



**PUBLIC HOUSING APPLICATION PACKET
INSTRUCTIONS FOR APPLYING FOR PUBLIC HOUSING WITH
LYNCHBURG REDEVELOPMENT & HOUSING AUTHORITY**

1. The attached application must be filled out **COMPLETELY**. No fields should be left incomplete.
2. **ALL ADULT members (18 years and older)** of the household **MUST** sign the application
3. **All required information must be submitted with your application in order for it to be accepted.**

YOUR APPLICATION WILL NOT BE ACCEPTED IF YOU DO NOT:

1. COMPLETE ALL QUESTIONS ON THE APPLICATION
2. PROVIDE REQUIRED INFORMATION AND FOLLOW INSTRUCTIONS LISTED ON THE FRONT OF THIS PAGE

The following information MUST be included with your application:

1. A **COPY of birth certificates** for all household members applying for assistance.
2. A **COPY of Social Security cards** for all household members applying for assistance (exceptions may apply).
3. A **COPY of immigration documentation** for **Non-Citizens** to prove their eligibility for public housing services.
4. A **COPY of state driver's license or identification card** for every adult member (**18 years and older**) applying for assistance. All sources of income of the household **MUST** be reported on the application. This includes any gifts or loans from family, friends, or other sources.
5. A **COPY** to verify wages from pay statements for all employment (**6 consecutive weekly or 3 consecutive bi-weekly pay stubs**); ***most recent*** **COPY** of the following: TANF benefit letter; Food Stamps benefit letter; Social Security award letter; Veteran benefit letter; *child support history report; alimony history report; 6 consecutive unemployment benefit payments; allotment statement (if receiving income from someone who is in the military) and Retirement award letter. **child support payment history must be obtained through the Dept. of Child Support Enforcement website (please see attached)*
6. A **COPY** of the 2018 Federal Tax Returns (**for each adult member**); bank statements (Checking- most recent 6 months and 1 month Savings- most recent statement); and verification of stocks/bonds/property/ whole/universal life insurance.
- 7.

Return your completed application and all required copies ANY TUESDAY, WEDNESDAY OR THURSDAY BETWEEN THE HOURS OF 9:00 A.M. – 3:00 P.M. to our office located at 918 Commerce Street, Lynchburg, VA, 24504

Special Accommodation Request

If you or a member of your family have a disability and think you need or want a reasonable accommodation you may request it at any time. Please submit a letter making this request.

**Should you have any questions, you may contact LRHA at (434-485-7200)
or 918 Commerce Street, Lynchburg, VA 24504**



We Do Business In Accordance With the Federal Fair Housing Law

Fax: 434.845.9144 • TTY: 800.828.1120 VA 711

918 COMMERCE STREET • LYNCHBURG, VA 24504 • (434) 485-7200

Share/PH/App Ins



IMPORTANT NOTE:
If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and/or services, please contact the Housing Authority at:
Lynchburg Redevelopment & Housing Authority
918 Commerce Street, Lynchburg, VA 24504
(434)485-7200

INFORMATION UPDATE FOR: ☐ PUBLIC HOUSING ☐ HOUSING CHOICE VOUCHER

BRING COMPLETED APPLICATION TO YOUR APPOINTMENT

FOR OFFICE USE ONLY: ☐ Application ☐ Annual ☐ Transfer

IDENTIFICATION: ☐ Driver's License ☐ State ID ☐ Passport ☐ Other: _____

IT IS YOUR OBLIGATION TO NOTIFY US WITHIN TEN (10) BUSINESS DAYS
IF ANY OF THE FOLLOWING INFORMATION CHANGES.

Please complete this form in ink. Complete all blanks. Write the word "NONE" if the information does not apply.

PART I. TENANT INFORMATION

NAME: _____ HOME PHONE: _____
(Last) (First) (Middle Initial)

CURRENT ADDRESS: _____ WORK PHONE: _____

CITY, STATE, ZIP: _____ CELL PHONE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

MAIDEN NAME, NICKNAME OR ALIAS (if applicable): _____

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ OTHER _____

If separated or divorced, list the name and address of the spouse/ex-spouse(s):

(NAME) (ADDRESS) (circle) SEPARATED DIVORCED

The following information is being requested to comply with Equal Opportunity requirements and will not affect your housing:
PRIMARY LANGUAGE: _____ TRANSLATION NEEDED? ☐ YES ☐ NO
RACE: ☐ CAUCASIAN ☐ AFRICAN AMERICAN ☐ NATIVE AMERICAN ☐ ASIAN ☐ PACIFIC ISLANDER
ETHNICITY: ☐ HISPANIC ☐ NOT HISPANIC

