

New Homestead

510 N. Meadow Drive • Sioux Center, Iowa 51250 • (712) 722-2237 Voice • (712) 722-4237 Fax



Mission: Dedicated to Assisting Families with Affordable Housing

PUBLIC HOUSING APPLICATION PROCEDURES

(This application can NOT be used for Section 8 Housing.)

Thank you for your interest in the Public Housing Program. We are here to be of service to you in your search for housing. Enclosed is an application packet that will be used to determine your eligibility. Answer all questions on the application form as an incomplete application will not be processed, retained in our files, or placed on the waiting list.

The back of this page provides step-by-step instructions on completing this application. Read carefully as you complete the application. If there is any item that you do not understand, please ask for our assistance. If there is additional information that you feel might be of assistance to us in processing your application, please let us know.

Please return the completed packet to our office along with copies of **Social Security cards** and **birth certificates** of all household members and **photo ID's** of individuals over 18 years of age. If you fail to submit these documents with your application, we will not be able to process your application.

We screen all applicants and verify all information provided to us on the application that you complete and from other sources available to us. We verify *employment; check previous rental history, credit and housekeeping references; conduct criminal background checks; and do sex-offender registration checks on all adult household members*. Please **SIGN** the enclosed verifications of rental history, personal character reference, and criminal record search consent forms so we may complete these areas of verification. By submitting an application for housing to the New Homestead, you acknowledge that these checks and verifications will be done, and give your permission for us to do so.

New Homestead **will DENY** an applicant for participation in the Public Housing Program if they have any drug related charges on their arrest record within the past five years.

The New Homestead is committed to making reasonable accommodations when such accommodations may be necessary to afford persons with disabilities to have an equal opportunity to use and enjoy the PHA housing, programs, and services. If you or anyone in your family household is a person with disabilities, and you require a specific reasonable accommodation in order to fully utilize our programs and services, please contact our office at (712) 722-2237.

Thank you for making a housing application with the New Homestead. We will do our best to process your application in a timely manner. An applicant who passes the eligibility and screening criteria will be entered on the waiting list in the order according to their application date and time received. The waiting list will then be processed in order according to unit type (elderly or family); bedroom size; and admission preferences (if applicable). An applicant who does not satisfy the screening criteria will not be accepted and will be notified accordingly. Once selected from the waiting list and all requested information and documents are compiled and the applicant is determined suitable, a PHA staff representative will contact the family in order to make an appointment to view a unit. **Be sure to provide the Housing Authority with changes in family membership, income, address and telephone numbers in writing as soon as possible after the changes occur.** If we cannot contact you when your name reaches the top, we will withdraw your name from the waiting list.

To be qualified for admission to public housing an applicant must:

- (a) Be a family as defined in PHA's Admission and Continued Occupancy policy. **Must** be 18 years of age or older
- (b) Meet the HUD requirements on citizenship or immigration status;
- (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in the New Homestead office.
- (d) Provide documentation of Social Security numbers for all family members;
- (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session, if requested to do so;
- (f) Note the Community Service and Self-Sufficiency requirement: All tenants of Public Housing aged 18 to 62 are required to volunteer eight (8) hours each month. Volunteer opportunities include working at any of the local not-for-profit or charitable organizations, or attending self-improvement classes at any of the area schools, volunteer through churches, clinics, hospitals, etc.

There are certain exemptions from the Community Service requirement. If you are disabled, age 62 or over, working a minimum of 30 hours/week, or receiving TANF you would be considered exempt.

- (g) Please read page 3 of application regarding VAWA (Violence against Women Reauthorization Act of 2005)
- (h) Pay any money owed to a PHA or any other housing authority;
- (i) Not have had a lease terminated by a PHA in the past 12 months;
- (j) Be able and willing to comply with the Housing Authority lease; and
- (k) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.

INSTRUCTIONS for completing the Application for Public Housing

- 1) Read the packet of information carefully. Please **PRINT** clearly! Sign when signature is requested.
- 2) Information from Housing and Urban Development regarding "Things You Should Know" (application requirements) and "Is Fraud Worth It?" (fraud and the penalties for committing fraud). *Read carefully*
- 3) Application: Complete every blank, both the front and the back. List family members beginning with **YOURSELF!** If the section does not apply to you or your household, place "N/A" in the section so it is clear that you have read the sections and it does not apply to you. If you do not have a telephone number, please list a number of a contact person who will know how to get in touch with you.
 - When you have completed the "Criminal Record Search Consent" form to STOP, all remaining forms up to the last page **only** get signed and dated as highlighted.
 - Read the "Authorization for Release of Information" and sign, date, and last 4 digits of the social security number. Without a signature, we cannot begin the eligibility and screening criteria.
- 4) Residential Housing Information: Be sure to include your current and previous Landlord's First and Last Name, Address, and Telephone Numbers. If you fail to provide this information, your application will stop being processed until the information is received.
- 5) References: Please list 3 credit and 2 housekeeping references. Be sure to include their full name, address, and telephone number.

