

The mission of Auburn Housing Authority is to promote adequate, affordable housing, economic opportunity and a suitable living environment free from discrimination.

Olympia Terrace Application Instructions

1. All questions must be answered completely and accurately. Do not leave any sections blank. **We will run a criminal history check and verify your rental history. Any false, incomplete, or misleading information on your application will cause your application to be rejected.**
2. All forms must be completed and signed by **all household members 18 years of age and older. (Please make sure the last two pages of the application are signed and the two attached HUD forms are signed and completed.)**
3. If you move from the address on the application before you receive a letter from Auburn Housing Authority, it is your responsibility to contact the office with your new address.
4. The application process takes approximately 4-6 weeks to complete. After 3 weeks, inquiries regarding your application will be accepted on **Wednesdays only** between 8:30 A.M. and 12:00 PM.
5. If your application is approved, a letter will be mailed. If the letter is returned, or you do not respond within the time allowed, your name will be removed from the waiting list and you will have to re-apply.
6. If your application is denied, a letter will be mailed and you will be given an opportunity for an informal meeting.

REMOVE AND KEEP THIS PAGE AFTER COMPLETING THE APPLICATION



Auburn Housing Authority
20 Thornton Avenue
Auburn, NY 13021
Telephone (315) 253-6249
Fax (315) 252-0399



AUBURN HOUSING AUTHORITY
 20 Thornton Avenue, Auburn, NY 13021 (315) 253-6249
APPLICATION FOR STATE & FEDERALLY SUBSIDIZED HOUSING

OFFICE USE ONLY
APPL # _____
PRIORITY _____
UNIT SIZE _____

OLYMPIA TERRACE

HAVE YOU OR ANYONE WHO WILL BE LIVING WITH YOU EVER LIVED AT OR APPLIED FOR HOUSING AT MELONE VILLAGE, BROGAN MANOR, OLYMPIA TERRACE OR EVER RECEIVED OR APPLIED FOR SECTION 8 ASSISTANCE IN THE PAST? (Circle One) YES NO if yes, when _____

LAST NAME _____ FIRST NAME _____ MI _____

WIFE'S MAIDEN NAME _____

CURRENT ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip Code) Home Phone _____ Work _____

HOW LONG HAVE YOU RESIDED AT YOUR CURRENT ADDRESS FROM _____ TO _____
 Mo. / Yr. Mo. / Yr.

PROPERTY OWNER'S NAME ADDRESS CITY STATE ZIP CODE TELEPHONE #

WHY ARE YOU LOOKING FOR NEW HOUSING _____

HOW DID YOU HEAR ABOUT US: TV _____ NEWSPAPER _____ FRIEND/RELATIVE _____ ONLINE _____ OTHER _____

RENTAL HISTORY

1. _____
 PREVIOUS ADDRESS CITY STATE ZIP CODE FROM Mo./Yr. TO Mo./Yr.

PROPERTY OWNER'S NAME ADDRESS CITY STATE ZIP CODE TELEPHONE #

2. _____
 PREVIOUS ADDRESS CITY STATE ZIP CODE FROM Mo./Yr. TO Mo./Yr.

PROPERTY OWNER'S NAME ADDRESS CITY STATE ZIP CODE TELEPHONE #

HOUSEHOLD COMPOSITION AND CHARACTERISTICS
(YOU MUST LIST EVERYONE THAT IS OR WILL BE RESIDING IN THE HOUSEHOLD)

#	FAMILY MEMBERS FULL NAME LAST, FIRST, MI	RELATIONSHIP	DATE OF BIRTH	AGE	PLACE OF BIRTH	SEX	SOCIAL SECURITY #
1.		<u>HEAD</u>					
2.							
3.							
4.							
5.							
6.							
7.							
8.							

