

Please Read Before Filling out Application

APPLICATION INFORMATION

Please fill out the application completely. Do **NOT** leave anything blank unless it **absolutely does not apply to you**. Incomplete applications will not be put on the waiting list.

All adult members of the household must sign and date in appropriate places. **Adults are ALL members who are over the age of 18.**

Provide copies of Social Security card for all persons that will reside in dwelling unit. We will also need driver's licenses of all adults.

You must provide **three** past landlords and give **ADDRESSES** and phone numbers. We must be able to contact them for references. These can not be people who are related to you. If you do not have three past landlords, then you will need to provide us with personal references. These can be employers, pastors, or anyone who can speak to your character. Friends and relatives **cannot** be used as personal references. Failure to give reliable references will delay or prevent your application process. You should be aware that it is a **Federal** offense to fraudulently obtain housing by using false information or by withholding information. On the next page, you can find details on that.

You must keep all your contact information current so that we can reach you or you may be passed by on the waiting list or removed due to no response.

If your application is approved:

You will be required to verify all income (including SRS Cash Assistance, Social Security, Unemployment, Child Support and/or earned income) medical expense (of persons over 62 or disabled), and or day-care expense.

The dwelling unit size will be determined by family size and need.

Rent will be determined by income.

A security deposit will be required that is equivalent to one months rent but no less than \$100.00.

All utilities must be changed into Residents name prior to moving into the dwelling unit.

Pets will be allowed only with **prior approval** from the Lyons Housing Authority according to the Pet Policy and payment of \$100.00 Pet Deposit. **They may not be brought into the unit until Pet Deposit is paid in full.**

Both Park Place and Kingwood are designated as non-smoking dwelling units.

Multifamily Housing Case Studies

A RHIP Training Program

U.S. Department of Housing and Urban Development
Office of Inspector General



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	When you answer application questions, you must include the following information:
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.

LYONS HOUSING AUTHORITY

PARK PLACE APARTMENTS
KINGSWOOD HOUSING

215 S. Bell Ave.
Lyons, KS 67554

(620) 257-5241
Fax: (620) 257-2605

PERSONAL DECLARATION – Application

INSTRUCTIONS:

You must complete this form and return it to the Lyons Housing Authority office (please print or type). All adult members must sign. Failure to complete this form will result in delays in processing your application. The information you give regarding household composition, income, family assets, and deductions must be accurate and complete to the best of your knowledge and belief.

APPLICANT FAMILY/UNIT:

APPLICANT NAME	ADDRESS/APT	CITY, STATE	ZIP	HOME #	WORK #
Person to call in case of emergencies:					

NAME OF FRIEND/RELATIVE	ADDRESS/APT	CITY, STATE	ZIP	HOME #	WORK #
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A. HOUSEHOLD ADULT MEMBERS: [List children in Part B]

List yourself and all other persons who are part of your application. In addition, list all other persons currently living/staying in the same residence with you. List all adults, age 18 and over in this section. Print clearly. This section is for adults only.

1.

Last Name	First Name	MI	SSN
Birthplace/City, State	Birth Date	Driver's License Number/ State	
Check all that apply:			
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Widow	<input type="checkbox"/> Student	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Disabled	<input type="checkbox"/> Handicapped
		<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired
			Relation to Head of Household: SELF

If you are separated or divorced, complete the following:

Spouse/Ex-Spouse Name	Address
Social Security Number	Birth date

2.

Last Name	First Name	MI	SSN
Birthplace/City, State	Birth Date	Driver's License Number/ State	
Check all that apply:			
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Widow	<input type="checkbox"/> Student	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Disabled	<input type="checkbox"/> Handicapped
		<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired
			Relation to Head of Household:

If you are separated or divorced, complete the following:

Spouse/Ex-Spouse Name	Address
Social Security Number	Birth date

3.

Last Name	First Name	MI	SSN
Birthplace/City, State	Birth Date	Driver's License Number/ State	
Check all that apply: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		<input type="checkbox"/> Male <input type="checkbox"/> Divorced <input type="checkbox"/> Disabled <input type="checkbox"/> Self Employed	<input type="checkbox"/> Female <input type="checkbox"/> Separated <input type="checkbox"/> Handicapped <input type="checkbox"/> Retired
If you are separated or divorced, complete the following:			
Spouse/Ex-Spouse Name		Address	
Social Security Number		Birth date	

Relation to Head of Household:

4.