EMERGENCY CONTACTS: Please list two individuals we may contact if you are not available:

Name: _____ Name: _____
Telephone: _____ Telephone: _____
Relationship: _____ Relationship: _____

PART II. HOUSEHOLD INFORMATION

Please list **YOURSELF** and ALL PERSONS living in the assisted unit, INCLUDING

*****ANYONE WHO SPENDS THE NIGHT MORE THAN FOURTEEN NIGHTS/YEAR.*****

MBR #	Last Name	First Name	MI	Age	Sex	Relation to Head	DOB	Marital Status	Disability? (Yes/No)	Social Security #
1					<input type="checkbox"/> Male <input type="checkbox"/> Female	Head			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Live-in Aides must be listed in the Household Composition but will not be considered a remaining member of the household and have no rights to the Housing Unit



We Do Business in Accordance with Federal Fair Housing Laws

List all persons who moved out during the past 12 months (including any deaths, marriages, jail, permanent placement in nursing homes, etc.)

Full Name	Relationship	Date of Move	Reason

Do you have any pets? Yes No How Many _____ Type _____ Breed _____

PART III. EDUCATION

Do any household members 18 or older attend school or college? If YES, please list below. (circle) YES NO

Household Member	Name of School	Grade	Full or Part Time

Use additional sheets if necessary. For each student, please supply: all Financial Aid letters, proof of registration and proof of the amount of tuition from the school.

PART IV. PRIOR HOUSING ASSISTANCE

Please circle "YES" or "NO" to the following questions.

Do you expect anyone to move in or out of your household within the next twelve months? YES NO

If yes, explain: _____

Is there any member of the household who is now temporarily or permanently absent from the home? YES NO

If yes, explain: _____

Has any member of the household had a change in citizenship or immigration status? YES NO

If yes, explain: _____

Have you or any household member ever used a name other than the one you are using now? YES NO

If yes, who, what was the name, and why: _____

Do you have any overnight guests that spend 2 or more nights a month? YES NO

If yes, please list the guests' names and why: _____

Head of Household or Spouse is disabled. YES NO

Other family member is disabled (list names): YES NO

Is a reasonable accommodation based on disability necessary? If so, please indicate below YES NO

☐ Live-in Aid ☐ Additional Bedroom ☐ Rent Exception ☐ Hearing impaired Smoke Detector ☐ Other

Do you read, write and understand the English language? YES NO

If no, please explain: _____

Are you interested in information about/or a referral to a program that teaches reading? YES NO

Are you interested in information about/or a referral to a program that teaches English as a Second Language? YES NO

Has any member of your household, including adults and minors, ever used a social security number other than the one lawfully assigned? YES NO

If yes, please explain: _____

Are you now living, or have you **ever** lived in Public Housing, received Section 8 assistance or any other form of government assistance (as Head of Household or any other member of the family): YES NO

If yes, where: _____

Are you currently, or have you ever been in a repayment status with any public assistance or assisted housing agency? YES NO

Have you ever been evicted? YES NO

If yes, please list who evicted you and the dates. _____

Please list every city and state in which you have lived for the past seven years: _____

PART V. CRIMINAL HISTORY

Please note that it is important that you answer these questions fully, accurately and honestly. Criminal history does not necessarily keep you from obtaining housing assistance. Attach additional paper if needed to explain your situation.

Please circle "YES" or "NO" to the following questions.

Has **any member of your household**, including adults and minors, **ever** engaged in, been cited, arrested, indicted, convicted, or placed on probation for, **or** had an adjudication withheld, or had charges dropped or nolle prossed in connection with drug related or violent criminal activity? (circle) **YES** **NO**

If yes, who? _____

When? What was the charge? What was the outcome? _____

In what city and state? _____

Has **any member of your household**, including adults and minors, **ever** engaged in, been cited, arrested, indicted, convicted, or placed on probation for, **or** had an adjudication withheld, or had charges dropped or nolle prossed in connection with any felony charge? (circle) **YES** **NO**

If yes, who? _____

What dates? _____

When? What was the charge? What was the outcome? _____

In what city and state? _____

Has **any member of your household**, including adults and minors, **ever** engaged in, been cited, arrested, indicted, convicted, or placed on probation for, **or** had an adjudication withheld, or had charges dropped or nolle prossed in connection with committing fraud in a federally assisted housing program **or** has any household member been requested to repay money for knowingly misrepresenting information for such housing programs? (circle) **YES** **NO**