After you have completed the entire application packet, please return all pages to:

New Homestead Low Rent Housing - 510 North Meadow Drive – Sioux Center, IA 51250

Please keep the top 3 pages of this information for your records and to refer to in the future.

How Will My Rent Be Determined?

Once an applicant accepts the public housing offer, a lease agreement will be executed. A PHA representative will review the lease with you and collect a security deposit. Your monthly rent will be based on 30% of the household's adjusted income. All rent is calculated in accordance with HUD regulations. Allowable deductions are also taken into consideration. Annual re-certifications will be performed to ensure that the tenant's obligation does not exceed the 30% amount.

Thank you for allowing us to assist you with HUD public housing!



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.				
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house;▫ Required to repay all overpaid rental assistance you received;▫ Fined up to \$ 10,000;▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>				
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.				
Completing The Application	<p>When you answer application questions, you must include the following information:</p> <table border="0"><tr><td>Income</td><td><ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</td></tr><tr><td>Assets</td><td><ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.</td></tr></table>	Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)	Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)				
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.				

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application	<ul style="list-style-type: none"> ▫ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. ▫ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. ▫ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.
Recertifications	<p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"> ▫ All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members. ▫ Any move in or out of a household member; and, ▫ All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.
Beware of Fraud	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> ▫ Do not pay any money to file an application; ▫ Do not pay any money to move up on the waiting list; ▫ Do not pay for anything not covered by your lease; ▫ Get a receipt for any money you pay; and, ▫ Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).
Reporting Abuse	<p>If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.</p>





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



NEW HOMESTEAD

LOW RENT HOUSING AGENCY of SIOUX CENTER
510 North Meadow Drive ~ Sioux Center, IA 51250

APPLICATION FOR ADMISSION IN THE PUBLIC HOUSING PROGRAM "Smoke-Free" Public Housing

for housing authority use only:
Date/Time _____ Bedroom Size _____ Possession Date _____

Applicant Name: _____ Maiden Name: _____

Current Address: _____

City _____ State _____ Zip Code _____

Home Phone #: _____ Cell #: _____ Work #: Head _____

If separated or divorced _____
Spouse/Ex-Spouse Social Security # Date of Birth

This form must be completed in your own handwriting. You must use the correct name for each member of your household as it appears on your social security card. All adult members of the household must sign the last page of the application to certify that the information pertaining to them is correct. Please print clearly.

I. HOUSEHOLD COMPOSITION AND INFORMATION Beginning with yourself, list the legal names of all persons who will live in the PHA unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	Legal Name(s)	Relationship	Date of Birth	City & State of Birth	Sex	Age	Social Security #	Y or N Citizen	Legal Resident
1.		HEAD							
2.									
3.									
4.									
5.									
6.									

Required: Social Security cards and birth certificates for all individuals AND a photo ID for all household members over the age of 18 must be presented to the New Homestead Low Rent Housing Agency with this application.

RACE OF HEAD OF HOUSEHOLD

- White / Caucasian
- Black / African American
- American Indian or Alaskan Native
- Asian or Pacific Islander

ETHNICITY OF HEAD OF HOUSEHOLD

- Hispanic / Latino
- Non-Hispanic / Non-Latino

Do you anticipate any change in your family size in the next twelve (12) months? Yes No If yes, please explain:
 1.) Pregnancy 2.) Legal Adoption 3.) Custody 4.) Other _____

Do you or any household member(s) require any modifications in PHA procedures or special reasonable adaptations to a housing unit in order to fully utilize our program and services to accommodate a disability/handicap? Yes No If yes, please contact the Housing Agency for a "Request for Reasonable Accommodation" form to identify these needs.

Do you speak English? Yes No If no, what language do you speak? _____

Name of English Speaking Contact Person (if available): Name: _____ Phone #: _____

FOR FAMILIES WITH DISABLED MEMBERS ONLY: Do you pay for a care attendant or for any equipment for the disabled member(s) of the family necessary to permit that person or someone else in the family to work? Yes No
 If yes, please describe expenses: _____

II. PREFERENCE &/or HOMELESS INFORMATION Admission to the Public Housing program is based upon local preferences and or homelessness. Please contact the office for a "Local Preference Status Request" form (if applicable) to verify preference status and/or homelessness for priority placement on the waiting list based on need, rather than application file date.

III. RESIDENTIAL HOUSING INFORMATION List the address and landlord information (if applicable) for the last five (5) years. Attach additional sheet if necessary. **THIS INFORMATION IS REQUIRED to process application.** Include rental units, care facilities, treatment centers, family or friends you lived with, shelters, jail, etc.