Last Name	First Name	MI	SSN
Birthplace/City, State	Birth Date	Driver's License #/ State	
Check all that apply: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		<input type="checkbox"/> Male <input type="checkbox"/> Divorced <input type="checkbox"/> Disabled <input type="checkbox"/> Self Employed	<input type="checkbox"/> Female <input type="checkbox"/> Separated <input type="checkbox"/> Handicapped <input type="checkbox"/> Retired
If you are separated or divorced, complete the following:			
Spouse/Ex-Spouse Name		Address	
Social Security Number		Birth date	

Relation to Head of Household:

B. CHILDREN IN HOUSEHOLD: List all children who live/stay with you.

1.

Last Name	First Name	MI	Relation to Head of Household:
Social Security Number	Sex	Birth Date	
Birth Place	School Name	Address	Zip Code
Mother's Name	Social Security Number	Birth Date	Address
Father's Name	Social Security Number	Birth Date	Address

2.

Last Name	First Name	MI	Relation to Head of Household:
Social Security Number	Sex	Birth Date	
Birth Place	School Name	Address	Zip Code
Mother's Name	Social Security Number	Birth Date	Address
Father's Name	Social Security Number	Birth Date	Address

3.

Last Name	First Name	MI	Relation to Head of Household:	
Social Security Number	Sex	Birth Date		
Birth Place	School Name	Address		Zip Code
Mother's Name	Social Security Number	Birth Date		Address
Father's Name	Social Security Number	Birth Date		Address

4.

Last Name	First Name	MI	Relation to Head of Household:	
Social Security Number	Sex	Birth Date		
Birth Place	School Name	Address		Zip Code
Mother's Name	Social Security Number	Birth Date		Address
Father's Name	Social Security Number	Birth Date		Address

5.

Last Name	First Name	MI	Relation to Head of Household:	
Social Security Number	Sex	Birth Date		
Birth Place	School Name	Address		Zip Code
Mother's Name	Social Security Number	Birth Date		Address
Father's Name	Social Security Number	Birth Date		Address

C. FOSTER CHILDREN:

Is anyone living in your home a foster child? Yes No
If yes, list complete name for each foster child:

D. LIST ALL FULL-TIME STUDENTS 18 YEARS OR OLDER:

Student's Name	Name and Address of School
Student's Name	Name and Address of School
Student's Name	Name and Address of School

E. WORKING: Is anyone working or expecting to work in the next six months? Yes No

If yes, complete the portion below. (If self-employed, please provide a ledger of income and expenses.)

Name	Occupation	Gross Wages Per Month	
Employer's Name	Address	City, State, Zip	Phone
Do you receive any of the following:			
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Occupation	Gross Wages Per Month	
Employer's Name	Address	City, State, Zip	Phone
Do you receive any of the following:			
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Occupation	Gross Wages Per Month	
Employer's Name	Address	City, State, Zip	Phone
Do you receive any of the following:			
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. INCOME: Does anyone, including children, receive or expect to receive money from any source listed below? Check "Yes" or "No" for each item. If yes, list who and amount received.

Item	Yes	No	Who	Monthly Amount
• Training	<input type="checkbox"/>	<input type="checkbox"/>		
• Work Study	<input type="checkbox"/>	<input type="checkbox"/>		
• Educational Loans	<input type="checkbox"/>	<input type="checkbox"/>		
• Grants, Scholarships	<input type="checkbox"/>	<input type="checkbox"/>		
• TANF	<input type="checkbox"/>	<input type="checkbox"/>		
• General Relief	<input type="checkbox"/>	<input type="checkbox"/>		
• Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
• State Disability	<input type="checkbox"/>	<input type="checkbox"/>		
• Worker's Compensations	<input type="checkbox"/>	<input type="checkbox"/>		
• Child Support	<input type="checkbox"/>	<input type="checkbox"/>		
• Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>		
• Social Security	<input type="checkbox"/>	<input type="checkbox"/>		
• Supplemental Security Income	<input type="checkbox"/>	<input type="checkbox"/>		
• Pension/Retirement	<input type="checkbox"/>	<input type="checkbox"/>		
• Veteran's Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
• Military Allotment	<input type="checkbox"/>	<input type="checkbox"/>		
• Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>		
• Interest/Asset	<input type="checkbox"/>	<input type="checkbox"/>		

- Income from Rental Property _____
- Second Job _____
- Other, Explain _____

TANF or GR

Worker Name	Number	DCF Office Address	City, State, Zip	Phone
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TANF or GR

Worker Name	Number	DCF Office Address	City, State, Zip	Phone
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You must bring your most recent proof of income and your last Federal income tax return to your office appointment (examples: Letter from employer, check stub, welfare, or social security award letters, bank statements, 1099 forms, etc).

