons/Working 6 consecutive months
☐ (4) Victims of Domestic Violence
 ☐ (1) All Others

Assets: If you answer yes to any of the following, please explain below.

- A. Do you or any household member own any part of any real estate, property, or mobile home?
 _____ If yes, what and when: _____
- B. Have you sold any real estate in the last two years? _____ If yes, give details.

- C. Do you own any stocks, mutual funds or bonds? _____ If yes, please list what and how many share or current value. _____
- D. Do you have a savings account or any certificates of deposit? _____ If yes, please list type of account, what bank, and current value. _____

Present Occupation: _____ Address _____

Dates of Employment: _____ Position: _____

Reason for Leaving: _____

II. Past Employment:

Name of Employer: _____ Address _____

Dates of Employment: _____ Position: _____

Reason for Leaving: _____

Name of Employer: _____ Address _____

Dates of Employment: _____ Position: _____

Reason for Leaving: _____

III. Please answer the following questions.

- A. Does anyone outside your household pay for any of your bills or give you money? _____
 If yes, please explain. _____

- B. Have you or anyone in your household ever been convicted of any crime(s) other than traffic violations? _____ If yes, please explain _____

- C. Does anyone outside your household provide clothing, food, or any other personal items for any member of your household? _____ If yes, who: _____
- D. Do you or anyone in your household currently receive food stamps? _____
If yes, please state who receives them and how much per month they receive. _____
- E. Have you or any adult member ever used any name (s) or Social Security number (s) other than the one you currently use? _____
If yes, please explain _____
- F. Have you or any member of your household lived in any Public or Assisted housing? _____ If yes, list where and when. _____
- G. Have you or any member of your household ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? _____ If yes, please explain: _____
- H. Do you own a car? _____ Is it paid for? _____ If not, what are the monthly payments? _____
- I. Do you pay your bills on time? _____
- J. Why do you want to move from your present location? _____
- K. Have you ever been evicted? _____

V. **Credit References:** **Character References:** **Relative References**

1) _____	_____	_____
_____	_____	_____
_____	_____	_____
2) _____	_____	_____
_____	_____	_____
_____	_____	_____
3) _____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION

I do hereby swear and attest that all information above is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in household members must be reported to the Ocilla Housing Authority before accepting housing or during tenancy.

Signature of Head of Household	Date	Signature of Spouse or other Adult	Date
--------------------------------	------	------------------------------------	------

Signature of other Adult	Date	Signature of other Adult	Date
--------------------------	------	--------------------------	------

WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. Any attempt to obtain public housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud (and any act of assistance to such attempt) is a crime under Georgia Code Section 16-9-55.

Ocilla Housing Authority

INCOME QUESTIONNAIRE

Name and address of head of household: _____

We need to know about the income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Check YES for a particular type of income if *any* household member gets it. Check NO only if no member of your household gets the particular type of income or benefit. ALL income sources will be verified by housing personnel.

WARNING: Section 1001 of Title 18 of U. S. Code makes it a criminal offense to willfully make false statements, or misrepresentations, of any material fact involving the use or obtaining of federal funds.

NOTICE: Any attempt to obtain public housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud (and any act of assistance to such attempt) is a crime under Georgia Code Section 16-9-55.

1. Employment Income?

(This does not include employment income of children younger than 18 or live-in aides.)

Wages	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Salaries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overtime Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commissions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bonuses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other amounts adult		
Household members earn from	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working for other people or		
From their own business.		

2. Benefit Payments?

(This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Society Security or Supplemental Security Income.)

Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Workers' Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability pay or benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severance Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance policy payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pensions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement fund benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Death benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other benefit payments (e. g. veteran's disability, black lung sick benefits, dependent indemnity compensation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Welfare Assistance (TANF)?

(This includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.) ☐ Yes ☐ No

4. Alimony and/or child support?

(This includes adoption asst. payments.) ☐ Yes ☐ No

5. Interest, dividends, and other income from household assets?

Interest from bank accounts or bonds ☐ Yes ☐ No
Dividends from stocks or mutual funds ☐ Yes ☐ No
Money from renting household assets ☐ Yes ☐ No
Any other interest, or rent ☐ Yes ☐ No

6. Lottery winnings paid in periodic payments?

☐ Yes ☐ No

7. Money or gifts regularly given to persons living in the unit?

☐ Yes ☐ No

8. Any other source of income?

☐ Yes ☐ No

If yes, please specify:

9. Food Stamps?

☐ Yes ☐ No

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

Signature of head of household

Date

MARITAL SEPARATION STATUS AFFIDAVIT

Applicant Name: _____ SSN: _____
Address: _____ Phone: _____
City, State, Zip: _____ Spouse's Name: _____

Who should complete this form: If you are age 18 or older or an emancipated minor and you are currently separated from your spouse, this form must be completed.

Choose and complete the appropriate numbered statement below:

_____ 1. I am currently legally separated from my spouse. *(Copy of legal separation agreement must be attached.)*

_____ 2. I am currently, but not legally, separated from my spouse. I began the legal process on _____ (date) and I anticipate this separation to be permanent.

