Housing Authority of the City of Asheville
Pre-Application for Housing Assistance

EQUAL HOUSING OPPORTUNITY

Return to: HACA, 165 S. French Broad Ave., Asheville, NC 28801; Voice: (828) 239-3531; Fax (828) 257-2716

The purpose of this pre-application is for HACA to determine if the applicant can be placed on a waiting list. More detailed information and verification of eligibility is required when the applicant comes near the top of the waiting list. Please use a pen and print all information clearly. Attach additional sheets if necessary to complete a question.

I am applying for: ☐ **PBV Developments** ☐ **TBV (Tenant Based Voucher)**

1. My full legal name is:_____
   (First) (Middle) (Last)

2. Send mail to me at: _____
   (Address or P.O. Box) (City) (State) (Zip code)

3. Right now, I live/stay at: _____
   (Street Address) (City) (State) (Zip Code)

4. Call or leave a message for me at: _____ or _____
   (Phone Number) (Another Phone Number)

5. This is a complete list of everyone who will be living with me, beginning with me:

#	Legal Name	Relationship to Head	Citizen? Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Social Security Number
1		**HEAD**					
2							
3							
4							
5							

8. My race and ethnicity are: *(Check more than one category if applicable.)*

   Race: ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native
   ☐ Asian ☐ Native Hawaiian/Other Pacific Islander

   Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

9. Did you or a family member file an income tax return last year? ..... ☐ Yes ☐ No
   If yes, who? _____

10. This is a list of all income we expect in the next 12 months for all family members from all sources. ***(Include all employment, child support, alimony and all other money sources.)***

Family Member Name	Income Source	Amount $	Paid by the *(circle one)*
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

11. I (or a family member) own or have access to the following:

Stocks:..... ☐ Yes ☐ No Bonds..... ☐ Yes ☐ No
Land: ..... ☐ Yes ☐ No Trust Fund(s) ..... ☐ Yes ☐ No
Pension(s):..... ☐ Yes ☐ No Retirement Account(s) ..... ☐ Yes ☐ No
Inheritance: ..... ☐ Yes ☐ No Life Insurance Policies ..... ☐ Yes ☐ No
Another type of capital investment ☐ Yes ☐ No

For any items marked "Yes", here is my detailed information ***(report and list all assets of all family members)***:

Family Member Name	Type of Asset	Account Number	Value

12. I am requesting a reasonable accommodation for a disability: ☐ Wheelchair ☐ Ground Floor ☐ Vision ☐ Hearing

or ☐ Other (additional documentation may be required)

13. **Preference** - *preference will not be effective until verified. Applicants who do not qualify for a preference at the time of screening will be returned to the waiting list.*

☐ **Supportive Services-** *I am currently receiving supportive services and have signed a commitment to participate with a supportive services provider that has a memorandum of agreement in place with HACA.*

Preference will be verified through the agency/entity providing supportive services and will only include agencies that have entered into a memorandum of agreement with HACA.

Applicant Certification

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I must notify the Housing Authority in writing of any address or phone number changes as well as any changes to the household due to birth, adoption or court-awarded custody. I understand that any person who attempts to obtain housing assistance or reduced rent by making false statements, by impersonation, by not disclosing or intentionally concealing information, or by any act of assistance to such an action is a crime under Federal and State law.

WARNING: 18 U.S.C. § 1001 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 AND SHALL BE FINED NOT MORE THAN $10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

_____ **Date:** _____

Signature of Head of Household

_____ **Date:** _____

Signature of Spouse or Co-Head

HACA USE ONLY **Bedroom size: _____** **Status: Wait List _____** **Ineligible _____** **Reason, if ineligible:** _____ _____ _____ _____	**Family Income:** **$ _____** **Income Limits:** **Low $ _____** **Very low $_____**	**Application #: _____** **Date applied: _____** **Time applied: _____** **Prior History with HACA:** **Date checked: _____** **Checked by: _____**
	Application Type: **PBV: _____** **TBV: _____** **Duplicate:_____**	**Preference verified:** _____ _____

Housing Authority of the City of Asheville
Landlord History

Complete a history of residency for all family members 18 years and older for the last 5 years, if you do not have a rental history, you must provide personal references of person(s) who can verify your ability to pay rent and meet your other financial obligations.

History for adult family member #:

Address where you live or lived	Did you rent?	If you rented, who was your landlord? (Name, address & phone number)	From	To or current

History for adult family member #:

Address where you live or lived	Did you rent?	If you rented, who was your landlord? (Name, address & phone number)	From	To or current

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance. I certify that all information is true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Housing Authority of the City of Asheville
Authorization for Release of Information

Applicant #_____

Resident #_____

All names must be written below as they appear on your social security card and all adults in the household must sign their own names:

I (We) hereby authorize any and all agencies, offices, groups, organizations, or business firms to release to the Housing Authority of the City of Asheville any information or materials deemed necessary for participation in the the Housing Authority's programs, including without limitation financial institutions, child support agencies or payers, agencies of the State of North Carolina, the Department of Social Services, the Department of Veterans Affairs, court clerks, utility companies, workers compensation payers, hospitals, public and private retirement systems, law enforcement agencies, credit reporting agencies, non-profit or governmental supportive services providers, and attorneys.

HACA may obtain information about the undersigned from a consumer reporting agency. Information requested may regard credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living. HACA reserves the right to obtain a consumer report at any time during the ongoing tenancy with HACA. HACA will not deny admission based solely on a credit score, but may use consumer reporting information to determine past history with other landlords and to verify income and expenses.

This authorization shall continue from the date of signature and until such time the Housing Authority is notified in writing that the authorization is canceled.

Signed: _____ Signed:_____

Print Name: _____ Print Name: _____

SSN.: _____ SSN: _____

Date: _____ Date: _____

Signed: _____ Signed:_____

Print Name: _____ Print Name: _____

SSN.: _____ SSN: _____

Date: _____ Date: _____

Housing Authority of the City of Asheville
Authorization to Obtain Police Record

The person listed below has applied for an apartment or voucher with the Housing Authority of the City of Asheville. Our policy requires that the police record of each applicant be checked. We are requesting any information that you may have on this person.

Name: _____ Race: _____

Date of Birth: _____ Driver's License/ID: _____

Social Security Number: _____

HACA Application Number: _____

I hereby give the Housing Authority of the City of Asheville permission to check my police record.

_____
Signature

RECORD FOUND: Yes _____ No _____

If yes, list below and on back, if necessary:

_____
_____
_____
_____
_____
_____

Court Cases Pending: Yes _____ No _____

_____ _____
Signature Date

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.

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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. 07/31/2017

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)
Housing Authority of the City of Asheville 165 S. French Broad Ave. Asheville, NC 28806 Contact Person: Noele Tackett, Resident Selection Coordinator Date of Authorization: (see signatures below)	N/A

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.