

DAINGERFIELD HOUSING AUTHORITY

P.O. Box J ♦ Daingerfield, TEXAS 75638
Phone 903-645-2636 ♦ Fax 903-645-2736

READ CAREFULLY:

To make application, the applicant must come into the office. Applications are taken on Monday thru Thursday from 8:00 a.m. until 11:30 a.m.

Instructions for completing application for Daingerfield Housing Authority:

Each applicant must return the application along with all documentation in person or application will be denied.

1. Complete each question in it's' entirety.
2. You must answer each question. We verify the information you place on the forms, therefore, it is very important each question is answered correctly.
3. We will need originals of:
 1. Each household member (18 or over) current driver's license and/or Texas ID card).
 2. Birth certificate for each member of the household.
 3. Each household member's social security card.
 4. Verification on all income.
 5. Verification of benefits from Department of Human ServicesI will make copies for you. If information is not furnished, application will be denied.
4. If you are presently living with a relative, place that person's name on the Landlord verification form with the full address and telephone number.
5. Be sure each form is signed by Head of Household and any other adult over the age of 18 living in the household. Each adult must be present when turning in application. Each adult must complete a Criminal History form.
6. There is a security deposit of \$350.00 for all residents. A minimum of \$150.00 must be paid at time of move in and \$50.00 paid on the first of each month until paid in full. If a 30 day notice is given and the apartment is left clean (according to DHA standards) and no rent or charges are due and there is no damage to the apartment, the security deposit will be returned within 30 days when you move out.
7. Tenant must have gas and electric turned on prior to moving in and must never be turned off for Non payment. These utilities must be in adult tenant's name only; if not, this is cause for Termination of Lease. All of these things are noted in the Lease Agreement which tenant and Director will go over prior to residency.
8. Elderly, Handicapped, and Disabled will need a letter or statement from physician stating, "He or She is physically and mentally able to live alone." And that they are disabled if disabled.
9. If you have a pet, a fee of \$150.00 is charged, must have documentation of shots, spayed or neutered and only one pet allowed per unit and must be certain size, weight and type.

DHA mows the yards for all Residents.

However, we have a Yard Policy which will be provided to you at time of residency. There is a \$25.00 fine if the yard is NOT kept clean and free of debris, toys, cigarette butts, furniture etc.

Rent is based on gross salary and must be paid at time of move-in. Rent is due the 1st of each month; a late notice will be sent after 10 days; and an eviction notice after 14 days.

A 30 day written notice of intent to vacate must be given to the housing authority or resident will be charged rent from the day of move-out and resident will forfeit any balance in security deposit. All keys must be turned in at time of move-out. If locks have to be changed because of your negligence a \$45.00 charge will be added.

Applicant Signature

Date

Adult/Spouse

Date

Daingerfield Housing Authority Resident Selection Criteria

To qualify for an apartment, you must meet the following criteria:

1. You are a family defined as: Two or more persons (with or without children) regularly living together, related by blood, marriage, adoption, guardianship or operation of law who will live together in Authority housing / OR two or more persons who are not so related, but are regularly living together, can verify shared income or resources who will live together in Authority housing.
"Family" also includes: Elderly Family, Near Elderly Family, Disabled Family, Displaced Person, Single Person, the remaining member of a tenant family, a foster care arrangement, or a kinship care arrangement. Other persons, including members temporarily absent (a child temporarily placed in foster care or a student temporarily away at college) may be considered a part of the applicant family's household if they are living or will live regularly with the family.
2. Is a family that meets the HUD requirements on citizenship or immigration status. A family is not eligible for full housing assistance unless every member of the family in the unit is determined to be either a U.S. citizen or have eligible immigrant status as defined by the regulations.
3. Submit a complete written application in person which (a) discloses names, ages, social security numbers and relationship of all household members; (b) discloses amount and sources of all household incomes and assets; (c) provides landlord and credit references; and (d) authorizes the obtaining of a credit and criminal history background investigation. All checks or money orders should be made payable to "Daingerfield Housing Authority".
4. The household's income/assets must not exceed the limitations imposed by the U.S. Department of Agriculture--Rural Development (USDA-RD) and the Texas Department of Housing & Community Affairs (TDHCA).
5. The household must be seeking an apartment that meets the property's occupancy policy of (a) two bedroom - 2 to 4 persons, (b) three bedroom - 3 to 6 persons
6. Tenant/co-tenant must be 18 years of age or otherwise have the capacity to enter into a contract.
7. All household members must provide proof of identity (social security card, Driver's license or non-driver Texas ID card, and birth certificate) and if adult members of the household are students, documentation sufficient to determine eligibility for an apartment.
8. Satisfactory verifications of past landlord references. Applicants will be denied occupancy for history of (a) failure to timely make rental payments and/or owe a debt (b) activities that threatened the health, safety, or right of peaceful enjoyment of prior apartment neighbors or management, (c) damages and condition of apartment or (d) history of lease violations.
9. Satisfactory verification of credit history, including history of meeting rental and other financial obligations. Unpaid utility bills that prohibit the initiation of utility service to the apartment and/or unpaid rent owed for prior apartment rentals are grounds for rejection of the application.
10. Satisfactory third party verification of income and assets and your signing of all documentation deemed necessary under USDA-RD and TDHCA regulations to certify household composition, income, assets, student status and/or disability status
11. Failure to accurately, fully and completely provide information in the application will result in a denial of occupancy.
12. The applicant and all household members must have no prior or pending felony charges or any charges relating to drugs and/or alcohol, burglary, fraud, robbery, terrorist threats, theft, violence and/or sexual related crimes, be on probation for any crime, or have any outstanding warrants.