_____ 3. I am currently, but not legally, separated from my spouse and I have not begun the legal process for the following reasons: _____

If statement 2 or 3 above is checked, choose and complete the following appropriate statement:

_____ A. I am currently receiving or anticipate receiving \$ _____ per _____ (frequency) from my spouse during the next 12 months for the purpose of _____.

_____ B. I am not currently and do not anticipate receiving any compensation from my spouse during the 12 months for the following reasons _____.

WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. Any attempt to obtain public housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud (and any act of assistance to such attempt) is a crime under Georgia Code Section 16-9-55. I hereby understand that my estranged spouse will not be listed on my application and will not be allowed to reside with me if I am approved for public housing. I will **IMMEDIATELY** notify OHA Management of any changes to these circumstances.

Applicant Signature

Date

Subscribed and sworn to me before under oath this _____ day of _____, _____.

Printed Name of Notary Public

Signature of Notary Public and Seal

Notary Public, State of _____, My commission expires on _____, _____.

(Not Relatives)

- Monthly Rent: _____ Vacated Apartment Owing Landlord: _____

Please check the box indicating all states and/or territories where any household member has resided.
In addition, list the household member's name on the line associated with the state or territory resided in.

State	Who Resided There	State	Who Resided There
<input type="checkbox"/> Alabama	_____	<input type="checkbox"/> New Jersey	_____
<input type="checkbox"/> Alaska	_____	<input type="checkbox"/> New Mexico	_____
<input type="checkbox"/> Arizona	_____	<input type="checkbox"/> New York	_____
<input type="checkbox"/> Arkansas	_____	<input type="checkbox"/> North Carolina	_____
<input type="checkbox"/> California	_____	<input type="checkbox"/> North Dakota	_____
<input type="checkbox"/> Colorado	_____	<input type="checkbox"/> Ohio	_____
<input type="checkbox"/> Connecticut	_____	<input type="checkbox"/> Oklahoma	_____
<input type="checkbox"/> Delaware	_____	<input type="checkbox"/> Oregon	_____
<input type="checkbox"/> Washington DC	_____	<input type="checkbox"/> Pennsylvania	_____
<input type="checkbox"/> Florida	_____	<input type="checkbox"/> Rhode Island	_____
<input type="checkbox"/> Georgia	_____	<input type="checkbox"/> South Carolina	_____
<input type="checkbox"/> Hawaii	_____	<input type="checkbox"/> South Dakota	_____
<input type="checkbox"/> Idaho	_____	<input type="checkbox"/> Tennessee	_____
<input type="checkbox"/> Illinois	_____	<input type="checkbox"/> Texas	_____
<input type="checkbox"/> Indiana	_____	<input type="checkbox"/> Utah	_____
<input type="checkbox"/> Iowa	_____	<input type="checkbox"/> Vermont	_____
<input type="checkbox"/> Kansas	_____	<input type="checkbox"/> Virginia	_____
<input type="checkbox"/> Kentucky	_____	<input type="checkbox"/> Washington	_____
<input type="checkbox"/> Louisiana	_____	<input type="checkbox"/> West Virginia	_____
<input type="checkbox"/> Maine	_____	<input type="checkbox"/> Wisconsin	_____
<input type="checkbox"/> Maryland	_____	<input type="checkbox"/> Wyoming	_____
<input type="checkbox"/> Massachusetts	_____		
<input type="checkbox"/> Michigan	_____	U.S. Territory	Who Resided There
<input type="checkbox"/> Minnesota	_____	<input type="checkbox"/> American Samoa	_____
<input type="checkbox"/> Mississippi	_____	<input type="checkbox"/> Federated States of Micronesia	_____
<input type="checkbox"/> Missouri	_____	<input type="checkbox"/> Guam	_____
<input type="checkbox"/> Montana	_____	<input type="checkbox"/> Midway Islands	_____
<input type="checkbox"/> Nebraska	_____	<input type="checkbox"/> Puerto Rico	_____
<input type="checkbox"/> Nevada	_____	<input type="checkbox"/> Republic of Palau	_____
<input type="checkbox"/> New Hampshire	_____	<input type="checkbox"/> Republic of the Marshall Islands	_____
		<input type="checkbox"/> U.S. Virgin Islands	_____

Supplemental and Optional 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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

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

--	--

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.

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. 07/31/2021

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

Ocilla Housing Authority
P. O. Box 147
534 N. Alder Street
Ocilla, Georgia 31774

229-468-5400
229-468-5084 (Fax)

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(l)(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.

Notice to all Applicants:

Reasonable Accommodations for Applicants with Disabilities

The Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, disabled families, and single people. PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, PHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is a structural change a PHA can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to make effective use of a PHA's programs. Examples of reasonable accommodations would include:

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

ELIGIBILITY CRITERIA

There are five eligibility requirements for admission to public housing: qualifies as a family, has an income within the income limits, meets citizenship/eligible immigrant criteria, provides documentation of Social Security card, and signs consent authorization documents. In addition to the eligibility criteria, families must also meet the Ocilla Housing Authority screening criteria in order to be admitted to public housing.

