

To Applicants of Mexico Housing Authority,

We will need you to provide any or all information with your application to help expedite the processing time.

Please bring in the following:

- Tanf and food stamp benefit statements
- A print out of all child support received from child enforcement agency
- The most recent bank statement
- The most recent social security award letter(s)
- The most recent pension statement if applicable

Failure to provide information requested may affect the timeliness of the application process.

Signature

Date

SPECIAL ATTENTION FOR SECTION 8 APPLICANTS

1. Section 8 applicants are not allowed to rent from immediate family unless reasonable accommodations are approved by the Mexico Housing Authority for disabled residents.
2. Taking your voucher to another jurisdiction is not allowed unless you have been a resident of our jurisdiction for one full year.
3. If you enter a lease with your landlord prior to receiving your voucher from Mexico Housing Authority, **you will be responsible for that rent and we will not subsidized** that property until it has been approved for your tenancy.
4. If you enter into a lease with your landlord after you have received a voucher by the Mexico Housing Authority before your unit has been inspected and approved, **YOUR VOUCHER WILL BE TERMINATED.**

ONE STRIKE, YOU'RE OUT AND CRIME FREE HOUSING POLICY STATEMENT

It is the policy of the Housing Authority of the City of Mexico (MHA) to promote the safety and security of residents in public and assisted housing administered by this agency. The MHA will endeavor to take reasonable steps in the areas of screening, leasing, terminations, evictions, grievances, and Section 8 terminations which support this policy. Housing Authority of the City of Mexico also will participate in the crime free housing with the community of the City of Mexico and Public Safety Department. The MHA shall maintain an Admissions and Continued Occupancy Plan (ACOP) and an S8 Administrative Plan and other practices and procedures which support the following:

1. **Any criminal activity on or off MHA premises**, wherever located that threatens the health, safety or peaceful enjoyment of MHA's premises by other residents or MHA employees
2. **Any drug-related criminal activity on or off MHA premises** wherever located.
3. **Alcohol abuse that the MHA determines interferes** with the health, safety or right to peaceful enjoyment of the premises by other residents.

For the purpose of this section, criminal activity that threatens the health, safety or right of peaceful enjoyment of the premises by other residents or MHA employees shall include but not be limited to the following:

1. Physical assault or the threat of physical assault to any person whatsoever;
2. Illegal use of a firearm or other weapon or the threat to use a firearm or other weapon
3. Sexual molestation, debauchery of a minor, prostitution, and other similar or related sexual misconduct

For the purpose of this section, drug-related criminal activity means the following:

1. Illegal manufacture, sale distribution, use or possession with intent to manufacture, sell, distribute, or use of a controlled substance, or substances commonly known as, but not limited to, cocaine, heroin, marijuana, and opium, and further defined as in the Controlled Substances Act (21 V.S.C. 802) unless such controlled substance or substances were obtained directly pursuant to a valid prescription or order.

Denial of Admission: The MHA shall deny admission to having 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 for 3 years from date of application. Criminal activity is described above for more detail. See Grounds for Denials in the ACOP and S8 Administrative Plan.

Denied for Life:

1. If any family member has been convicted of manufacturing or producing methamphetamine in a public housing development, in a Section 8 assisted property, or on the premises of other federally assisted housing
2. Has a lifetime registration under a State sex offender registration program

Screening: The MHA has established policies and procedures that prohibit admitting any person(s) related to criminal activity, drug-related criminal activity, and alcohol abuse and described in first paragraph of sections 1, 2 and 3. The MHA may use information obtained from various sources, including but not limited to, police records, credit reports, landlord references, other social service agency experience, or verbal reports to make a determination.

Termination of Lease/Eviction: The MHA has adopted policies and procedures that allow the termination of a public housing lease on the basis of reasons described in first paragraph of sections 1, 2, and 3. Termination of tenancy can be whether or not any person, whose conduct is at issue, has been arrested, charged, or convicted by law and **a 3 days notice prior to the termination date will be issued in cases of engaging in criminal activity including drug-related criminal activity and other criminal activities, meaning you have three days to vacate your residency or eviction action will be initiated against the resident.**

Grievance Procedures: The MHA has adopted a grievance procedure which allows the application denials or termination of tenancy in undergoing hearing procedures. See ACOP and S8 Administrative Plan for further details.

