

HABD

APPLICATION FOR ADMISSION

Housing Authority of the Birmingham District

DATE: _____

TIME _____

Legal Name of Head of Household _____

Present Street Address _____

City _____ State _____ Zip _____

Previous Address _____

- How Long? _____
- Home Telephone _____
- Work Telephone _____

Email address _____

In case of Emergency, whom can we contact locally?

Name _____ Relationship _____

Address _____ Telephone _____

Alternate Telephone _____

Reason for applying _____

Has any family member in your household been tested or suffered from lead based paint poisoning?

Yes No

If yes, explain _____

Date last tested _____ Reported Level _____

Do you have any documentation regarding the level of lead found? Yes No

If yes, what was the Lead Level found? _____

ETHNIC: Hispanic Non Hispanic

RACE: White Black American Indian/Alaska Native
 Asian/Pacific Islander

Martial Status: Single Divorced Widowed Married
 Separated if separated, Name of spouse _____

Have you ever participated in the Section Eight Program? Yes No

- If yes, during what period? _____
- What Housing Authority? _____
- What year _____

Was your lease terminated? Yes No

- If yes, Why? _____
- Were you head of the household? _____
- Do you owe a balance? _____
- If yes, how much? _____

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HOUSEHOLD MEMBERS

Please tell me the legal names of all of the people who will be living with you. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

RELATION CODES:

H= Head, CH=Co-Head, S= Spouse, D= Daughter, G/D= Grand daughter, NE= Niece, N= Nephew, Sn=Son,
 G/S= Grandson, GG/D= Great Granddaughter, GG/S= Great Grandson, U= Uncle, A= Aunt, L= Live in Aid,
 F= Foster child, B= Brother, ST= Sister, C= Cousin, O= Other

#	Legal Family Member's Name	Relation	DOB	Occupation or School Name	Social Security Number	City, State, or County Birthplace
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Explain relationship of other _____

Do you expect anyone to move in or out of your household within the next twelve months?

Yes No If yes, explain _____

Does anyone live with you now who are not listed above?

Yes No If yes, explain _____

Have you or anyone of the above listed family members been placed on the HABD Trespassing list?

Yes No

If yes, who was placed on the trespassing list? _____

When? _____

Why? _____

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Have you ever lived in one of the Birmingham Public Housing Communities? Yes No

If yes, which one _____

Address/Unit# _____

- Was your lease terminated? Yes No If yes, Why? _____
- Were you head of the household? Yes No
- Do you owe a balance? Yes No If yes, how much? _____
- When did you move out? _____

Have you ever lived in OR currently living in Public Housing? Yes No

If yes, which one _____

Address/Unit# _____

- Was your lease terminated? Yes No
If yes, Why? _____
- Were you head of the household? Yes No
Do you owe a balance? _____ If yes, how much? _____
- When did you move out? _____

Total Income Received by Family Members

List all money received, earned or unearned by everyone that will be living in your household.

Note the employment status of all adult family members.

Include all money from Employment, Self employment, Unemployment compensation, Child Support, Regular Contributions, Social Security, SSI, Retirement, Disability, Workmen's Compensation, TANF (formerly AFDC), Veterans Benefits, Rental Property income, Stock dividends, interest, Alimony, Annuities, Military allotment and all other sources.

Provide a complete explanation of "Income" to applicant

Family Member Income	Sources of Income	How Much	How Often	Annualized Income
1				
2				
3				
4				
5				

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If employed, list employer's name, address, and telephone below:

Employer	Address	Phone Number	Fax Number	List #
1.				
2.				
3.				
4.				

Has anyone in your household applied for any benefits or money, which is in the process of being approved?

Yes No

If yes, explain _____

Does anyone outside of your household pay for any of your bills or expenses? Yes No

• If yes, how much do you receive? _____ How often? _____

• Also, give the name and address of the person or agency giving the money.

Special Needs

Does anyone in your household claim a mobility, visual, or hearing impairment or other special need, which require a special type of apartment or other accommodation? Yes No

If yes, please describe: _____

Allowances and Deductions

Do you pay childcare expenses? Yes No

If yes: Child's Name _____ Amount \$ _____ Per _____
 Child's Name _____ Amount \$ _____ Per _____
 Child's Name _____ Amount \$ _____ Per _____

Name of Child Care Provider _____ Address _____

Name of Child Care Provider _____ Address _____

Housing Authority of the Birmingham District

Vehicles

How many vehicles does the family own? ____

Owner	Make	Model	Year	Color	Tag Number	State

Program Integrity Information (These questions apply to all household members)

What is your maiden name? _____ Married Name(s) _____

Have you ever used a name other than the one you are using now? Yes No

If yes, what name? _____

Have you ever used a social security number other than the one you listed on page 2? Yes

No

If yes, what is it? _____

Have you ever been evicted for violent criminal or drug-related activity? Yes

No

If yes, explain: _____

Do you owe any money to a Landlord? Yes No

If yes, who? _____

Approximate amount Owed _____

Did you file a federal income tax return last year? Yes No

Do you currently owe any money to the local utility providers?