Addresses	From /To	Rent	Utilities	Name, Address, and Phone # of Landlord
<u>Current Address:</u>	/ / To / /	\$ Per month	\$ Per month	Name: Address: Phone #:
<u>Next Prior Address:</u>	/ / To / /	\$ Per month	\$ Per month	Name: Address: Phone #:
<u>Next Prior Address:</u>	/ / To / /	\$ Per month	\$ Per month	Name: Address: Phone #:

IV. CREDIT & HOUSEKEEPING REFERENCES

Please list **THREE (3) CREDIT** references:

Name	Address & City, State & Zip	Telephone Number
1.		
2.		
3.		

Please list **TWO (2) HOUSEKEEPING** references:

Name	Address & City, State & Zip	Telephone Number
1.		
2.		

Other Required Information:

1. Have you or any other household member ever been evicted/terminated? Yes No

If yes: By Whom? _____ When? _____

Why? _____

If more than one eviction, list additional information on another sheet.

2. Are you now living in a government-subsidized unit (ex. Public Housing, Section 8, Section 221, or Section 236)? Yes No

3. Have you or any member(s) of your family **EVER** lived in any type of subsidized housing program either on your own or in another person's household? Yes No **EVER** evicted/terminated from a HUD subsidized housing program? Yes No

Also, if yes, did you leave owing any money for damages, past due rent, or late charges in the assisted housing? Yes No

4. Have you **EVER** been requested to repay money for knowingly misrepresenting information or committed any fraud in a federally subsidized housing program? Yes No If yes, please explain: _____

5. Have you or any other adult member(s) **EVER** used any names(s) or Social Security number(s) other than the one you are currently using? (Including maiden name) Yes No If yes, what name (s) or SSN: _____

6. Have you or any household member **EVER** served or are you or any household member currently serving in the United States military service or Armed Forces? Yes No If yes, list name of household member and relationship to head of household: _____

7. Are you or any adult family members enrolled in an education program? Yes No If yes, list all **full time** students (18 years or older) and where they attend school? _____

If you pay for babysitting or have other claims (such as tuition and school expenses against income of a Pell grant or other grants), the New Homestead must verify your student status at the school you listed above.

8. Is any adult family member enrolled in a job training program, including one required under the Welfare program? Yes No If yes, please give name, address, & phone # of person who can verify this: _____

9. Do you have any pets? Yes No If yes: What kind? _____ Height: _____ Weight: _____

10. Is the applicant family displaced by domestic violence? Yes No If yes, give name, address & phone # of person who can verify this: _____

The Violence against Women Reauthorization Act of 2005 (VAWA) prohibits denial of admission to an otherwise qualified applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking. Specifically, Section 606 (4)(A) of the VAWA adds the following provision to Section 8 of the U.S. Housing Act of 1937, which lists contract provisions and requirements for the public housing program: That an applicant or participant is or has been a victim of domestic violence, dating violence, or stalking is not an appropriate reason for denial of program assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission.

V. CRIMINAL HISTORY

Please complete attached questionnaire: **Questions pertaining to Criminal Activity** for screening purposes.

VI. INCOME INFORMATION

List all money earned or received by everyone living in your household (checks, cash, etc.) and supply details as needed. This includes money from: wages, self-employment, child support, contributions, Social Security and SSI benefits, disability payments, Workmen's Compensation, retirement benefits, pension or annuity income, welfare payments (TANF), Veterans benefits, rental property income, stock dividends, income from bank accounts (including CD's, savings and Money Market accounts), alimony payments, unemployment benefits, severance pay and all other sources.

**** Enter ALL jobs held now AND those wages which you expect to earn during the next 12 months by ALL members of your household.**

Family Member	Source/Type Of Income	Place of Employment	Income Amount	Rate (per hour, week, month, etc.)	Totals For PHA only
	Social Security / SSI		\$	\$	
	Wage/Self-employment		\$	\$	
	Pensions/Retirement/ Veteran's Benefits		\$	\$	
	TANF		\$	\$	
	Child Support		\$	\$	
	School Loans / Grants		\$	\$	
	Unemployment Benefit		\$	\$	
	Other ** See Below		\$	\$	

- ** Other =**
- a. Spousal Support
 - b. State Disability
 - c. Workers Compensation
 - d. Foster Care Payments
 - e. Work Study
 - f. Military Allotment
 - g. Railroad Retirement
 - h. Scholarships

1. Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave? Yes No
2. Does any member of your household receive regular cash contributions from individuals not living in the unit, from agencies, or from employment? Yes No If yes, explain: _____
3. Is any member of your household employed full time, part time, or seasonally? Yes No If yes, explain: _____
4. Does anyone outside of your household pay for any of your bills or expenses? Yes No If yes, explain: _____
5. Did you file a Federal Income Tax Return for the most recent years? Yes No

VII. ASSET INFORMATION

If you answer yes to any of the following questions, you must complete the remainder of this section.