G. Do you employ the services of a Care Provider for a child 12 years or under or for a disabled person?
 Yes No If yes, complete the following:

1. Care Provider Name	Amount Paid
Care Provider Address	Weekly or Monthly (<i>circle one</i>)
1. Care Provider Name	Care Provider Phone
Care Provider Address	Amount Paid
1. Care Provider Name	Weekly or Monthly (<i>circle one</i>)
Care Provider Address	Care Provider Phone

H. Does anyone receive contributions, gifts, or loans from any source? Yes No
 If yes, complete the following:

Item Received	Value of Item	Who gives the Item
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I. Does anyone own or is anyone buying real estate, such as land and/or buildings, mobile homes, etc. anywhere?
 Yes No If yes, complete the following:

Type	Address	Estimated Value
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J. Does anyone, including children, have any of the following resources? Check Yes or No for each item. If yes, list who and amount.

<i>Item</i>	<i>Yes</i>	<i>No</i>	<i>Who</i>	<i>Amount</i>
• Cash	<input type="checkbox"/>	<input type="checkbox"/>		
• Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>		
How many Checking Accounts do you have? _____				
• Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>		
How many Savings Account(s) do you have? _____				

- Life Insurance Policy
- Trust Funds
- Stocks or Bonds
- Certificates of Deposit or Money Market Account
- Notes, Mortgages, or Deeds
- Retirement Accounts
- Deferred Compensation
- Safe Deposit Box
- Real Estate
- Other, Explain

If yes to any items above, complete the following:

Type of Resource	Current Value	Name and Address of Institution	Account Number

K Does anyone receive **any income** from any other source, including someone outside your household paying for any of your bills (utilities) or giving you money? Yes No If yes, please explain.

L. Does anyone own or have the use of any vehicle, such as car, truck, motor home, motorcycle, off-road vehicle, camper, boat, or any other type of vehicle? Yes No If yes, complete the following:

Type	License #	State	Year	Make and Model

M. Do you have a live-in aide? Yes No
If yes, complete the following:

Name	Social Security Number
Do you pay for this service yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:

N. Have you or any member of you household (listed above) ever been arrested for any drug-related criminal activity? Please note this includes any juvenile charges. The charges are open record. Yes No If yes, please give dates, charges, city, and state:

O. Have you or any member of your household (listed above) ever been arrested for any felonious violent criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another? Please note this includes any juvenile charges. The charges are open record.

Yes No If yes, please give dates, charges, city, and state:

P. Have you or any other adult member ever used any name(s)/social security number(s) other than the one you have listed? This includes any maiden names. Yes No If yes, explain:

Q. Have you or any other adult household member sold any business or asset in the last 2 years for less than its full value? Yes No If yes, explain:

R. Have you or any other adult household member lived in any rental assisted housing? Yes No If yes, give details:

S. Have you ever committed fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No If yes, explain:

T. Are there any children 7 years and under who have an elevated blood level of lead? Yes No

U. MEDICAL EXPENSES – ELDERLY, HANDICAPPED, OR DISABLED FAMILIES ONLY

If the head of household or the spouse of the head of household is: a) 62 years of age or older; b) handicapped; or c) disabled; **AND** if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of monthly/yearly costs. You may bring receipts for medicine or a statement from your pharmacist itemizing the medications and cost. Be sure to bring your Medicare and insurance statements with you.

Name of Pharmacy	Address	City, State Zip
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V. REGISTRATION – Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? Yes No if yes, which states:

HEAD OF HOUSEHOLD ONLY, please complete:
(Enter code which best describes your race.)

Race []		Ethnicity []
1 – White	3 – American Indian/ Alaskan Native	1 – Hispanic
2 – Black/African American	4 – Asian/Pacific Islander	2 – Non Hispanic

FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government financial interest and to verify the accuracy of the information furnished. HUD or a public housing agency / Indian housing authority may conduct a computer match to verify the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

You must provide all the information requested by the Lyons Housing Authority Agency, including all social security numbers, and all other household member, 6 years of age and older, is mandatory. 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.