IS ANYONE IN THIS HOUSHOLD HANDICAPPED OR DISABLED? YES NO

TOTAL HOUSEHOLD INCOME : 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 (SSI), Workers Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, income from bank accounts, alimony, and all other sources including assets. List amounts received below:

FAMILY MEMBER	SOURCE OF INCOME EMPLOYER	WEEKLY GROSS	MONTHLY GROSS

PERSON TO CONTACT IN CASE OF EMERGENCY: NAME _____

ADDRESS _____ PHONE _____

RACE OF HEAD OF HOUSEHOLD: (For statistical purposes only) (Circle One) White African American American Indian Hispanic Asian or Alaskan Native

Have you or anyone in your household ever been **charged** with a violation, misdemeanor, or felony in the **past 10 years**? (You must disclose **all** criminal activity, even if the charge(s) did not result in a conviction or they were dismissed)

YES NO Explain: _____

Failure to disclose criminal history background information for all persons listed on your application will result in rejection of your application

If you qualify for any of the following preferences please CHECK as many as apply:

- 1. Living in Substandard Housing (no kitchen, no indoor plumbing, no heat, no electricity, unit has been condemned)
- 2. Being displaced involuntarily that is through no fault of your own, for example, domestic violence or government displacement. Eviction for not paying rent does not apply here. Explain: _____
- 3. Paying more than 50% of my family's gross income for rent and utilities. Current Rent \$ _____ Utilities \$ _____

If you do not qualify for any of the Preferences your name will be placed on our waiting list but not with priority status. Note also that you will be required to verify your preference at the time of your certification.

PLEASE REMEMBER TO REPORT ANY CHANGES IN PREFERENCE, ADDRESS, FAMILY SIZE AND INCOME IN WRITING AT OUR OFFICE.

Your signature below certifies that all the statements made in this application by you are true and accurate to the best of your knowledge and belief. **ALL MEMBERS OF HOUSEHOLD 18 YEARS OF AGE OR OVER MUST SIGN**

SIGNATURE OF HEAD OF HOUSEHOLD DATE

SIGNATURE OF SPOUSE /OTHER ADULT DATE

SIGNATURE OF OTHER ADULT(S) DATE

SIGNATURE OF OTHER ADULT(S) DATE

OFFICE USE ONLY

HOUSING UNITS OFFERED:

DATE _____	ACCEPTED _____	REFUSED _____
DATE _____	ACCEPTED _____	REFUSED _____
DATE _____	ACCEPTED _____	REFUSED _____

ADDITIONAL COMMENTS _____

AUBURN HOUSING AUTHORITY
20 THORNTON AVENUE, AUBURN, NY 13021 (315)253-6249
AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct my Federal, State, or local agency, organization, business, or individual to release to AUBURN HOUSING AUTHORITY, any information of documentation needed to complete and verify my application for participation and/or to maintain my continued assistance.

I give my consent for the releases also for the minor children in my care who live with me. I understand and agree this authorization or the information obtained with its use may be given to and used by the Auburn Housing Authority in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | | |
|------------------------------------------|-------------------------------------------|-------------------------------|
| Child Care Expenses | Handicapped Assistance Expenses | Social Security Numbers |
| Credit History | Identity and Marital Status | Residences and Rental History |
| Criminal Activity | Medical Expenses | Family Composition |
| Employment, Income, Pensions, and Assets | Federal, State, Tribal, or Local Benefits | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a Housing Assistance Program.

Individuals or Organizations That May Release Information:

- | | | | |
|----------------------------------------|-----------------------------|------------------------|---------------|
| Banks and Other Financial Institutions | Landlords | Providers of: | Credit |
| Law Enforcement Agencies | Courts | Handicapped Assistance | Alimony |
| Credit Bureaus | Schools and Colleges | Medical Care | Child Care |
| US Social Security Administration | Employers, Past and Present | Pensions/Annuities | Child Support |
| US Department of Veteran's Affairs | Welfare Agencies | Utility Companies | |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Auburn Housing Authority. I understand that I have a right to correct any information that I can prove is incorrect.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature of Head of Household	Print Name	Date
Signature of Spouse/Other Adult	Print Name	Date
Adult Member	Print Name	Date
Adult Member	Print Name	Date

PENALTIES FOR MISUSING THIS CONSENT:

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**"

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.	
<input type="checkbox"/> 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.

Form HUD- 92006 (05/09)



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

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

This Notice was provided by the below-listed PHA: AUBURN HOUSING AUTHORITY	I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice:</i>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name	
Signature	Date				
Printed Name					