1. Do you or any household member own or have any interest in any real estate, mobile home, or personal property held as an investment (such as gems, jewelry, coin collections, antique cars, boats, etc.)? Yes No If yes, please describe the 1) type and value of property and 2) address: _____
2. Have you sold, transferred, or given away any real estate or other assets (including cash) in the last two years? Yes No If yes, list the type and date of asset disposed: _____
3. Do you have any Life Insurance? Yes No If yes, list company name, address, policy # and loan value below in chart.

If you own your own home, you must bring your most recent tax statement to the Housing Authority office. A tax statement is the form you receive from your County Treasurer/Assessor's office(s) that enables you to pay the taxes due on the property, if they are owed.

Family Member	Type of Asset	Location of Asset	Estimated Value	% Rate	For PHA use only
	Checking/Saving Accounts		\$		
	Certificates of Deposit		\$		
	Stocks, Bonds, Trusts		\$		
	Pensions		\$		
	IRAs and Keogh accounts		\$		
Company Name:	Life Insurance Policies Policy #	Address:	Loan Value \$		
	Other / Itemize		\$		

VIII: ALLOWABLE EXPENSE INFORMATION

MEDICAL EXPENSES: (Elderly/Disabled head of household or spouse ONLY)

Note: Persons who are 62 years of age or older AND persons with disabilities are entitled to additional deductions such as unreimbursed medical expenses and a \$400 reduction of total annual income which could impact the amount of rent that you will pay. List "out of pocket" medical expenses for which you are not reimbursed by health insurance, Medical Assistance, etc.

Family Member	Description	Name / Address of Company	Cost /Month
	Medicare Premium	Medicare #	\$
	Supplement Health and Prescription Drug Insurance		\$
	Prescriptions		\$
	Outstanding Medical Bills		\$
	Dental / Eye Expense		\$
	Other:		\$

1. Did Medicare or your health insurance company pay for or reimburse you for any medical expenses in the past twelve months? Yes No
If yes, you should enclose copies of the forms you received from the insurance agency or Medicare with this application form.

2. Do you receive assistance through the Medicaid program (Social Services)? Yes No

CHILD CARE EXPENSES: Complete only if you pay child care costs for your children under age 13 to enable you or a family member to be employed or to further education.

Family Member	Name / Address of Person / Organization	Cost
		\$
		\$
		\$

If Social Services is paying a portion of your child care expenses, please list below the amount they are paying and the amount you are paying: Social Service pays \$ _____; Family Household pays \$ _____

NOTICE: An INCOMPLETE application will not be processed.

IX. APPLICANT/TENANTS CERTIFICATION

Giving True and Complete Information

I/we certify that all the information provided on household composition, income, net family assets, and items for allowances and deductions, is accurate and complete to the best of my knowledge and belief. I have reviewed the application form and certify that the information shown is true and correct

Reporting Changes in Income or Household Composition

I/we understand that I am required to report all changes in the income of any household member as well as any changes in household size (i.e. when a person moves in or out of the unit) to the NEW HOMESTEAD LOW RENT HOUSING AGENCY immediately in writing.

I/we also understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I/we certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I/we certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I/we know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I/we understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I also understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial or termination of housing assistance or termination of tenancy.

I authorize the Sioux Center Low Rent Housing Agency (New Homestead) to verify the above information, perform a criminal background check and other screening, and consent to the release of the necessary information to determine my eligibility as required in the administration of the Public Housing Program.

Warning: "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."

Signature of Household Adults and Date

1) _____ Date: _____

2) _____ Date: _____

E-mail Address: (if applicable) _____

The above names are responsible to notify the New Homestead if any changes in location, phone number, or other information on this application. Failure to do so will VOID this application.

**** FOR AGENCY USE ONLY ****

CERTIFICATION: On the basis of the information contained and verified herein, the above named applicant has been found to be:

Eligible for Admission Ineligible for Admission

- Leasing: A. Project Number _____
- B. Unit Number _____
- C. Unit Size Assigned _____
- D. Date Assigned _____
- E. Lease Effective _____

**NEW HOMESTEAD LOW RENT HOUSING AGENCY
510 NORTH MEADOW DRIVE ~ SIOUX CENTER IOWA 51250**

QUESTIONS PERTAINING TO CRIMINAL ACTIVITY

Please answer the following questions as they apply to yourself and all persons listed on the Housing Application. Please include any deferred judgments or dismissals.