A. Family status.

1. A **family with or without children**. Such a family is defined as a group of people related by blood, marriage, adoption or affinity that live together in a stable family relationship.
 - a. Children temporarily absent from the home due to placement in foster care are considered family members.
 - b. Unborn children and children in the process of being adopted are considered family members for the purpose of determining bedroom size but are not considered family members for determining income limit.
2. An **elderly family**, which is:
 - a. A family whose head, spouse, or sole member is a person who is at least 62 years of age;
 - b. Two or more persons who are at least 62 years of age living together; or
 - c. One or more persons who at least 62 years of age living with one or more live-in aids.
3. A **near-elderly family**, which is:
 - a. A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62;
 - b. Two or more persons, who are at least 50 years of age but below the age of 62, living together; or
 - c. One or more persons, who are at least 50 years of age but below the age of 62, living with one or more live-in aides,
4. A **disabled family**, which is:
 - a. A family whose head, spouse, or sole member is a person with disabilities;
 - b. Two or more persons with disabilities living together; or
 - c. One or more persons with disabilities living with one or more live-in aides.
5. A **displaced family**, which is a family in which each member, or whose sole member, has been displaced by governmental action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.
6. A **remaining member of a tenant family**.

7. Single person.

B. Income eligibility

1. To be eligible for admission the family's annual income must be within the low-income limit set by HUD. This means the family income cannot exceed 80 percent of the median income for the area.
2. To be eligible for admission to developments, the family's annual income must be within the very low-income limit set by HUD, unless HUD grants an exception. This means that without a HUD exception, the family income cannot exceed 50 percent of the median income for the area.
3. Income limits apply only at admission and are not applicable for continued occupancy.
4. A family may not be admitted to the public housing program from another assisted housing program (e.g., tenant-based Section 8) or from a public housing program operated by another housing authority without meeting the income requirements of the Ocilla Housing Authority.
5. If the Ocilla Housing Authority acquires a property for federal public housing purposes, the families living there must have incomes within the low-income limit in order to be eligible to remain as public housing tenants.
6. Income limit restrictions do not apply to families transferring within our Public Housing Program.
7. If there are no eligible families on the waiting list and the Ocilla Housing Authority has published a 30-day notice of available units in at least one newspaper of general circulation, families above the applicable income limit may be housed. However, the over-income family must vacate the unit if any eligible family applies.

C. Citizenship/Eligibility Status

1. To be eligible each member of the family must be a citizen, national, or a non-citizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U.S.C. 1436a(a)).
2. Family eligibility for assistance.
 - a. A family shall not be eligible for assistance unless every member of the family residing in the unit is determined to have eligible status, with the exception noted below.
 - b. Despite the ineligibility of one or more family members, a mixed family may be eligible for one of three types of assistance. (See Section 13.6 for calculating rents under the non-citizen rule)
 - d. A family without any eligible members and receiving assistance on June 19, 1995 may be eligible for temporary deferral of termination of assistance.

D. Social Security Number Documentation

To be eligible, all family members 6 years of age and older must provide a Social Security card or certify that they do not have one.

E. Signing Consent Forms

1. In Order to be eligible, each member of the family who is at least 18 years of age, and each family head and spouse regardless of age, shall sign one or more consent forms.

GROUNDNS FOR DENIAL

The Ocilla Housing Authority is not required or obligated to assist applicants who:

- A. Do not meet any one or more of the eligibility criteria;
- B. Do not supply information or documentation required by the application process;
- C. Have failed to respond to a written request for information or a request to declare their continued interest in the program;
- D. Have a history of not meeting financial obligations, especially rent;
- E. Do not have the ability to maintain (with assistance) their housing in a decent and safe condition where such habits could adversely affect the health, safety, or welfare of other tenants;
- F. Have a history of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property;
- G. Have history of disturbing neighbors or destruction of property;
- H. Currently owes rent or other amounts to any housing authority in connection with their public housing or Section 8 programs;
- I. Have committed fraud, bribery or any other corruption in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from;
- J. Were evicted from assisted housing within three years of the projected date of admission because of drug-related criminal activity involving the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell, distribute a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802;
- K. Are illegally using a controlled substance or are abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. The Ocilla Housing Authority may waive this requirement if:
 - 1. The person demonstrates to the Housing Authority's satisfaction that the person is no longer engaging in drug-related criminal activity or abuse of alcohol;
 - 2. Has successfully completed a supervised drug or alcohol rehabilitation program;
 - 3. Has otherwise been rehabilitated successfully; or

- L. Have engaged in or threatened abusive or violent behavior towards any Ocilla Housing Authority staff or residents;
- M. Have a household member who has ever been evicted from public housing;
- N. Have a family household member who has been terminated under the certificate or voucher program;
- O. **Denied for Life:** If any family member has been convicted of manufacturing or producing methamphetamine (speed) in a public housing development or in a Section 8 assisted property;
- P. **Denied for Life:** Has a current or past registration under a State sex offender registration program.
- Q. Denied for any money owed at any Housing Authority.