Alabama Power Yes No If yes, how much _____

Alabama Gas Yes No If yes, how much _____

Water Yes No If yes, how much _____

Have you ever been evicted? Yes No

If yes, When? _____ For what? _____

Details

Housing Authority of the Birmingham District

List the address and landlord references of applicant for the past three years.

Realtor/Owner	Address	Landlord	From	To	Telephone

Medical and Unusual Expenses: (Elderly/Disabled Families Only)

Medicare? \$ _____ Per _____
C Plus? \$ _____ Per _____
Other health insurance? \$ _____ Per _____
Regular payments on medical bills? \$ _____ Per _____
Regular payments for medicine? \$ _____ Per _____
Anticipated healthcare-related expenses in next twelve months \$ _____

Housing Authority of the Birmingham District

FRAUD STATEMENT

Any person who obtains or attempts to obtain, or who establishes or attempts to establish, eligibility for any person knowingly or intentionally aids or abets such person in obtaining or attempting to obtain, or in establishing or attempting to establish eligibility for, any public housing, or a reduction in public housing rental charges, or any rent subsidy, to which such person would not otherwise be entitled, by means of a false statement, failure to disclose information, impersonation or other fraudulent scheme of device shall be guilty of a misdemeanor and, upon conviction, shall be punished by a fine of not less than \$300.00 nor more than \$500.00 or be punished at hard labor for the county not to exceed 60 days, or may be both fined and imprisoned at the discretion of the court.

Section 24-1-10 of the CODE OF ALABAMA 1975.

I understand that this is not a contract and does not bind either party. I certify that the foregoing information is full, true, and complete to the best of my knowledge.

I hereby consent to and authorize the verification of any and all information needed to compile and complete my file. This includes authorizing the Housing Authority of the Birmingham District to check my credit record. Furthermore, in the event that I receive housing through the Housing Authority of the Birmingham District, should I vacate and/or be lawfully evicted from my apartment and leave a balance, the Housing Authority of the Birmingham District will have the right to use any and all legal collection methods to collect any outstanding balance. I hereby release the Housing Authority of the Birmingham District from any and all damages of whatever kind that may result to me because of my compliance with the authorization and request to release information.

Dated, this the _____ day of _____ Year _____

Applicant (Please Print)

Applicant (Please Print)

Applicant's Signature

Applicant's Signature

Interviewer (Please Print)

Interviewer's Signature



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT
PUBLIC HOUSING

Public Housing Site _____

REQUEST FOR CRIMINAL HISTORY

I give the Housing Authority of the Birmingham District authorization to perform the required criminal background check through Inquires, Inc.

A copy of this individual's valid government-issued photo identification and a copy of the individual's social security card must accompany this authorization.

LAST NAME	FIRST NAME	MIDDLE NAME	SEX		
			M <input type="checkbox"/> F <input type="checkbox"/>		
RACE		DATE OF BIRTH	SOCIAL SECURITY #		
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	/ /	- -
CURRENT STREET ADDRESS					
CITY	STATE	ZIP			

Applicant Signature

Date

DO NOT WRITE BELOW THIS LINE

- There was no information found for above-named person
- There may be a criminal history record for the above-named person. Please refer this person to Alabama Law Enforcement Agency (ALEA) for more information.

PHA Representative

Date

Housing Authority of the Birmingham District
1826 Third Avenue, South
Birmingham, Alabama 35203
(Revised July 27, 2018)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

Housing Authority of the Birmingham District
1826 3rd Avenue South
Birmingham, Alabama 35203

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(1)(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.

DECLARATION OF CITIZENSHIP

PLEASE PROVIDE ALL INFORMATION REQUESTED AND RETURN TO:
HABD – In take Department
1301 25th Avenue North
Birmingham, AL 35204

HABD Representative _____

Date: _____

Applies to All Family Members

Each person who will benefit under the Public Housing Program must either be a citizen or a national of the United States, or be a noncitizen with eligible immigration status that qualifies them for rental assistance as determined by the U. S. Department of Housing and Urban Development and the U. S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

<u>First Name</u>	<u>Last Name</u>	I am a Citizen or National of the U.S.	I am a Noncitizen with eligible Immigration Status	Signature of adult listed to the left, or Signature of guardian for minors
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	X _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	X _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	X _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	X _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	X _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	X _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	X _____

Warning - Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be 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.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must provide verification of status.