You will be notified in writing (at the address specified by you) of your eligibility for occupancy. If you are determined eligible for occupancy and an apartment is not immediately available, you will be placed on a waiting list. When an apartment is available, you will be required to: (1) Sign a written lease; (2) Pay a security deposit in advance, (3) Pay the first month's rent in advance, (4) Make all required security deposits with utility companies to have the utilities transferred to your name in advance; and (5) Complete a "move-in" inspection of the apartment with the manager.

If misrepresentations on the Application for Admission are determined before the family is housed, the family will be denied housing. If misrepresentations result in housing an ineligible or unsuitable family, the family may be required to vacate even though currently eligible. If misrepresentation or failure to provide facts has resulted in payment of a lower Total Tenant Payment than should have been paid, the family will be required to pay the difference between the Total Tenant Payment paid and the amount which should have been paid.

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Signing this acknowledgment indicates that I have had the opportunity to review the landlord's tenant eligibility and selection criteria. I understand the tenant selection criteria may include factors such as criminal history, credit history, current income and rental history. I further understand that if I do not meet the selection criteria, or if I provided inaccurate or incomplete information, my application will be denied.

Applicant/head of household

Date

Adult

Date

Eligibility Application for Public Housing
Daingerfield Housing Authority
PO Box J
Daingerfield, Texas 75638
PH. (903) 645-2636
Fax (903) 645-2736

Date: _____
 Time: _____
 Unit Size _____ Bedroom(s) _____
 Income Priority _____
 ETHNICITY
 HISPANIC NONHISPANIC
 RACE WHITE BLACK
 INDIAN / NATIVE ALASKAN
 OTHER

(For Office Use Only)

We will provide assistance to individuals with a disability to insure equal access to this document. If you require assistance or help in understanding or preparing this document, we will provide assistance. You must notify this office in advance to arrange for assistance.

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY THE HEAD OF HOUSEHOLD AND HOUSEHOLD MEMBERS 18 YEARS OR OLDER

Family Information

Legal Name of Head of Household: _____
 Current Residence Address: _____ City & State _____ Zip _____
 Full Mailing Address: _____ City & State _____ Zip _____
 Daytime Phone: _____ Work Phone: _____
 How long have you lived at this address _____ Weeks _____ Months _____ Years
 Marital Status: Married Single Widowed Separated Divorced
 If married, list County, State _____ If divorced, list County, State _____

In case of an emergency contact: Name _____
Address _____ **Telephone No.** _____ **Relationship** _____

Household Members

List the legal names of all adults who will live with you. Start with the head of household, then spouse or co-head, and then any other adults. **List Children on next page.**

Adults (age 18 & over)			Relation to Head	Sex M/ F	Social Security Number	Elderly / Disabled	Date of Birth	Birth Place
Last	First	MI						

List the legal names of children (under the age of 18) from the oldest to the youngest:

Children (under age 18)			Relation to Head	Sex M/F	Social Security Number	Date of Birth	Place of Birth	Name of Parent (not in Household)
Last	First	MI						

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 is not listed above? Yes No

If yes, explain: _____

Is anyone listed on this application pregnant? Yes No

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

Current Landlord: _____ Mailing Address: _____

Phone: _____ Is current landlord a: Relative Friend Spouse Other

Do you have a lease with your current landlord? Yes No

How long have you lived at this address? _____ Weeks _____ Months _____ Years

Previous Landlord: _____ Address: _____

Phone: _____ How long did you live there? _____

Have you ever been evicted? Yes No If yes, by whom? _____ When? _____

Why? _____

List the Landlord and Address references for past three years.

Previous Landlord	Full Mailing Address	Phone Number

Have you ever lived in subsidized housing? Yes No

If yes, when? _____ Where? _____ Under what name _____

Address and/or site where unit was located _____

List the name of family members or friends who are currently living in public housing, Section 8 housing, or other subsidized housing.

Name	Address	Telephone

List the names of family members or friends who are currently living in this Housing Authority.

Name	Address	Telephone

Do you or any household member 18 or older owe money to another Housing Authority, Section 8 Agency or other Subsidized housing programs? Yes No If yes, where: _____

Do you or any household member 18 or older owe a utility company? Yes No

If yes explain: _____

If you have no rental history, explain why: _____

Have you or any household member (regardless of age) ever used a name other than the one you are now using? Yes No If yes, what name? _____

When? _____ Why? _____

Have you or anyone in your household (regardless of age) ever used a social security number other than the one listed above? Yes No If yes, What number was it? _____

Have you or anyone in your household been arrested or convicted for the use, sale, manufacture or distribution of controlled substances? Yes No If yes, who: _____

Do you or anyone in your household currently use a controlled or illegal drug? Yes No

If yes, explain: _____

Have you or anyone in your household ever been arrested? Yes No

If yes, who? _____ When? _____

For What? _____

Have you or anyone in your household ever been convicted of criminal activity? Yes No

If yes, who? _____ When? _____ For What? _____

List name of city, county and state where occurred: _____

Have you or anyone in your household been convicted of criminal activity and placed on deferred adjudication? Yes No

If yes, who? _____ When: _____

For What: _____

Did You complete the requirement for deferred adjudication? Yes No

If not why? _____

Are you or any household member required to report to a probation or parole officer? Yes No

If yes, list name and mailing address or telephone number of probation/parole officer below:

Have you or any household member ever been evicted from Public or Subsidized Housing for violent criminal or drug-related activity? Yes No If yes, explain: _____

Total Income Received by Family Members

List all money received or earned by **everyone** living in the household. Including but not limited to: all money from Employment, Self Employment, Unemployment compensation, Child Support, regular Contributions, Social Security, SSI, Retirement, Disability, Workers' Compensation, TANF, Veterans Benefits, Rental Property Income, Stock Dividends, Interest, Alimony, Annuities, gifts and other sources.