Waivers: The MHA may grant waivers if the herein defined person(s):

1. is participating in a supervised drug or alcohol rehabilitation program;
2. has successfully completed a supervised drug or alcohol program;
3. has otherwise been successfully rehabilitated
4. the circumstances leading to the eviction no longer exist

Responsibilities of the MHA: The MHA shall comply with all federal laws prohibiting discrimination, on the basis of race, religion, sex, color, national origin, age, disability and familial status in administering this policy. Additionally, the MHA shall comply with all disclosure rights of the parties involved in decisions which form the basis of actions taken under this policy. The MHA shall provide reasonable opportunity and accommodations to persons with handicaps or disabilities in all procedures developed under this policy.

I, the undersigned, have read this policy statement and that I fully and completely understand the One Strike You're Out and Crime Free Housing criteria. Furthermore, I understand the above information is listed in the Public Housing Lease, ACOP, and Section 8 Administrative Plan for further details and legal actions.

Resident _____ Resident _____
Signature Signature

Date: _____

CO – APPLICANT

**All other adult household members
must complete the attached forms.**

**PLEASE SIGN WHERE APPROPRIATE WITH HEAD OF HOUSEHOLD'S
ON MAIN APPLICATION.**

When turning in this application you need to provide the following items:

1. **PHOTO ID** (Driver's license or government issued for all adult members of the household.)
2. **SOCIAL SECURITY CARDS** for all members of the household.
3. **BIRTH CERTIFICATES** for all members of the household

APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL DOCUMENTS ARE PROVIDED.

COMPLETED APPLICATIONS WILL BE ACCEPTED.

INCOMPLETE APPLICATIONS WILL BE DENIED.

EQUAL HOUSING
OPPORTUNITY

NAME OF CO-APPLICANT

LIST ANY OTHER NAMES YOU MAY HAVE GONE BY (MAIDEN, PREVIOUS MARRIAGE, ETC)

CURRENT ADDRESS:

PHONE NUMBER

SOCIAL SECURITY NUMBER

OFFICE USE ONLY: INTAKE PERSON: _____
DATE RECEIVED: _____
TIME RECEIVED: _____

LIST ALL NAMES OF PERSON (S) THAT HAVE LIVED WITH YOU DURING THE PAST ONE (1) YEAR.

Name (Last, First, MI)	Relationship	Where Now Living (Address)	Date of Birth

AUTOMOBILES

Titled in Name of	Make	Model	Year	License Plate Number

INCOME INFORMATION: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments, unemployment, Workers Compensation, retirement benefits, TANF, food stamps, Veteran's benefits, rental property income, stock dividends, alimony, and all other sources.

Source of Income	Address & Phone of Source	Amount Rec'd	How Often

LIST ALL THE PLACES YOU HAVE WORKED IN THE LAST 12 MONTHS:

ALLOWABLE EXPENSES

Expense Type	Amount Paid	How Often	Address & Phone of Source
Childcare			
Childcare Transportation			
Medical			
Handicap Transportation			

ASSET INFORMATION:

Type of Asset	Amount/Value	Interest Rate	Address & Phone of Source
Checking			
Savings			
Bonds			
IRA			
Certificate of Deposit			
Land			
Property			

Please complete the following table regarding your daily expenses. Below is an example:

EXAMPLE

EXPENSES

TYPE OF COST	MONTHLY EXPENSES	WHO CONTRIBUTES TOWARD THIS EXPENSE?	HOW MUCH IS CONTRIBUTED
FOOD	\$250	Self	ALL
PAPER PRODUCTS	\$100	My Mother	ALL
TRANSPORTATION	\$25	Self	ALL
ENTERTAINMENT	\$100	Self	ALL
CLOTHING	\$100	My Mother/Self	\$50/\$50
SMOKING	\$60	Self	ALL
COMMUNICATION	\$60	My Father	ALL
SHELTER	\$350	Self	ALL
MEDICAL	\$60	Self	ALL
MISCELLANEOUS	\$25	Self	ALL
TOTALS	\$1130		