If yes, who? _____

What dates? _____

When? What was the charge? What was the outcome? _____

In what city and state? _____

Has **any household member** used drugs or alcohol in the last three years to the degree that it caused a problem? (circle) **YES** **NO**

If yes, who? _____

When? _____

Is **any member of your household** required to register as a sex offender? (circle) **YES** **NO**

If yes, who? When? What was the charge? What was the outcome? _____

In what city and state did the offense occur? _____

On what dates? _____

Has **any member of your household**, including adults and minors, **ever** engaged in, been cited, arrested, indicted, convicted, or placed on probation for, **or** had an adjudication withheld, or had charges dropped or nolle prossed in connection with manufacturing or producing methamphetamine? (circle) **YES** **NO**

If yes, who? _____

In what city and state did the offense occur? _____

When? What was the charge? What was the outcome? _____

Has **any member of your household**, including adults and minors, **ever** been on supervised release, parole or probation? (circle) **YES** **NO**

If yes, who? _____

When? What was the charge? What was the outcome? _____

Is any family member still on parole or probation? (circle) **YES** **NO**

Who? _____

Who is/was the probation or parole officer and what is their contact number? _____

In what state did the offense occur? _____

What charges resulted in the parole or probation? _____

Has **any member of your household**, including adults and minors, **ever** been involved in drug court? (circle) **YES** **NO**

Who? _____

What incidents lead to their involvement with drug court? _____

When? What was the charge? What was the outcome? _____

Is **any household member**, including adults and minors, currently involved with Department of Children and Families, mental health court, court coordinated services? (circle) **YES** **NO**

Who? _____

What incidents lead to their involvement with mental health court, court coordinated services, or DCF? _____

On what dates did the incidents occur? _____

PART VI. FAMILY DEDUCTIONS

Please circle "YES" or "NO" to the following questions.

CHILDCARE

Do YOU pay child care for a family member 12 and under?

YES

NO

For which child(ren)? _____

Child Care Name: _____

Address: _____

Total Monthly Cost: _____

Your cost: _____

Do you receive financial assistance with your child care costs from the State?

YES

NO

If yes, how much? _____

HANDICAPPED ASSISTANCE EXPENSES

Do you employ a Care Attendant or supply Auxiliary Apparatus (i.e., a wheelchair) for a disabled family member in order to allow a family member, age 18 or older, including the disabled member, to become gainfully employed?

YES

NO

MEDICAL EXPENSES

If the head of household or spouse is a person with disabilities or is age 62 years or older, please fill out this section so that we may consider your household medical expenses in the calculation of your housing benefits. Also, household members who are 18 years of age or older who have medical expenses should sign this form if their medical expenses are to be considered.

In the last 12 months, have you paid any medical expenses for which YOU were totally responsible?

YES

NO

If yes, please provide receipts for non-covered medications, or medical expenses, a pharmacy print-out showing your payment, canceled checks, OR a 12 month account statement from the provider.

List all Health Care Providers whom you pay out of pocket that LRHA may contact to verify your household's medical expenses.

Do not list health care providers whose services are covered entirely by insurance, or to whom you do not owe any amount.

Type of Expense	Name of the Provider You Pay for this Expense	Complete Mailing Address	Phone/Fax Number	Amount Paid "Out of Pocket"
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				

PART VII. FAMILY INCOME

Please check ANY of the following types of income that ANY members of your household now receive or expect to receive in the next twelve (12) months:

<input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/> ANNUITY PAYMENTS <input type="checkbox"/> RETIREMENT PENSION <input type="checkbox"/> EMPLOYMENT/WAGES <input type="checkbox"/> CHILD SUPPORT	<input type="checkbox"/> EDUCATIONAL GRANTS <input type="checkbox"/> VETERAN'S BENEFITS <input type="checkbox"/> PUBLIC ASSIST (TANF) STAMPS <input type="checkbox"/> SELF-EMPLOYMENT INCOME <input type="checkbox"/> S.S.I	<input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> ALIMONY <input type="checkbox"/> WORKMEN'S COMPENSATION <input type="checkbox"/> OTHER (INCLUDING GIFTS) UNDER THE TABLE, ILLEGAL, ETC
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On the chart below list all sources and gross amounts of money received by any or all members of your household. Refer to Household Member number, from Section I.