Name of Each Member Who Receives Income	Source or Type of Income Name of Employer, SS: TANF: VA: Company: State	Is Income by The Hour, week Month, etc. ?	Gross Income Amount Before Deductions	List any Changes Anticipated

If employed, list employer's name and address: _____

Is the Head of Household or Spouse of the Head of Household in the Military? Yes No

If yes, where does spouse reside? _____

If married (by ceremony or common law) and the spouse is not listed on the application, where does he/she live? _____ Is the absence temporary permanent?

Have you or anyone in your household applied for any benefits or income which is in the process of being approved? Yes No

If yes, explain: _____

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Pets

Do you own any animals or pets? Yes No If yes, what? _____

Has your animal or pet been spayed or neutered? Yes No

Does your animal or pet have all shots? Yes No

Vehicles (List all vehicles the household owns:)

Owner	Make	Model	Year	Color	Tag No.	State

MEDICAL AND UNUSUAL EXPENSES (Elderly/Disabled Families Only)

If the Head of Household or spouse are age 62 or older OR disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source below:

Name and address of other health or supplemental insurance: _____

Policy/Account #: _____ Premium \$ _____ monthly quarterly
 semi-annually annually

Name and address of pharmacy for medication: _____

Amount paid \$ _____ weekly monthly

Name and address of medical facility regular payments are made on medical bills: _____

_____ Amount \$ _____ weekly monthly

Medicare \$ _____ per month

Anticipated healthcare-related expenses in next twelve months: \$ _____

Child Care Expense

Do you pay childcare expenses for children age 12 and under while you work or attend school? Yes No

If yes to attend school list name and address of school: _____

If yes, complete the following for each child:

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

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

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

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

Child's Name	Provider	Address	Phone # of Provider

Does any State or Government Agency pay all or part of your day care expense? Yes No

If yes, Who: _____

Address: _____

Handicapped Assistance Expense

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

If yes, specify requirements needed: _____

Do you pay for Assistance Care or for auxiliary apparatus for handicapped household members in order for them or another household member to work? Yes No If yes, who is allowed to work because of the care or apparatus? _____

List handicap Assistance expense:

Family Member	Amount	Per	Reason
	\$		
	\$		
	\$		
	\$		

Current Monthly Expenses (From preceding month)

Rent _____ Phone _____ Medical _____ Credit Card _____
 Electric _____ Auto Pmt _____ Cable _____ Credit Card _____
 Gas _____ Auto Ins _____ Insurance _____ Loan _____
 Water _____ Child Care _____ Rentals _____ Other _____

Do you have any other regular monthly payments besides those above? Yes No

If yes, specify; _____

Work History of Adult Members

Have you or any adult household member worked in the past 24 months? Yes No

List the last place of employment for all adult household members.

Household Member	From	To	Employer / address / phone no.

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Warning: UNDER TITLE 18, SECTION 1001 OF THE US CODE, IT IS A FELONY TO MAKE FALSE STATEMENTS KNOWINGLY AND WILLINGLY TO ANY REPRESENTATIVE OR AGENT OF A DEPARTMENT OR AGENCY OF THE UNITED STATES; ANYONE WHO DOES SO SHALL BE FINED UP TO \$10,000 OR IMPRISONED UP TO 5 YEARS, OR BOTH.

Notice: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, Impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under the Texas Penal Code.

I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH APPLICANT PRIOR TO SIGNATURES

PHA Representative initial
here:

I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge; I have no objections to inquiries being made for purposes of verifying statements made herein. I understand that my application will remain active for six (6) months and I must update it every six (6) months in writing. **If you do not renew or update this application every 6 months, your name will be dropped from the waiting list and your application becomes inactive.**

I, do hereby swear and attest that all of the information above about me is true and correct. I also understand that any and all changes to this application must be reported to the Daingerfield Housing Authority in WRITING IMMEDIATELY.

I UNDERSTAND ALL INFORMATION ON THIS APPLICATION WILL BE RE-VERIFIED PRIOR TO APPLICANT BEING HOUSED.

Signature of Head of Household _____ Date: _____

Signature of Co-head _____ Date: _____

Signature of PHA Representative _____

For Office Use Only

VERIFICATION CONTROL: Carefully indicate below all items. Documents required to complete certification					
List Form #	Hand carried by Applicant	Mailed by PHA	Returned (Date)	Circle Items Required	Additional items Requested/Viewed/Remarks
				Marriage License	
				Divorce Decree	
				W-2, Years(s)	
				Fed Income Tax, Yr	
				State Income tax, Yr	
				Separation Notice	
				Proof of Custody	
				Other:	
				Six-Month Update? Date	

Approved By:

Signed: _____

Title: _____

Date: _____

ADDITIONAL HOUSEHOLD COMPOSITION INFORMATION

Please complete the following information on each person listed as a household member on your application (this includes head of household).

See explanation below on Race, Ethnicity & Citizenship Status.

<u>Name:</u>	<u>Race:</u>	<u>Ethnicity:</u>	<u>Citizenship Status:</u>
1. <u>Head of Household</u>	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____

Race: Black
 White
 American Indian/Alaskan Native
 Asian or Pacific Islander

Ethnicity: Hispanic
 Non-Hispanic

Citizenship Status: Eligible Citizen
 Eligible Non-Citizen
 Ineligible Non-Citizen
 Pending Verification
 Information Not Required

Head of Household

_____ Date

Spouse/Other Adult/Guardian

_____ Date

APPLICANT/TENANT CERTIFICATION

All family members age 18 and older should review the information on this application and MUST sign below.