EXPENSES

TYPE OF COST	MONTHLY EXPENSES	WHO CONTRIBUTES TOWARD THIS EXPENSE?	HOW MUCH IS CONTRIBUTED
FOOD			
PAPER PRODUCTS			
TRANSPORTATION			
ENTERTAINMENT			
CLOTHING			
SMOKING			
COMMUNICATION			
SHELTER			
MEDICAL			
MISCELLANEOUS			
TOTALS			

ASSETS SOLD WITHIN LAST 2 YEARS (IF SOLD BELOW MARKET VALUE, DO NOT REPORT.)

Type of Asset	When Sold	Sale Amount	Market Value

FIVE YEAR ADDRESS HISTORY

List every address you have had in the last five years, regardless of who you lived with. If you lived with your parents, mark "YES" where it asks whether they are a relative. Do not leave out any time periods; every Day/Month/Year must be accounted for.

Please print clearly

CURRENT ADDRESS: _____
 CITY, STATE, ZIP _____
 LANDLORD/OWNER'S NAME _____ PHONE _____
 LANDLORD ADDRESS _____
 CITY, STATE, ZIP _____
 Move in date: _____ Move out date: Present

Is this a relative? Yes No _____

Was this housing federally assisted? Yes No Public Housing Section 8

FORMER ADDRESS: _____
 CITY, STATE, ZIP _____
 LANDLORD/OWNER'S NAME _____ PHONE _____
 LANDLORD ADDRESS _____
 CITY, STATE, ZIP _____
 Move in date: _____ Move out date: _____

Is this a relative? Yes No _____

Was this housing federally assisted? Yes No Public Housing Section 8

FORMER ADDRESS: _____
 CITY, STATE, ZIP _____
 LANDLORD/OWNER'S NAME _____ PHONE _____
 LANDLORD ADDRESS _____
 CITY, STATE, ZIP _____
 Move in date: _____ Move out date: _____

Is this a relative? Yes No _____

Was this housing federally assisted? Yes No Public Housing Section 8

FORMER ADDRESS: _____
 CITY, STATE, ZIP _____
 LANDLORD/OWNER'S NAME _____ PHONE _____
 LANDLORD ADDRESS _____
 CITY, STATE, ZIP _____
 Move in date: _____ Move out date: _____

Is this a relative? Yes No _____

Was this housing federally assisted? Yes No Public Housing Section 8

(Include additional information on back)

PERSONAL DECLARATION

1. ARE YOU CURRENTLY DELINQUENT ON YOUR RENT? Yes No
2. HAVE YOU EVER BEEN EVICTED? Yes No
3. DO YOU ANTICIPATE RECEIVING ANY LUMP SUM PAYMENTS IN THE NEXT 12 MONTHS?
Yes No

PLEASE EXPLAIN: _____

4. DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU WHEN YOU RECEIVE A HOUSING UNIT WHO IS NOT LISTED ABOVE? Yes No

PLEASE EXPLAIN: _____

5. ARE YOU MARRIED? Yes No
6. IF YOU ARE MARRIED, DO YOU INTEND FOR YOUR SPOUSE TO LIVE WITH YOU ANY TIME IN THE FUTURE? Yes No

PLEASE EXPLAIN: _____

7. HAVE YOU OR ANY OTHER ADULT MEMBER(S) OF YOUR HOUSEHOLD EVER USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN THE ONE YOU ARE CURRENTLY USING?
Yes No

PLEASE EXPLAIN: _____

8. HAVE YOU OR ANY ONE IN YOUR HOUSEHOLD EVER LIVED IN PUBLIC HOUSING, PARTICIPATED IN THE SECTION 8 PROGRAM OR LIVED IN FEDERALLY FUNDED HOUSING ANYWHERE IN THE UNITED STATES?
Yes No

WHERE? _____ WHEN? _____

DO YOU OWE THE MEXICO HOUSING AUTHORITY OR ANY OTHER HOUSING AUTHORITY OR SECTION 8 LANDLORD MONEY ANYWHERE IN THE UNITED STATES?