1. Have you, or any member listed on the Housing Application, ever been involved in, charged with, arrested or convicted of violent or drug-related criminal activity or other unlawful act involving illegal use, abuse, sale manufacture or distribution of a controlled substance? YES NO If yes, please indicate:

Applicants Name _____

Date _____ Court _____

Violations _____

Resolution _____

Other Facts including nature of Crime: _____

2. Are you, or any member listed on the Housing Application, a current user of a controlled substance or alcohol or has a history of using drugs or alcohol? YES NO If yes, please explain:

Applicants Name: _____

3. Have you, or any member listed on the Housing Application, ever been convicted of any felony, any misdemeanor, fraud, other criminal activity, or other unlawful act, other than traffic violations?
 YES NO If yes, please indicate: (This may include jail, prison, or an institution)

Applicants Name _____

Date of Arrest: _____ Court _____ City/County/State: _____

Violations _____

Resolution _____

Other Facts _____

4. Have you, or any member listed on the Housing Application, ever been a defendant in forcible entry, and detainer (eviction) action? YES NO If yes, please indicate:

Applicants Name _____

Date _____

Details _____

Resolution _____

5. Are you currently on probation/parole due to a conviction for a criminal offense or other unlawful act?
 YES NO If yes, state name and address of probation/parole officer: _____

Dates of probation/parole: **from** _____ **to** _____

6. Are you, or any member listed on the Housing Application, subject to a state sex offender registration program requirement *in any state*? (lifetime or less-than-lifetime registrant) YES NO If yes, please indicate which state and the year that the offenses occurred. State: _____ Year: _____

7. Have you, or any member listed on the Housing Application, ever been involved in, charged with, arrested or convicted of sexual abuse, sexual assault, domestic violence, dating violence, stalking, or any other type of sexual violent criminal behavior? YES NO If yes, please indicate:

Applicants Name _____

Date _____

Violation & Details _____

Resolution _____

8. Have you, or any member listed on the Housing Application, ever been sued for nonpayment of rent, housing damages, or noncompliance with a rental agreement?

Nonpayment Yes No Applicants Name _____

Damages Yes No Applicants Name _____

Noncompliance Yes No Applicants Name _____

If yes, please explain: _____

Date: _____

Circumstances: _____

Outcome: _____

9. Do you know of any reason that your conduct, or any member listed on the Housing Application, in present or prior housing has been such as would be likely to interfere with other tenants in such a manner as to diminish their enjoyment of the premises by adversely affecting their health, safety or welfare, or to affect adversely the physical environment of the project? YES NO If yes, please explain: _____

If yes, please indicate: Applicants Name _____

Giving True and Complete Information

I/we certify that all the information provided on criminal activity, is accurate and complete to the best of my knowledge and belief. I have reviewed the Criminal Activity Questionnaire form and certify that the information given is true and correct.

Criminal and Administrative Actions for False Information

I/we understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I also understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denying or termination of housing assistance or termination of tenancy.

Authorization for Release:

I hereby authorize the Sioux Center Low Rent Housing Agency to request any of the above information from the necessary Local, State or Federal law enforcement agencies for screening purposes.

Signature of Applicant

Date

Signature of Spouse / Adult



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

Mail or Fax completed forms to:

Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

Send results to:

Name Sioux Center Low Rent Housing
Address 510 W. Meadow Drive
Sioux Center IA 50580
Phone (712) 722-2237
Fax (712) 722-4237

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Release Authorization: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.

*****This form (DCI-77) is the only approved release authorization form for this purpose.*****

Release Authorization: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

Release Authorization Signature: _____

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI <input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____ DCI initials _____	

Release Authorization Information:

Iowa law does *not* require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, *without* a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

General Information:

The information requested is based on *name* and *exact date of birth only*. Without fingerprints, a *positive* identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) *only*. The DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a *deferred judgment is not* generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A *deferred sentence is* a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees' record checks.



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

Mail or Fax completed forms to:

Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

Send results to:

Name Sioux Center Law Rent Housing
Address 510 N Meadow Drive
Sioux Center, IA 51350
Phone (712) 722-2237
Fax (712) 722-4237

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Release Authorization: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.

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Release Authorization Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____

Release Authorization Information:

Iowa law does ***not*** require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

General Information:

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In Iowa, a ***deferred judgment is not*** generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

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REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees' record checks.

New Homestead

510 N. Meadow Drive • Sioux Center, Iowa 51250 • (712) 722-2237 Voice • (712) 722-4237 Fax



Mission: Dedicated to Assisting Families with Affordable Housing

RENTAL HISTORY VERIFICATION

TO: _____

RE: Name: _____
Address: _____

Phone #: _____

Fax #: _____

Our tenant selection policy requires us to verify certain information about all members of families applying for admission to the Public Housing Program. The applicant has signed a release form below giving you permission to supply us with the requested information. Your cooperation in completing the applicable areas below and the prompt return of this verification is appreciated. Return in the self-addressed return envelope OR Fax to 712-722-4237. Thanks.