Giving True and Complete Information

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

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I 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 certify that the 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 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 my result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

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

Signature of Household Adults

- 1) _____ Date: _____
- 2) _____ Date: _____
- 3) _____ Date: _____

For discrimination complaints, call 1-800-669-9777

CRIMINAL SCREENING POLICY

A. Purpose

Public and other federally-assisted housing is intended to provide a place to live and raise families--not a place to commit crime, use or sell drugs or terrorize neighbors. It is the intention of the Daingerfield Housing Authority (hereinafter referred to as "agency") to fully endorse and implement a policy which is designed to:

1. create and maintain a safe and drug-free community;
2. keep our residents free from threats to their personal and family safety;
3. support parental efforts to instill values of personal responsibility and hard work
4. maintain an environment where children can live safely, learn and grow up to be productive citizens; and
5. assist families in their vocational/educational goals in the pursuit of self-sufficiency.

B. Administration

1. All screening and eviction procedures shall be administered fairly and in such a way as not to discriminate on the basis of race, color, nationality, religion, age, sex, familial status, disability or other legally-protected groups, and not to violate right to privacy.
2. To the maximum extent possible, the agency will involve other community and governmental entities, as well as resident organizations, in the promotion and enforcement of this policy.
3. This policy will be posted on the agency's bulletin board and copies made readily available to residents and/or applicants on request.

C. Screening of Applicants

1. In an effort to prevent future drug-related and other criminal activity as well as other patterns of behavior that pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents or agency employees, this agency will endeavor to screen applicants as thoroughly and fairly as possible.
2. Such screening will apply to all members of the household who are eighteen years of age or older.
3. Pursuant to the Housing Opportunity Program Extension Act of 1996 a criminal history report or screening for drug, criminal history, and registered sexual offenders involves accessing online website records through the Texas Department of Public Safety, Public Data.com as well as any other background database providers and any local,

county, state and/or federal crime department.

All applicants will be screened through:

- a. **The local law enforcement agencies (e.g., Police Department, County Judge, and Sheriff Department) and DPS.**
 - b. **The Internet:**
 - (1) **Texas Department of Public Safety**
 - (2) **www.PublicData.com**
 - (3) **www.happysoftware.com**
 - (4) ***any back ground data base***
4. If information is revealed in the criminal history record that would cause the agency to deny housing to the household, the agency shall provide a copy of the record to the person for whom the record was received.
5. If the person disputes the information, he/she shall be given an opportunity for an informal hearing according to the agency's hearing procedure outlined in the Admissions and Occupancy Policy.
6. Evidence of drug-related and/or other criminal activity which would pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents or agency employees shall be considered grounds for denial of housing. Drug-related activity is defined as the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use a controlled substance.
7. Reasonable cause (e.g., information from criminal history report, information from former landlords or neighbors) to believe that a person's pattern of alcohol abuse would pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents or agency employees shall also be considered grounds for denial of housing.
8. In both 6 and 7 above, the agency may waive its policy of prohibiting admission if the person demonstrates to the agency's satisfaction that he/she is no longer engaging in illegal use of a controlled substance or abuse of alcohol and:
- a. has successfully completed a supervised rehabilitation program;
 - b. has otherwise been rehabilitated successfully; or
 - c. is currently participating in a supervised rehabilitation program.
9. Persons evicted from Public Housing, Indian Housing, Section 23 or any Section 8 Housing Program because of drug-related criminal activity are ineligible for admission to public housing for a three (3) year period beginning on the date of such eviction. This may be waived if:
- a. Person demonstrates successful completion of a rehabilitation program approved by the agency; or

- b. The circumstances leading to the eviction no longer exist, (e.g., the individual involved in drugs is no longer a household member because of incarceration.)
10. Evidence that a person is subject to a lifetime registration requirement under a State sex offender registration program shall be grounds for denial of housing.
11. In evaluating evidence of negative past behavior, the agency will give fair consideration to the seriousness of the activity with respect to how it would affect other residents, and/or the likelihood of favorable conduct in the future which could be supported by evidence of rehabilitation.
12. If, at any time during occupancy, the agency has reasonable cause (e.g., newspaper articles, credible informants, police reports) to believe that a household member is engaging in drug-related or other criminal activity which would pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents or agency employees, the agency may run a subsequent criminal check on that household member.
13. The agency will also order a criminal history on an individual or individuals age 18 years or older who are added to the lease after initial occupancy.
14. Records Management
 - a. All criminal records received will be maintained confidentially, not misused, or improperly disseminated, and the utmost security will be maintained.
 - b. All criminal reports, while needed, will be housed in a locked file with access restricted to individuals responsible for screening and determining eligibility and to the Executive Director.
 - c. Misuse of the above information by any employee will grounds for termination of employment. Legal penalties for misuse are contained in Section 411.085 of the Texas Government Code.
 - d. If the applicant is determined to be eligible, the criminal history report shall be shredded as soon as the applicant is housed. If the applicant is denied housing, the criminal history report shall be shredded immediately upon completion of the hearing or due process procedures and a final decision has been made.
 - e. The agency will document in the applicant's file the circumstances of the criminal report and the date the report was destroyed.

D. Enforcement Through Evictions

1. The provisions of this policy shall also be reflected in the terms and conditions of the lease agreement for all residents of public housing. The agency shall enforce this "one-strike" policy with a "zero-tolerance" position with respect to drug-related and /or other criminal activity which would pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents or agency employees. Such activity shall

be grounds for immediate termination of the lease and eviction.