Yes No

WHERE? _____ WHEN? _____

9. HAVE YOU EVER COMMITTED ANY FRAUD IN A FEDERAL ASSISTANCE HOUSING PROGRAM?
Yes No

WHERE? _____ WHEN? _____

HAVE YOU EVER BEEN REQUESTED TO REPAY MONEY FOR MISREPRESENTING INFORMATION IN ANY HOUSING PROGRAM? Yes No

WHERE? _____ WHEN? _____ HOW MUCH MONEY WAS OWED? _____

10. ARE YOU OR IS ANYONE IN YOUR HOUSEHOLD A CURRENT ILLEGAL DRUG USER?
Yes No

11. HAVE YOU EVER BEEN **ARRESTED** OR **CONVICTED** WITHIN THE PAST THREE (3) YEARS OF THE POSSESSION, MANUFACTURE, SALE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE (ILLEGAL DRUG)?

Yes No

LIST YEAR(S) AND CHARGE(S) _____

*If Question 11 is (NO). SKIP to Question 13.

12. Are you participating in a supervised drug or alcohol rehabilitation program or have you successfully completed a supervised drug or alcohol rehabilitation program?

Yes No

If yes, explain (Name and location of program and date attended)

13. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN **ARRESTED** OR **CONVICTED** OF A MISDEMEANOR IN OR OUTSIDE OF THE UNITED STATES WITHIN THE LAST 3 YEARS?

Yes No

LIST YEAR(S) AND CHARGE(S) _____

14. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN **ARRESTED** OR **CONVICTED** OF A FELONY IN OR OUTSIDE OF THE UNITED STATES WITHIN THE LAST 3 YEARS?

Yes No

LIST YEAR(S) AND CHARGE(S) _____

I AM AWARE THAT FALSIFICATION OF ANY INFORMATION IN THIS APPLICATION WILL DEEM ME INELIGIBLE FOR HOUSING ASSISTANCE. I AM AWARE THAT THE PENALTY FOR COMMITTING FRAUD IS A FEDERAL FELONY WITH A PENALTY OF UP TO AND MAY INCLUDE:

- A FINE OF UP TO \$10,000
- IMPRISONMENT FOR UP TO 5 YEARS
- EVICTION FROM MY RENTAL UNIT
- REQUIREMENT TO REPAY ALL OVERPAID ASSISTANCE
- PROHIBITION FROM RECEIVING FUTURE ASSISTANCE

WARNING! SECTION 1001 TITLE 18 OF THE U.S. CODE PROVIDES, AMONG OTHER THINGS, THAT WHOEVER KNOWINGLY AND WILLFULLY MAKES OR USES A DOCUMENT OR WRITING CONTAINING ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENT OR ENTRY, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES SHALL BE FINED NOT MORE THAN \$10,000, IMPRISONED FOR NOT MORE THAN FIVE YEARS, OR BOTH.

SIGNATURE OF APPLICANT

DATE

HOUSING AUTHORITY OF THE CITY OF MEXICO, MISSOURI

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant, for or recipient of, housing assistance must be lawfully within the U. S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

DECLARATION OF SECTION 214 STATUS

I, _____, certify under penalty of perjury (1), that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach proof of age (2); or
- I have eligible immigration status as checked below (For Explanation Form, please contact office of MHA). Attach INS document(s) evidencing eligible immigration status and signed verification consent form. (Verification consent form is available at the office of MHA)
 - Immigrant status under §§ 101 (a) (15) pr 101 (a) (20) of the Immigration and Nationality Act (INA) (3); or
 - Permanent residence under § 249 of INA (4); or
 - Refugee, asylum, or conditional entry status under §§ 207, 208 or 203 or the INA (5); or
 - Parole status under §§ 212 (d) (5) of the INA(6); or
 - Threat to life or freedom under § 243 (h) of the INA (7); or
 - Amnesty under § 245 A of the INA (8).