Executive Director

Applicant Release:	Date: _____
I, _____, do hereby authorize the release of the requested information.	
Signature of Applicant	

This information will be used only in determining whether the family can be accepted for admission. ALL REPLIES WILL BE KEPT CONFIDENTIAL.

Are you a relative or friend of the applicant? If so, please describe relationship: _____

Current Landlord Previous Landlord Other

Dates of Applicant's Occupancy: From _____ to _____

Address of unit rented: _____

Does (Did) the Applicant have a lease? YES NO

1. Monthly Rental Amount: \$ _____ Were utilities included in rent? YES NO

2. Does (did) applicant pay rent on time? YES NO If rent was paid late, # of times late? _____

3. Does (did) the applicant keep the unit clean, safe, and sanitary? YES NO

4. Housekeeping would be rated: Excellent Good Fair Poor

5. Describe the type of damages, if any, the tenant has caused in the unit or on common property? _____

Cost to repair? _____ Has the tenant been charged for any damages to the unit? _____

6. Does (did) the applicant have problems with insect/rodent infestation? YES NO

Also PLEASE complete the reverse side and sign.

OVER

7. Does (did) the applicant's housekeeping contribute to infestation? YES NO
8. Does (did) the applicant ever have pets in the unit without consent of landlord? YES NO
9. Did the applicant make any alterations to the unit without your permission? YES NO
 Explain: _____

10. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis?
 YES NO Describe _____
11. Does (did) the applicant, family member or guests a) interfere with the rights and quiet enjoyment of other tenants; or b) not control the behavior of children or guests? YES NO If yes, describe:

12. Have the applicant, family members, or guests engaged in any criminal activity, including drug-related criminal activity? YES NO If yes, describe: _____

13. Are you aware of any activity involving physical violence to persons or property and other acts that would adversely affect the health, safety, or welfare of other tenants? YES NO If yes, describe:

14. Has (had) the applicant given you any false information? YES NO If yes, describe:

15. Was the applicant ever evicted or served an eviction notice? YES NO If yes, explain:

16. If applicant vacated your unit:
 Did they give the required notice? YES NO
 Did they leave the premises in acceptable condition? YES NO
 Did they leave owing unpaid rent or damages? YES NO If yes, has it been paid in full or are they current on their repayment agreement? _____
17. If a security deposit was paid, did applicant get full refund of deposit upon move-out? YES NO
 If not, describe charges and amounts _____
18. Would you rent to this applicant again? YES NO If not, why? _____

19. Additional comments or information that we should be aware of in regards to the applicant: _____

Landlord or Manager: (Print) _____

Signature: *X* _____

Name of Business (if applicable): _____

Date: _____ **Telephone:** _____ **Fax:** _____

Thank you for taking the time to complete this rental form to verify applicant's qualifications.

New Homestead

510 N. Meadow Drive • Sioux Center, Iowa 51250 • (712) 722-2237 Voice • (712) 722-4237 Fax



Mission: Dedicated to Assisting Families with Affordable Housing

RENTAL HISTORY VERIFICATION

TO: _____

RE: Name: _____
Address: _____

Phone #: _____

Fax #: _____

Our tenant selection policy requires us to verify certain information about all members of families applying for admission to the Public Housing Program. The applicant has signed a release form below giving you permission to supply us with the requested information. Your cooperation in completing the applicable areas below and the prompt return of this verification is appreciated. Return in the self-addressed return envelope OR Fax to 712-722-4237. Thanks.

Executive Director

Applicant Release:

Date: _____

I, _____, do hereby authorize the release of the requested information.
Signature of Applicant

This information will be used only in determining whether the family can be accepted for admission. ALL REPLIES WILL BE KEPT CONFIDENTIAL.

Are you a relative or friend of the applicant? If so, please describe relationship: _____

Current Landlord Previous Landlord Other

Dates of Applicant's Occupancy: From _____ to _____

Address of unit rented: _____

Does (Did) the Applicant have a lease? YES NO

1. Monthly Rental Amount: \$ _____ Were utilities included in rent? YES NO

2. Does (did) applicant pay rent on time? YES NO If rent was paid late, # of times late? _____

3. Does (did) the applicant keep the unit clean, safe, and sanitary? YES NO

4. Housekeeping would be rated: Excellent Good Fair Poor

5. Describe the type of damages, if any, the tenant has caused in the unit or on common property? _____

Cost to repair? _____ Has the tenant been charged for any damages to the unit? _____

6. Does (did) the applicant have problems with insect/rodent infestation? YES NO

Also PLEASE complete the reverse side and sign.