- a. Such activity by a household member shall be grounds for eviction, whether committed ON OR OFF THE PREMISES of the agency.
 - b. Such activity by a guest of the household may also be grounds for eviction of the household if such activity occurs ON THE PREMISES of the agency.
 - c. Since eviction is a civil, not criminal matter, a criminal conviction or arrest is not necessary in order to terminate a lease and evict a household; but, the agency shall be responsible for producing evidence strong enough to warrant eviction.
2. A pattern of alcohol abuse which poses a threat to the health, safety or right to peaceful enjoyment of the premises by other residents or agency employees shall be considered grounds for immediate eviction.
 3. According the Due Process Determination of the Department of Housing and Urban Development, the agency's GRIEVANCE PROCEDURE is not applicable for:
 - a. Evictions related to any activity, not just criminal activity, which would pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents; or
 - b. Evictions related to any drug-related criminal activity ON OR OFF agency premises, not just "on or near" the premises.

E. Tracking and Reporting Crime

1. A component of good management is the evaluation of the implementation of Policy procedures. The evaluation is based on tracking of crime-related problems in Public Housing Developments, cooperating with local law enforcement officials and local courts, implementing screening processes and resident eviction procedures, and meeting goals under any HUD-funded drug prevention or crime reduction program. The Housing Authority will review its progress in these areas regularly through the compilation of periodic reports, generated at least semi-annually, with a fiscal year end summary completed and submitted to the Housing Authority Board of Commissioners.
2. The Housing Authority will work cooperatively with State and local police departments. The Housing Authority will request that police: 1) promptly provide the Executive Director with relevant incident report for timely eviction processing; 2) help Housing Authority expedite drug identification in serious cases, and 3) prepare for cases as needed with Housing Authority attorney. Police may also be present at eviction hearings involving criminal activity.
3. The Housing Authority will work cooperatively with local judges. Although the Housing Authority cannot communicate with judges concerning pending court actions, the Housing Authority can communicate with the court system regarding the need for evictions where the evidence shows serious lease violations and the goal of the Housing Authority is to provide drug- and criminal-free housing.

F. Drug Awareness, Detection and Enforcement

It is the responsibility of the Housing Authority to provide, as best as possible, drug-free Neighborhoods. This is accomplished through various means.

1. Literature and information is given during move-in and is distributed to current residents to discourage the use of illegal drugs.
2. Police and lease enforcement patrols through the neighborhoods at various times of the day and night unannounced.
3. Make use of information from residents, employees and local citizens concerning the use of drugs in the neighborhoods for investigation and reporting this to proper authorities.
4. Use of police drug detection canines (drug dogs) and their authorized handlers to randomly walk the neighborhoods. If the dog is alerted to an apartment, it is our policy to enter the apartment and conduct a physical search.
5. When physical drugs or paraphernalia are found in an apartment or the verified evidence that the resident has been involved in using drugs or allowed drugs in the apartment, that household will receive a lease termination.

Upon making application for low-income housing, I have read the above "Criminal Screening" Policy, been given the opportunity to ask questions, and I understand it.

Head of Household

Date

Spouse/Other Adult

Date

Upon being housed by the Daingerfield Housing Authority, during the initial lease signing briefing the "Criminal Screening" Policy was reviewed. I was given the opportunity to ask questions and I understand the policy.

Head of Household

Date

Spouse/Other Adult

Date

PHA Representative

Date

CRIMINAL CHECK ACKNOWLEDGMENT

I, the undersigned, have been notified and do understand the Daingerfield Housing Authority, as a part of the applicant process for assisted housing, is authorized by the Housing Opportunity Program Extension Act of 1996 to order a criminal history report on me from Public Data.com, or any back ground data base, Texas Department of Public Safety, any local, state and/or federal crime department according to the Daingerfield Authority's Criminal Screening Policy.

I, Hereby certify that the Daingerfield Housing Authority has reviewed with me and I understand the Authority's Criminal Screening Policy.

Head of household

Date

Adult/co-head

Date

DAINGERFIELD HOUSING AUTHORITY

P.O. Box J
DAINGERFIELD, TEXAS 75638

Phone 903-645-2636
Fax 903-645-2736

Date: _____
To: Police/Sheriff/Judge _____

RE: _____

SS# _____
D.O.B. _____
Race: _____
D.L.# _____

Our Tenant Selection Policy and One Strike Policy obliges us to verify certain information about all members of families applying for admission to Low-Income Housing. To comply with this requirement, we ask your cooperation in supplying information as to applicant or an immediate family member residing in the household, having a record in regard to disturbances of neighbors, physical violence to others or other criminal acts which would affect the safety and welfare of others. Below find Signature authorizing release of requested information.

Sincerely,

Carolynn Humphrey
Executive Director

Signature of applicant: _____ Date: _____
No record: _____

The following offense(s) on record _____

Disposition of Charges _____

Date: _____ Signature _____

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Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information

DAINGERFIELD HOUSING AUTHORITY
P.O. Box J
Daingerfield, TX. 75638

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Notice to all Applicants

Reasonable Accommodations for Applicants with Disabilities

The Daingerfield Housing Authority is a public agency that provides low income housing to eligible families, elderly families and single people. PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, PHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is some modification or change PHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of PHA's programs. Examples of reasonable accommodations would include:

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability.
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc, but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for low income housing at the Daingerfield Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Name of Head of Household: _____

Interview Conducted By _____ Date _____

1. Will you or any member of your family require any of the following:

- A separate bedroom
- Unit for Vision-Impaired
- A barrier-free apartment
- Unit for Hearing-Impaired
- Extra Bedroom
- One-level unit
- Other modifications to unit
- Bedroom & Bath, 1st floor
- Live In Attendant**

2. Can you and all family members use the stairs unassisted? Yes No

If No, please indicate how the PHA should accommodate your family: _____

3. Will you or any of your family members need a live-in aide to assist you? Yes No

If yes, please explain _____

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed

5. What is the name of the family member needing the features identified above?

Whom should we contact to verify your need for a special apartment?