Also, certify that to the best of my knowledge, current family members who will be living in the unit, that are listed on page 2 of application, are lawfully within the United States:

_____	<input type="checkbox"/> citizen by birth	<input type="checkbox"/> other	_____
(Name)			(Explain)
_____	<input type="checkbox"/> citizen by birth	<input type="checkbox"/> other	_____
(Name)			(Explain)
_____	<input type="checkbox"/> citizen by birth	<input type="checkbox"/> other	_____
(Name)			(Explain)
_____	<input type="checkbox"/> citizen by birth	<input type="checkbox"/> other	_____
(Name)			(Explain)
_____	<input type="checkbox"/> citizen by birth	<input type="checkbox"/> other	_____
(Name)			(Explain)

(Signature)

(Date)

() Check here if signature is of adult residing in the unit who is responsible for child named on statement above.

EMERGENCY CONTACT:

(Name)

(Address)

(City, State, Zip Code)

(Phone)

(Alternate Phone)

PLEASE DECLARE ANY PETS YOU CURRENTLY OWN:

PLEASE READ

If you are determined INELIGIBLE for Housing Assistance, you will have the right to request an Informal Hearing. You must request this hearing IN WRITING within ten (10) days of the date of your Notice of Ineligibility. If you do not request a hearing within the ten (10) day period, you **WILL NOT** be entitled to a hearing at a later date.

Your rights at the informal hearing, should you request one, are as follows:

1. The right to present oral or written evidence on your behalf
2. The right to call witnesses on your behalf
3. The right to question witnesses against you
4. The right to review your file by prior arrangement any time up to thirty minutes before the hearing
5. The right to be represented or assisted by an attorney or any other person of your choice
6. The right to written notice of the Hearing Officer's decision within ten (10) working days of the date of the hearing.
7. The right to have the hearing recorded on tape and the right to receive a copy of this tape.

I hereby acknowledge receipt of this notice. I have read this notice and/or it has been read to me and I understand its contents.

(Applicant's Signature) (Date)

Request for Special Accommodation

Name _____
Address _____
Phone _____
Date of Request _____

FOR OFFICE USE ONLY
This request **MUST** be logged and
documentation placed in the file.

Date verification was submitted:

Accommodation Requested (Use back if necessary)

Is doctor or psychiatrist verification of disability and need for accommodation attached?
YES **NO**
Verification from doctor or psychiatrist must be presented before the request can be processed.

I hereby grant permission to the Mexico Housing Authority staff to speak to my doctor or psychiatrist to obtain what information needed to help process my request for special accommodation

SIGNATURE OF RESIDENT OR APPLICANT **DATE**

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

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

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(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 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.

REQUEST FOR LOCAL CRIMINAL RECORD CHECK

PLEASE PRINT CLEARLY:

NAME: _____
Last First Middle

Maiden/Alias Date of Birth

Sex Race Social Security Number

Address: _____

Signature: _____

I AUTHORIZE AND DIRECT ANY FEDERAL, STATE, OR LOCAL AGENCY, ORGANIZATION, BUSINESS OR INDIVIDUAL TO RELEASE TO THE HOUSING AUTHORITY OF MEXICO, MISSOURI ANY INFORMATION OR MATERIALS NEEDED TO COMPLETE AND VERIFY MY APPLICATION FOR PARTICIPATION AND/OR TO MAINTAIN MY CONTINUED ASSISTANCE UNDER THE SECTION 8, MODERATE REHABILITATION, PUBLIC HOUSING AND/OR HOUSING PROGRAMS. I UNDERSTAND AND AGREE THAT THIS AUTHORIZATION OR THE INFORMATION OBTAINED WITH ITS USE MAY BE GIVEN TO AND USED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IN ADMINISTERING AND ENFORCING PROGRAM RULES AND POLICIES.