MBR #	Employee Wages		Unemployment Compensation	Cash Assist Food Stamps	Child Support	Social Security/SSI	Other (Explain)
	\$ / hr	# hrs/week					

Does anyone outside of your household pay any of your bills or give you or any household member money? **YES** **NO**

If yes, how much is given? _____

Who gives it? _____

How often is it given? _____

Although we will verify your employment information on another form, please list the Employer Information below

Person Employed: _____ Person Employed: _____

Employer's Name: _____ Employer's Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Telephone #: _____ Telephone #: _____

Fax #: _____ Fax #: _____

Are you currently looking for employment? **YES** **NO**

When and where were you most recently employed? _____

Are you interested in being contacted by vendors performing work for the housing authority? **YES** **NO**

If yes, what kind of work would you like to do? _____

What are your skills or training? _____

Are you an owner or co-owner in any business or real estate? **YES** **NO**

If yes, what is the name of the business? _____

Did anyone help you complete this form? **YES** **NO**

If yes, who? _____ What is their contact number? _____

It is important that they explain to you all of the information in this form. Did they review this form with you? **YES** **NO**

Do you have any questions or are you confused about anything on this form? **YES** **NO**

I certify that I understand all changes of criminal status, income, or family size must be reported, in writing, to the Housing Authority within ten (10) business days of the change. I certify that I understand that only the household members listed above may live in my home.

I understand that the Housing Authority is authorized to obtain criminal arrest records from law enforcement agencies to assist them in screening applicants and family members to be admitted to or remain in the program. This authorization assists the housing authority in complying with HUD requirements to deny or terminate assistance to applicants or participants in the program who are engaging in or have engaged in violent criminal or drug related activities. These activities are defined by HUD located within the HUD Contract.

In signing this document I acknowledge that I fully comprehend and I do hereby swear and attest *under penalty of perjury*, that all of the above information and the statements made by me are true and correct. I also understand that any false statements made in an attempt to receive or continue to receive public assistance benefits is a crime punishable by a fine of not more than \$2,500.00 and/or jail for twelve months under Sections 18.2-186.2 and 18.2-11 of the Code of Virginia.

WARNING! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States.

I do hereby make oath and swear and attest *under penalty of perjury*, that I have read the foregoing Application/Recertification Form and that all of the above facts and statements are true and correct. Making a false statement under oath is punishable by a fine of not more than \$2,500.00 and/or imprisonment for 10 years under Sections 18.2-434 and 18-10 of the Code of Virginia.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

I certify that I have reviewed the information on Family Income and Family Assets for completeness and accuracy and am acting in accordance with Public Housing/Section 8 / Housing Choice Voucher program procedure.

Signature of Housing Technician

Print Name

Date



Self-Certification of Local Preference

I _____ certify that I have the following Local Preference.

1. _____ Working
2. _____ Elderly / Disabled
3. _____ Veteran or Veteran Family
4. _____ Homeless
5. _____ Victim of Domestic Violence
6. _____ Involuntary Displaced
7. _____ Substandard Housing
8. _____ High Rent Burden (rent is 50% or more of my Income)
9. _____ Currently Enrolled in an Educational Training Program

I understand and acknowledge that any knowing and willful misrepresentations of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including but not limited to fine or imprisonment, or both under the provision of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisonment not more than 8 years, or both.

I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

Reasonable Accommodation Request

If you or a member of your family have a disability and think you need or want a reasonable accommodation you may request it at any time.

Applicant/Tenant Signature

Date

LRHA Staff Signature

Date



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DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS:

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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 evidence of proof of age 2/; or
- ☐ () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
 - ☐ () Immigrant status under §101(a)(15) or 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 of 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 of the INA 8/.

(Signature of Family Member)

(Date)

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

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

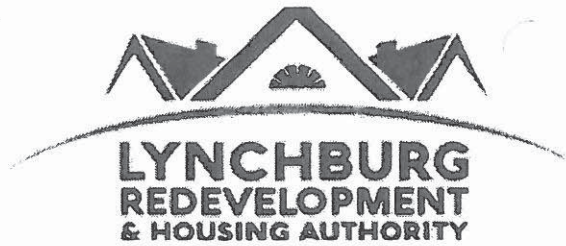
1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.



CONSENT TO PERFORM CREDIT / CRIMINAL BACKGROUND CHECK

Participants Name

Date of Birth

Address

Birth Place (City, State)

City, State, Zip

Social Security Number

I HEREBY AUTHORIZE The Lynchburg Redevelopment and Housing Authority to conduct a national sex offenders search, criminal and/or credit check at any time they deem it necessary to determine my eligibility and/or my continued eligibility for Housing.

Participants Signature

Date

LRHA Technicians Signature

Date



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Fax: 434.845.9144 • TTY: 800.828.1120 VA 711

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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)

LYNCHBURG REDEVELOPMENT AND HOUSING AUTHORITY
918 COMMERCE STREET
LYNCHBURG VA 24504

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.