OVER

7. Does (did) the applicant's housekeeping contribute to infestation? YES NO
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 If not, describe charges and amounts _____
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19. Additional comments or information that we should be aware of in regards to the applicant: _____

Landlord or Manager: (Print) _____

Signature: X _____

Name of Business (if applicable): _____

Date: _____ **Telephone:** _____ **Fax:** _____

Thank you for taking the time to complete this rental form to verify applicant's qualifications.

New Homestead

510 N. Meadow Drive • Sioux Center, Iowa 51250 • (712) 722-2237 Voice • (712) 722-4237 Fax



Mission: Dedicated to Assisting Families with Affordable Housing

CREDIT HISTORY VERIFICATION

TO: _____

RE: Name: _____
Address: _____

Phone #: _____
Fax #: _____

Our tenant selection policy requires us to verify certain information about all members of families applying for admission to the Public Housing Program. The applicant has signed a release form below giving you permission to supply us with the requested information. Your cooperation in completing the applicable areas below and the prompt return of this verification is appreciated. Return in the self-addressed return envelope OR Fax to 712-722-4237. Thanks.

Executive Director

Applicant Release:

Date: _____

I, _____, do hereby authorize any persons, business, agency, corporation, lending
Signature of Applicant
institution or any other business entity with whom I have conducted business or with whom I am presently conducting business, to disclose, when requested to do so by a representative of the Housing Authority, any and all information with regard to my credit, debts, liabilities and assets, AND to furnish copies of all relative credit information that said

*This information will be used **only** in determining whether the family can be accepted for admission. ALL REPLIES WILL BE KEPT CONFIDENTIAL.*

Describe your affiliation with the above applicant:

What type of business do you conduct with the above applicant? _____

How long have you been conducting business with the above applicant? 1 year 2-5 years 5 or more years

How would you describe the applicant's credit? Excellent Good Poor

Line of credit available to applicant: \$ _____ Not-Applicable

Does the applicant make timely payments on his account? Yes No N/A

If late payments are made, how late are they? _____

Does the applicant have an outstanding balance with you? Yes No N/A

Also PLEASE complete the reverse side and sign.

OVER

Have you ever had to take legal action to collect a bill from the applicant? Yes No

Do you feel the applicant is honest and forthright in his dealings with you? Yes No

If not, explain: _____

Would you conduct business with this applicant again? Yes No

Additional comments: _____

=====

Business Name:

Address: _____

City

State

Zip

Telephone: _____

Fax: _____

Signature: *X* _____

Date: _____

=====

Thank you for taking the time to complete this credit history form to verify applicant's qualifications.

New Homestead

510 N. Meadow Drive • Sioux Center, Iowa 51250 • (712) 722-2237 Voice • (712) 722-4237 Fax



Mission: Dedicated to Assisting Families with Affordable Housing

CREDIT HISTORY VERIFICATION

TO: _____

RE: Name: _____
Address: _____

Phone #: _____
Fax #: _____

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Signature of Applicant
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How long have you been conducting business with the above applicant? 1 year 2-5 years 5 or more years

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OVER

Have you ever had to take legal action to collect a bill from the applicant? Yes No

Do you feel the applicant is honest and forthright in his dealings with you? Yes No

If not, explain: _____

Would you conduct business with this applicant again? Yes No

Additional comments: _____

Business Name: _____

Address: _____
City State Zip

Telephone: _____ **Fax:** _____

Signature: *X* _____ **Date:** _____

Thank you for taking the time to complete this credit history form to verify applicant's qualifications.

New Homestead

510 N. Meadow Drive • Sioux Center, Iowa 51250 • (712) 722-2237 Voice • (712) 722-4237 Fax



Mission: Dedicated to Assisting Families with Affordable Housing

PERSONAL CHARACTER REFERENCE

TO: _____

RE: Name: _____
Address: _____

Phone #: _____

Fax #: _____

Our tenant selection policy requires us to verify certain information about all members of families applying for admission to the Public Housing Program. All applicants are expected to comply with contractual duties, such as making timely rent payments, maintaining an apartment/house in a safe and sanitary condition, and respecting the rights of his/her neighbors. The applicant has signed a release form below giving you permission to supply us with the requested information. Your cooperation in completing the applicable areas below and the prompt return of this verification is appreciated. Return in the self-addressed return envelope OR Fax to 712-722-4237. Thanks.