Please send reply to:

Housing Authority of the City of Mexico, MO
P.O. Box 484
Mexico, MO 65265
Phone: 573-581-2294

FAX: (573) 581 - 6636

NOTICE TO HOUSING CHOICE VOUCHER PROGRAM LANDLORDS/OWNERS/MANGERS RESIDENTS, and APPLICANTS REGARDING VIOLENCE AGAINST WOMEN ACT

The Congress of the United States passed the Violence Against Women (VAWA) and Department of Justice Reauthorization Act of 2005, and President Bush signed the law in January 2006. This law affects the resident selection, lease provisions that deal with termination and eviction, the termination of assistance or eviction provisions in the HAP contract, the Tenancy Addendum, and the housing authority's relationship with the resident. HUD says the law is effective immediately although it has not issued a revised HAP Contract incorporating these terms. Therefore, the legal relationships between the HAO, Owners, Applicants and Residents, are changed as set out below. Applicants and Residents may utilize the attached "certification form" which was created by HUD. The HAO does give legal advice to owners, applicants, or residents (program participants). Consult your attorney with questions.

Selection of participants and tenants: The fact that an applicant for program assistance or a lease applicant is or has been the victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial or program assistance, or denial of admission to the program if they are otherwise qualified.

Lease terms; An incident or incidents of actual or threatened domestic violence, dating violence, or staling may not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and shall not be a good cause for terminating the assistance, tenancy or occupancy rights of the victim of such violence.

Termination of Assistance/Eviction:

Criminal activity directly relating to domestic violence, dating violence, or stalking engaged in by a member of the tenant's household or any guest or other person under the tenant's control shall not be the cause for termination of tenancy occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that domestic violence, dating violence, or stalking.

The HAO may terminate assistance and/or the landlord/owner/manger may bifurcate the lease to terminate assistance to remove a lawful occupant or tenant who engages in criminal acts of violence to family members or others without terminating the assistance/evicting of victimized lawful occupants.

The HAO and or landlord/manger/owner may honor court orders regarding rights of access or control of the property.

Nothing limits the HAO or landlord/manger/owner from terminating assistance or evicting for other good cause unrelated to the incident or incidents of domestic violence, provided that the victim is not subject to a "more demanding standard" than nonvictims.

Nothing prohibits the termination of assistance or eviction if the HAO or owner/manger/landlord can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant's assistance is not terminated or if that tenant is not evicted.

Any other federal state or local law that provides greater protections to victims of domestic violence dating violence, or stalking are not superseded by these provisions.

The PHA and/or owner/landlord/managers may require certification of the individual or his or her status as a victim of domestic violence, dating violence or stalking in order to qualify for the protections implemented in the statute. Such certifications must be maintained confidentially. The landlord/owner/manger is not required to demand a certification from the resident, however. If the Housing Authority terminates assistance, a resident who claims that the termination is brought because of criminal activity directly relating to domestic violence, dating violence or stalking, must provide a written certification to the HAO that they are a victim of domestic violence, dating violence, or stalking, and that the incident or incidents which are the subject of the termination of assistance are bona fide incidents of actual or threatened abuse. This written certification must be provided within 14 business days after the HAO requests the certification in writing. For HAO purposes, the date of the request shall be the date of the termination of assistance letter. If the landlord/owner/manger requires a certification, they shall inform the resident of the date the response must be returned, which shall not be less than 14 business days from the day the certification is requested by the landlord/owner/manger. The landlord/owner/manger shall state in its correspondence with the tenant when the time for providing the certification begins to run. The certification requirement may be complied with by completing the certification form; a copy of which is provided the household and the owner/manger/landlord with this Notice. Information provided in the certification form shall be retained in confidence, shall not be entered into a shared data base, and shall not be provided to a related entity unless the tenant consents in writing, the information is required for use in eviction proceedings, or its use is otherwise required by law.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410