Authority for information collection: The following laws authorize the collection of this information by HUD or the Lyons Housing Authority; the U.S. Housing Act of 1937 (42 U.S.C. 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

I/We certify that the information* given to the Lyons Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

*After verification by the Lyons Housing Authority, the information will be submitted to HUD on Form HUD-50058 (Tenant Data Summary, a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Notice for more information about its use).

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I do hereby swear and attest that all the information on this application for public housing about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Lyons Housing Authority *IN WRITING* immediately.

I declare under penalty of perjury under the laws of the United States of America and the State of Kansas that the information contained in this statement of facts is true, correct, and complete.

Signature of Head of Household Date Signature of other adult member Date

Signature of spouse Date Signature of other adult member Date

NOTE: If form is completed by a person other than applicant/participant, please sign and complete representative information.

Print Name Signature of Representative Date

Address City, State, Zip Phone

PHA OFFICIAL'S CERTIFICATION AND NOTICE FOR TENANT'S FILE

I certify that:

1. The information given to the Public Hosing Authority by the household of _____ on household composition, income, net family assets, and allowance and deductions has been verified as required by Federal law;
2. The family was eligible at admission; and
3. The family has certified that it has given our agency accurate and complete information.

PHA Official or Representative Date

FILE NAME _____ SOCIAL SECURITY NUMBER _____

Lyons Housing Authority Program Tenancy History/Information Sheet

NAME _____ TELEPHONE _____

1. Are you visually impaired? *(optional)* Yes _____ No _____
2. Are you hearing impaired? *(optional)* Yes _____ No _____
3. Does anyone in your family need a wheelchair? *(optional)* Yes _____ No _____
4. Can you live in an upstairs apartment? Yes _____ No _____
5. Will you have any pets? Yes _____ No _____

If yes, please describe: _____

6. Has anyone on this application ever been arrested or detained by the police for a crime (other than traffic violations)? Please note, this includes any juvenile charges. Juvenile charges are open record. Yes _____ No _____

If yes, who? _____

Describe criminal activity (conviction/pending): _____

Action taken / judgment: _____

7. Has anyone on this application ever been evicted from a rental unit within the last five (5) years? Yes _____ No _____
If yes, give date, address and reason why _____

Below, please list your residence history for the past five (5) years. Use additional paper, if necessary. Failure to complete this section results in an incomplete application, meaning that your application will not be processed.

1. Present Address: _____
Street City / State Zip Code
 From: _____ To: _____

 Name of Owner/ Management Company Telephone Number

 Street Address of Owner City/State Zip Code

2. Previous Address: _____
Street City / State
 From: _____ To: _____

 Name of Owner/ Management Company Telephone Number

 Street Address of Owner City/State
 Reason for Leaving: _____

3. Previous Address:

Street City / State
From: _____ To: _____
Name of Owner/ Management Company Telephone Number
Street Address of Owner City/State
Reason for Leaving: _____

4. Previous Address:

Street City / State
From: _____ To: _____
Name of Owner/ Management Company Telephone Number
Street Address of Owner City/State
Reason for Leaving: _____

5. Previous Address:

Street City / State
From: _____ To: _____
Name of Owner/ Management Company Telephone Number
Street Address of Owner City/State
Reason for Leaving: _____

6. Previous Address:

Street City / State
From: _____ To: _____
Name of Owner/ Management Company Telephone Number
Street Address of Owner City/State
Reason for Leaving: _____

7. Previous Address:

Street City / State
From: _____ To: _____
Name of Owner/ Management Company Telephone Number
Street Address of Owner City/State
Reason for Leaving: _____

FINANCIAL OBLIGATIONS, IF APPLICABLE (I.E., CAR PAYMENTS, LOANS, ETC.):

Payments To:	Monthly Amount	Payments To:	Monthly Amount
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE. I HEREBY AUTHORIZE THE LYONS HOUSING AUTHORITY TO VERIFY ANY INFORMATION REGARDING RENTAL HISTORY OR CRIMINAL ACTIVITY, INCLUDING OBTAINING A CONSUMER OR INVESTIGATIVE CREDIT REPORT.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF KANSAS THAT THE INFORMATION CONTAINED IN THIS STATEMENT OF FACTS IS TRUE, CORRECT AND COMPLETE.

ALL ADULT MEMBERS OF THE HOUSEHOLD 18 YEARS AND OLDER MUST SIGN THIS APPLICATION.