Executive Director

Applicant Release:	Date: _____
I, _____, do hereby authorize the release of the requested information.	
Signature of Applicant	

*This information will be used **only** in determining whether the family can be accepted for admission. ALL REPLIES WILL BE KEPT CONFIDENTIAL.*

In your best professional and personal opinion can the applicant perform the following activities that relate to lease compliance:

- Yes No Keep unit clean, sanitary, and hazard-free. This includes family responsibility for condition which seriously affects neighbors by causing infestations, foul odors, not disposing of garbage, or serious neglect of the premises.
- Yes No Avoid destruction or damage of property.
- Yes No Follow appropriate rules/regulations and comply with a lease.
- Yes No Avoid disturbing neighbors.
- Yes No Avoid criminal activity. This involves crimes of physical violence to people or property, or other criminal acts which would adversely affect the health, safety, or welfare of other tenants and housing staff including the use of sale of illegal drugs.
- Yes No Maintain peaceful, safe occupancy. Refrain from engaging in any verbal abuse (threats, swearing, etc.) or interfering with the rights and quiet enjoyment of other persons.

7. Are you a relative or friend of the applicant? If so, please describe relationship:

Also PLEASE complete the comments and sign on the reverse side.

OVER

8. Additional Comments: _____

Name of Person completing this Form: (Print) _____

Signature: *X* _____

Address: _____

City State Zip

Date: _____ Telephone: _____ Fax: _____

Thank you for taking the time to complete this personal character reference form to verify applicant's qualifications.

New Homestead

510 N. Meadow Drive • Sioux Center, Iowa 51250 • (712) 722-2237 Voice • (712) 722-4237 Fax



Mission: Dedicated to Assisting Families with Affordable Housing

PERSONAL CHARACTER REFERENCE

TO: _____

RE: Name: _____
Address: _____

Phone #: _____

Fax #: _____

Our tenant selection policy requires us to verify certain information about all members of families applying for admission to the Public Housing Program. All applicants are expected to comply with contractual duties, such as making timely rent payments, maintaining an apartment/house in a safe and sanitary condition, and respecting the rights of his/her neighbors. The applicant has signed a release form below giving you permission to supply us with the requested information. Your cooperation in completing the applicable areas below and the prompt return of this verification is appreciated. Return in the self-addressed return envelope OR Fax to 712-722-4237. Thanks.

Executive Director

Applicant Release:

Date: _____

I, _____, do hereby authorize the release of the requested information.

Signature of Applicant

This information will be used only in determining whether the family can be accepted for admission. ALL REPLIES WILL BE KEPT CONFIDENTIAL.

In your best professional and personal opinion can the applicant perform the following activities that relate to lease compliance:

1. Yes No Keep unit clean, sanitary, and hazard-free. This includes family responsibility for condition which seriously affects neighbors by causing infestations, foul odors, not disposing of garbage, or serious neglect of the premises.
2. Yes No Avoid destruction or damage of property.
3. Yes No Follow appropriate rules/regulations and comply with a lease.
4. Yes No Avoid disturbing neighbors.
5. Yes No Avoid criminal activity. This involves crimes of physical violence to people or property, or other criminal acts which would adversely affect the health, safety, or welfare of other tenants and housing staff including the use of sale of illegal drugs.
6. Yes No Maintain peaceful, safe occupancy. Refrain from engaging in any verbal abuse (threats, swearing, etc.) or interfering with the rights and quiet enjoyment of other persons.

7. Are you a relative or friend of the applicant? If so, please describe relationship:

Also PLEASE complete the comments and sign on the reverse side.

OVER

8. Additional Comments: _____

Name of Person completing this Form: (Print) _____

Signature: *X* _____

Address: _____

City State Zip

Date: _____ Telephone: _____ Fax: _____

Thank you for taking the time to complete this personal character reference form to verify applicant's qualifications.

New Homestead



510 N. Meadow Drive • Sioux Center, Iowa 51250 • (712) 722-2237 Voice • (712) 722-4237 Fax

Mission: Dedicated to Assisting Families with Affordable Housing

PUBLIC HOUSING PROGRAM AUTHORIZATION FOR RELEASE OF INFORMATION

I/We hereby authorize the **New Homestead Low Rent Housing**, and its staff, to contact any agencies, sources, offices, firms or corporations, groups, or organizations to obtain any information or materials including credit checks, DMV reports, police and/or court records, criminal history reports, etc., which are deemed necessary to determine my eligibility for participation in the Public Housing Program.

I/We hereby authorize any and all agencies, sources, offices, firms or corporations, groups, or organizations contacted by the **New Homestead Low Rent Housing** and its staff to cooperate fully and fully divulge the information requested.

This authorization expires 15 months from the date of signature.

Copies of the document shall be considered to have the same force as an original.

ALL MEMBERS OF THE HOUSEHOLD 18 OR OLDER MUST SIGN THIS FORM

X _____
Signature of Head of Household Date

XXX-XX-
Social Security Number

X _____
Signature of Spouse/ Co-head Date

XXX-XX-
Social Security Number

X _____
Signature of Other Adult Date

XXX-XX-
Social Security Number

X _____
Signature of Other Adult Date

XXX-XX-
Social Security Number

Translator Certification:

I certify that I, _____, translated the above information.

Signature

Date