Name _____ Phone # _____

Address _____

6. Do you need Reasonable Accommodations. Yes _____ NO _____

Applicant 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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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.

--	--

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.

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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 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:

- 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.

Your State and local governments may have other laws and penalties as well.

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**
- 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**
- 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

- 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

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:

- 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

You should be aware of the following fraud schemes:

- 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

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.

HUD- 1140-OIG THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION



Head of Household

Date

NOTICE TO APPLICANTS FOR A HOUSING
UNIT AT THE DAINGERFIELD HOUSING AUTHORITY

SUBJECT:

POLICY OF NONDISCRIMINATION

1. NONSEGREGATED SYSTEM OF OPERATION:

The DAINGERFIELD Housing Authority, herein after called authority, is operated on a non-segregated basis without considering the race, color, religion, sex, handicap, familial status, or national origin of applicants when determining their eligibility for housing or in the assignment of appropriate units as they become vacant.

2. TENANT ASSIGNMENT POLICIES:

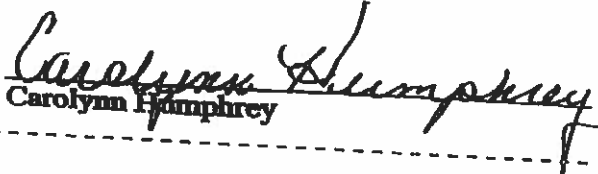
- a. When an appropriate sized unit becomes vacant and available for lease and your name comes up on the waiting list as the next to be offered housing, you will be notified. You will be offered this vacancy without regard to its location.
- b. Upon being notified of the vacancy, you will be required to report to the Authority within five (5) working days to lease the vacancy or inform the Authority that you will not accept the vacancy.
- c. If, after a bonafide offer is made by the Authority, you elect not to accept the vacancy, you will be provided an opportunity to acknowledge such rejection and your name will be removed from the community-wide waiting list, unless applicant shows "good cause".
- d. If an applicant is willing to accept the unit offered but is unable to move at the time of the offer and presents to the satisfaction of the Authority, clear evidence ("good cause") that acceptance of the offer of a suitable vacancy will result in undue hardship or handicap not related to considerations of race, color, sex, religion, or national origin, the applicant will not be removed from the Waiting List.

1. Examples of good cause reasons for refusal of an Offer include, but are not limited to:
 - a. inaccessibility to source of employment, education Job-training, day care, special schools for disabled children, etc.
 - b. presence of lead paint in the unit offered when the applicant has children under the age specified by current law.
 - c. verified reasons the location would place a family member's life, health or safety in jeopardy.
 - d. a health professional verifies temporary hospitalization or recovery from an illness or need for a live-in aide to care for the principal household member.
 - e. unit is inappropriate for applicant's disabilities, or the family does not need the accessible features offered by the unit; does not want to be subject to a 30-day notice to move.

Any offer which is not accepted by the applicant within five (5) working days of the date of the offer shall be considered a rejection.

3. ACKNOWLEDGEMENT:

You are requested to acknowledge receipt of an understanding of the Authority's Tenant Assignment Policy by dating and signing this notice below.


Carolynn Humphrey

THIS IS TO ACKNOWLEDGE RECEIPT OF A COPY OF THE TENANT ASSIGNMENT POLICY OF THE DAINGERFIELD HOUSING AUTHORITY.

Applicant

Date

CREDIT REPORT ONLINE INFORMATION RELEASE

I, _____ am willingly giving the Daingerfield Housing Authority my permission to obtain a credit report from one of the following:

Equifax
Experience
Transition

I understand this is part of the screening process to grant assistance for applicants and to renew public assistance for current tenants.

Signature

Date

WAITING LIST POLICY

I understand that I am on the active Waiting List for a _____ bedroom apartment. In order to stay on the active waiting list, I must visit or contact the Daingerfield Housing Authority office **IN WRITING** six months from the date below. At that time, I will report any changes in family size, income, etc. If at any time my address or telephone number should change, I will notify the office **IN WRITING** immediately.

I also understand that if I do not contact the office at the end of six months, I will no longer be on the active waiting list.

Applicant Signature

Date

Adult

Date



Ken Paxton
ATTORNEY GENERAL OF TEXAS

CHILD SUPPORT DIVISION
Scan and Email: housingauthority@oag.texas.gov

VERIFICATION OF CHILD SUPPORT INCOME

DATE: _____

RECIPIENT: _____

ADDRESS: _____

SSN: _____

Name and Address of Requesting Authority:

PAYOR: _____

Daingerfield Housing Authority
P. O. Box J
Daingerfield, Texas 75638

Name of Child(ren):

Requesting Authority Agent Name:
Carolynn Humphrey

Telephone Number: (903) 645-2636 Fax Number: (903) 645-2736 email: dhaclerk@gmail.com

I hereby authorize the release of all child support information requested on this verification form to the above-named Requesting Authority. I understand that this authorization supersedes any existing authorization for the agency named above.

(Applicant's Signature)

(Date)

Applicants Signature

Date

WARNING: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code chapter 559 gives you the right to review and request correction of information on this form.

City of Daingerfield Housing Authority

Phone: 903-645-2636
Fax 903-645-2736

P. O. Box J

Daingerfield, TX 75638

DEPARTMENT OF HUMAN SERVICES CASE INFORMATION RELEASE

I _____ S/S # _____ have applied for residency/am a resident of the Daingerfield Housing Authority, P. O. Box J, Daingerfield, TX 75638. As part of the processing it is necessary that verification of certain information is obtained. To comply with this requirement your cooperation supplying this information is needed. I authorize the release of this information contained in my case records to the Daingerfield Housing Authority Representative.