Signature	Date
Signature	Date
Signature	Date
Signature	Date

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.

Form HUD-92006 (05/09)

LYONS HOUSING AUTHORITY

AUTHORIZATION FOR RELEASE OF INFORMATION

ALL ADULTS (18 & OVER) LIVING IN THE RENTAL UNIT MUST READ AND SIGN THIS FORM

PURPOSE

The Lyons Housing Authority (LHA) herein after referred to as "housing authority", may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I/we authorize the release of any information, including documentation and other materials, necessary to verify eligibility for or participation under any housing assistance program administered by the housing authority.

I/we authorize the housing authority to obtain information about me or my family that is pertinent to the determination of my eligibility for or participation in assisted housing programs, my level of benefits and verification of the circumstances concerning myself and all members of my household.

I/we agree that photocopies of this authorization may be used for the purpose stated herein.

INQUIRIES MY BE MADE ABOUT

Child Care Expenses	Family Composition
Handicapped Assistance Expenses	Social Security Numbers
Credit History	Employment, Income, Pensions, and Assets
Identity and Marital Status	Employment Services
Criminal History and Activity	Residences and Rental History
Law Enforcement Records	Federal, State, Tribal, or Local Benefits
Probationary Records	Community Support Assistance
Medical Expenses	Welfare Services
Educational, vocational, and training services	Social Services

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE

Banks and Other Financial Institutions	Providers of:
Local/State/Federal Courts	Alimony
Local/State/Federal Law Enforcement Agencies	Child Care
Credit Bureaus	Child Support
Employers, Past and Present	Credit
Schools and Colleges	Disability and/or Handicapped Assistance
Landlords	Medical Care/Services
Local Community Social Service Agencies	Pensions/Annuities
Utility Companies	Mental Health Services
State Welfare Agencies	Substance Abuse Treatment

CONDITIONS

I/We agree that permission to release information for the purposes stated above will remain in effect as long as I/We remain a participant in LHA housing programs or a resident in an LHA rental unit. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/We understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated.

I/We voluntarily waive all right of recourse and release each such person from liability for providing information to LHA.

Print Name: _____	Print Name: _____
Social Security #: _____	Social Security #: _____
Date of Birth: _____	Date of Birth: _____
Address: _____	Address: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Lyons Housing Authority
Park Place Apartments • Kingswood Housing
215 South Bell Ave., Lyons, KS 67554
(620) 257-5241 / Fax: (620) 257-2605
tparkplaceapar@cox.net

LANDLORD REFERENCE STATEMENT

Applicant name

Date

Please list your **THREE (3) most recent landlord** references (they can be from other states). This is **mandatory**. Please provide the most current address, phone number and dates for occupancy. **Failure to provide useable information will delay or prevent approval of your application.**

Head of Household References (these can't be relatives)

<u>Landlord Name</u>	<u>Address, City, Zip</u>	<u>Phone #</u>	<u>Move-in/Move-out dates</u>
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1

2

3

Adult References (no personal friends or relatives). This can include supervisors, bosses, clergyman, bankers, co-workers, utility companies, etc.

<u>Adult Name</u>	<u>Address, City, Zip</u>	<u>Phone #</u>	<u>How do you know them?</u>
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1

2

3

I certify that the above statements are true and correct. I consent to the above information being verified with the references. I understand that the above information will have a direct bearing on my eligibility for housing at Lyons Housing Authority.

Applicant's Signature

Date

Spouse or Other Adult's Signature

Date



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

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

This Notice was provided by the below-listed PHA:

Lyons Housing Authority
 215 South Bell
 Lyons, Kansas 67554

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

[] I am a citizen by birth, naturalized citizen or national of the United States.

OR:

[] I have eligible immigration status and I am 62 years of age or older (attach proof of age).

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 signed verification consent form.

[] Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

[] Permanent residence under #249 of INA

OR:

[] Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

[] Parole status under #212(d)(f) of the INA

OR:

[] Threat to life of freedom under #243(h) of the INA

OR:

[] Amnesty under #254 of the INA

Signature of Family Member

Date

[] Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

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 manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

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

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.

Immigrant status under 101(a)(15) or 101(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.

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].

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 or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

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].

Threat to life or freedom under 245(a) 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].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

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), the HA must enter INS/SAVE Verification Number and date that it was obtained. An 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" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.