____ Specific Request _____
 General Request (any information available may be released) _____

Number in family _____ TANF \$ _____ Food Stamps \$ _____ Other \$ _____

My case information will remain available to the person or agency indicated above until:
TERMINATION OF HOUSING ASSISTANCE AT THE DAINGERFIELD HOUSING AUTHORITY

Signature _____

Date _____

Case Name: _____

Case No. _____

If the person requesting the release of case information cannot sign his name, two witnesses to his mark (X) must sign below.

Signature of Witness _____

Date _____

Signature of Witness _____

Date _____

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

VIOLENCE AGAINST WOMEN ACT

The Violence Against Women and Justice Department Reauthorization Act of 2005 protects tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

If Head of Household or a household member is at risk the VAWA provides that the tenant certify that the individual is a victim of domestic violence, dating violence or stalking and that the incidence(s) of threatened or actual abuse are bona fide in determining whether the protections afforded to such individuals under VAWA are applicable.

In order to certify to the above, the Housing Authority requires that the tenant come into the office and request the certification form. In the event that tenant is physically unable to do so, they must call the office to make special accommodations. The tenant must complete, sign and submit, within 14 business days of the request, certification form HUD-50066. In lieu of a certification form, or in addition to the certification form, a tenant may provide to PHA (1) a Federal, State, tribal, territorial, or local police record or court record; (2) documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, or stalking has signed or attested to the documentation. Such documentation is at the documentation of the Housing Authority.

If the individual does not provide the certification form HUD – 50066 or the information that may be provided in lieu of the certification by the 14th business day or any extension of that date provided by the Housing Authority, none of the protections afforded to the victim of domestic violence, dating violence or stalking will apply. Therefore, the tenant's lease will be terminated without regard to the amendments made by the Violence Against Women Act, Section 606 and 607.

Resident Signature _____

Date _____

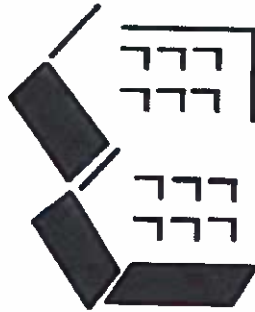
PHA Representative Signature _____

Date _____



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/hcra/hcr/programs/bhr/iv/cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

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:

DAINGERFIELD HOUSING AUTHORITY
P.O. BOX J
DAINGERFIELD, TEXAS 75638

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

Signature

Date

Printed Name

**INFORMATION CONCERNING VERIFICATION OF U. S.
CITIZENSHIP AND/OR ELIGIBLE IMMIGRANT STATUS AND
ASSISTANCE TO MIXED FAMILIES**

A. Each family member, regardless of age, must submit the following by application date.
date

1. Citizens

- a. Signed declaration form (for a child, the responsible party signs)
- b. Proof of U. S. Citizenship (US birth certificate, US passport, Social Security Number, Voter Registration or other appropriate documentation.

2. Noncitizens claiming legal status

- a. Signed declaration form indicating kind of legal immigration status (for a child, the responsible party signs)
- b. Applicable INS documents (the original of one of the following):

- 1) Form I-551, Alien Registration Receipt Card
- 2) Form I-94, Arrival-Departure Card with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to Section 207"
 - (b) "Section 208" or "Asylum"
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"
 - (d) "Paroled Pursuant to Sec. 212(d) (5) of INA"
- 3) If Form I-94, Arrival-Departure Record is not annotated, then accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken)
 - (b) A letter from an INS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an INS district

- granting asylum (if application was filed before October 1, 1990);
- (c) A court decision granting withholding of deportation; or
 - (d) A letter from an INS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990)
- 4) Form I-688, Temporary Resident Card, which must be annotated "Section 245A or Section 210"
 - 5) Form I-688B, Employment Authorization Card, which must be annotated "Provisions of Law 274a.12(11) or "Provision of Law 273a.12"
 - 6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified, or
 - 7) Other acceptable evidence. If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced.
- c. Signed verification consent form (for a child, the responsible party signs)
3. Noncitizens 62 or older (applying for assistance on or after September 30, 1996)
- a. Signed declaration of eligible immigration status indicating kind of status
 - b. Proof of age
- II. In the case of a "Mixed Family" applicant, a member who is a noncitizen claiming not to have eligible status must sign, or must have another family member sign, a certification that they do not have eligible status.
- C. No family applying for assistance may receive assistance prior to verification of U. S. citizenship or eligible immigrant status of at least one family member.
- D. If the verification process fails to confirm eligible status, Authority will notify family of its right to appeal to the INS and/or request an informal hearing with the Authority.

- E. Assistance will be prorated, denied or terminated, as appropriate, upon final determination of ineligibility after all appeals have been exhausted.
- F. Family Preservation Assistance Options may be available to mixed families (*families with both eligible and noneligible members, with respect to citizenship or immigration status*)
1. A mixed family may receive continued full assistance if
 - a. family was receiving assistance as of June 19, 1995;
 - b. either the husband or spouse has eligible immigrant status or is a U. S. citizen; and
 - c. the only other individuals in the household without eligible immigrant status or U. S. citizenship are the parents or children of the head and/or spouse
 2. All mixed families may receive prorated assistance based on the number of eligible family members if the family first received assistance after November 29, 1996.
 3. Temporary Deferral of Termination of Assistance is available to the following families to allow time for orderly transition to other affordable housing. In order to receive the deferral, the family must demonstrate reasonable efforts to find other affordable housing but be unable to locate comparable housing (*defined as unassisted, not substandard, appropriate size, and can be rented for an amount not to exceed the amount the family is paying for rent and utilities, plus 25%, and vacancy rate in community for affordable housing is 5%*).
 - a. mixed families who are eligible for but decide that they do not want prorated assistance
 - b. families with no U. S. citizens or members with eligible immigration status
 4. Procedure for Temporary Deferral of Termination of Assistance
 - a. The time limit for deferrals is six months, with renewals allowed for up to 3 years for families granted deferrals prior to November 29, 1996; 18 months for families granted deferrals on or after November 29, 1996. *These time periods do not apply to a family which includes a refugee under Section 207 of the Immigration and Naturalization Act or an individual seeking asylum under Section 208 of that Act.*

b. At least 60 days prior to the expiration date of the deferral period, the Authority will notify the family in writing that:

1) the termination of assistance will be deferred for another six months and that there was a determination made that there is no affordable housing available for them provided the extension will not exceed an aggregate of 18 months (3 years, if deferral was granted prior to November 29, 1996).

or

2) the termination of assistance will not continue to be deferred because either the aggregate period of renewals has reached the maximum time limit or a determination has been made that there is affordable housing available.

c. A mixed family that has chosen temporary deferral may request proration of assistance at the end of the temporary deferral period if a good faith effort has been made to locate other affordable housing.

HEAD OF HOUSEHOLD

adult

DATE

DATE

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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, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (attach 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 101 (a) (15) or 101 (a) (20) of the INA/3; or
 - Permanent residence under 249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - Parole status under 212(d)(5) of the INA /6; or
 - Threat to life or freedom under 243(h) of the INA /7; or
 - Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

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

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

- 1 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.
- 2 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.
- 3 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*].
- 4 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 (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*].
- 5 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*].
- 6 Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 7 Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

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

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

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HOUSING AUTHORITY OF THE CITY OF DAINGERFIELD, TEXAS

P.O. Box J
Daingerfield, TX. 75638
PH. 903-645-2636
FAX 903-645-2736

LANDLORD VERIFICATION FORM

Federal law requires the Daingerfield Housing Authority to screen families applying for admission to our developments to determine their willingness and ability to comply with the Housing Authority Lease. Please complete the following form and return it to the Daingerfield Housing Authority. It would be greatly appreciated.

Carolynn Humphrey
Director, Daingerfield Housing Authority

APPLICANT Release:

I, _____ hereby authorize the release of the information below to the Daingerfield Housing Authority.
Do not write below this line. Landlords only.

Name of Applicant: _____ SS# _____

Does or did this person rent from you? _____

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

Current Landlord: _____ Previous Landlord _____

Dates of Applicant's Tenancy: From: _____ To: _____

Does (did) the Applicant have a lease? _____ Amount of rent monthly: \$ _____

Rent Payment:

Does the applicant pay on time: _____ Has applicant paid late? _____ How often: _____

Have you ever begun/completed eviction for non-payment? _____ Was a court judgment rendered in your favor for eviction for non-payment? _____

Do you provide any utilities for the residence? _____ What? _____

Have tenant-paid utilities ever been disconnected for non-payment? _____

Caring for the Unit

Does the applicant keep the unit clean, safe & sanitary? _____ Has applicant damaged the unit? _____

Describe: _____

Cost to repair: \$ _____ How often: _____

Has applicant paid for damage? _____ Will you keep any security deposit? _____

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Did applicant make any alterations to the unit without your permission? _____. What _____

Did (does) applicant have problems with insect/rodent infestation? _____ Does (did) applicant's housekeeping contribute to infestation? _____

General

Does (did) the applicant permit persons other than those listed on the lease to live in the unit? _____
If yes, describe: _____

Has (had) the applicant, family members or guests, damaged or vandalized the common areas? _____
If yes, describe: _____

Does (did) the applicant, family members or guests, create any physical hazards to the premises or other residents? _____. If yes, describe: _____

Does (did) the applicant, family members or guests, interfere with the rights and quiet enjoyment of other tenants? _____. If yes, describe: _____

Have the applicant, family members or guests engaged in criminal activity, including drug/alcohol related criminal activity? _____. If yes, describe: _____

Has (had) the applicant given you any false information? _____. If yes, describe: _____

Has (had) the applicant, family members or guests, acted in a physically violent and/or verbally abusive manner toward neighbors, landlord or landlord's staff? _____. If yes, describe: _____

Would you rent to this applicant again? _____. If no, why: _____

Address of Owner/Landlord _____ Telephone _____

Signature of Landlord: _____ Date: _____

DAINGERFIELD HOUSING AUTHORITY

P.O. Box J

Daingerfield, Texas 75638

PH. 903-645-2636

Fax 903-645-2736

INCOME VERIFICATION

RE: _____ SS# _____

To Whom It May Concern:

We are required to verify the income of all members of families applying for, or living in federally assisted housing. Will you please supply the information requested below and return this letter to us as soon as possible? We will keep the information in strict confidence and use it only to determine your employee's eligibility for housing at a special rental rate. Your prompt return of this letter will be appreciated. If additional information is needed, please call 903-645-2636.

Sincerely,

Carolynn Humphrey
Executive Director

I Hereby Authorize the Release of the Requested Information:

SIGNATURE _____ DATE _____

Do not write below this line. Employers only:

1. Employed since: _____ Occupation _____

2. Salary:
Base pay rate: Per hour _____ or per week _____ or per month: _____

Average hrs/wk. At base pay rate _____ week _____ Month _____

worked per year. Overtime Pay Rate: Per Hr. _____. Expected overage number of hours of overtime per week during next 12 months. Other compensation not included above. (specify for commissions, bonuses, tips etc.)

3. Is pay received for vacation? Number of days per year: _____

4. Total base pay earnings for past 12 months \$ _____ Overtime earnings _____

FIRM NAME: _____ DATE: _____

SIGNATURE: _____ TITLE: _____