



## Admissions Counselor

1126 Albany St, Brunswick, GA 31520

912-265-1334 • Fax: 912-265-1280

TDD: 800-255-0056 • [brunswickpha.org](http://brunswickpha.org)

### PUBLIC HOUSING APPLICATION

**\*\*PLEASE PRINT CLEARLY USING INK PEN, DO NOT FILL IN FORM WITH PENCIL. DO NOT SOIL OR DAMAGE APPLICATION. APPLICATION MUST INCLUDE MAILING ADDRESS. FAILURE TO PROVIDE MAILING ADDRESS WILL RESULT IN APPLICATION NOT BEING ACCEPTED.**

The attached forms represent a preliminary application for housing. These forms must be filled out completely, *front and back*, and returned to the appropriate office before you will be received by the Admissions Counselor. The Brunswick Housing Authority uses this information to comply with Federal reporting requirements and to assure that all applicable reduction in rent which may apply to you and/or your family members is offered to you at the time you are housed.

The Brunswick Housing Authority selects applicants based upon date and time of application. Information regarding race, sex, age or physical condition is not considered in our decision to select you for housing.

Thank you for considering the Brunswick Housing Authority for your housing needs.

Date: \_\_\_\_\_ Client #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Marital Status (check appropriate): ☐ married; ☐ single; ☐ separated; ☐ divorced; ☐ widow

How many in household? Adults \_\_\_\_\_ Children \_\_\_\_\_ Do you speak English? \_\_\_\_\_

#### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Reasonable accommodations will be made available to persons with disabilities. If you require an accommodation notify the Brunswick Housing Authority staff immediately.**

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**Household Members [begin with Head of Household (HOH)/applicant]:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Veteran? \_\_\_\_\_  
Social Security #: \_\_\_\_\_ US Citizen? \_\_\_\_ yes; \_\_\_\_ no Sex: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Veteran? \_\_\_\_\_  
Social Security #: \_\_\_\_\_ US Citizen? \_\_\_\_ yes; \_\_\_\_ no Sex: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Social Security #: \_\_\_\_\_ US Citizen? \_\_\_\_ yes; \_\_\_\_ no Sex: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Social Security #: \_\_\_\_\_ US Citizen? \_\_\_\_ yes; \_\_\_\_ no Sex: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Social Security #: \_\_\_\_\_ US Citizen? \_\_\_\_ yes; \_\_\_\_ no Sex: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

I certify that the information provided on this form is true to the best of my knowledge and I understand that any misrepresentation will be grounds for withdrawing my application for housing. I understand that it is my responsibility to advise the Brunswick Housing Authority of any change in circumstance, such as change in family composition and/or income increases/decreases.

I understand that it is my responsibility to update my current address and telephone numbers should they change. I understand that my application will be withdrawn if mail is returned for an incorrect or invalid address. If my application is withdrawn for any reason, I understand that I will be required to re-apply for housing assistance and that my application will be entered using the date and time of the new application.

I understand that I must provide the Brunswick Housing Authority with all requested documentation in order for my application to be processed. Failure to provide the Brunswick Housing Authority with all/any requested documentation will result in the withdrawal of my application. If my application is withdrawn for refusal to provide documentation, I understand that I will be required to re-apply for housing assistance and that my application will be entered using the date and time of the new application.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

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***APPLYING FOR HUD  
HOUSING  
ASSISTANCE??????***

***THINK ABOUT THIS..... IS FRAUD WORTH IT?***

**Do you realize?**

If you commit fraud to obtain assisted housing from HUD, you could be:

- evicted from your assisted apartment or house
- required to repay all overpaid rental assistance you received
- fined up to \$10,000
- imprisoned for up to five years
- prohibited from receiving future assistance
- subject to State and local government penalties

**Do you know?**

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on the housing assistance application and recertification forms **WILL** be checked. The local housing authority, HUD or the Office of Inspector General **WILL** check the income and asset information you provide with other Federal, State and/or local governments and with private agencies. Certifying false information is fraud.

**SO BE CAREFUL!!!**

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You **MUST** include:

- all sources of income and changes in you or any household members receive, such as wages, welfare payments, social security and veteran's benefits, pensions, retirement, family contributions, etc
- all money you receive on behalf of your children, such as child support, AFDC payments, social security for minors, etc
- any increase in income such as from wages from a new job or a pay increase
- all assets such as bank accounts, savings bonds, certificated of deposit, stocks, real estate, etc., that are owned by you or any member of your household
- all income from assets such as interest from savings and checking accounts, stock dividends, income from rental property or the sale of real estate
- any business or asset (your home) that you sold in the last two years at less than full value
- earnings from a second job or part time job
- the names of EVERYONE – adults, children, relatives, friends, non-relatives who are living with you and make up your household

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## **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 recertification 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

## **Recertification:**

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 certify. You must report on recertification forms:

- all income changes such as pay increases or benefits, changes of job, loss of job, loss of benefits, etc for all family/household members
- any family/household member who has moved in or out
- all assets that you or your family/household member own and any asset that was sold in the last 2 years for less than its full value

**!! Important Notice for Natural Disaster Evacuees and Victims: HUD's reporting requirement MAY be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing application!!**

## **ASK QUESTIONS**

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry!! The only stupid question is the one that wasn't asked!!

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## **WATCH OUT FOR HOUSING ASSISTANCE SCAMS!!**

- don't pay money to have someone fill out housing assistance application and recertification forms for you
- don't pay money to move up on a waiting list
- don't pay for anything that is not covered by your lease
- get a receipt for any money you pay
- get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges)

## **REPORT FRAUD!!**

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll free Monday – Friday from 10:00 am to 4:30 pm, Eastern Time at 800-347-3735. You can fax information to 202-708-4829 or email to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:

HUD OIG Hotline, GFI  
451 7<sup>th</sup> Str., SW  
Washington, DC 20410

I have read the above Fraud statement and explanation on:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Spouse/Co Head

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Signature of Other Adult

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## LETTER OF UNDERSTANDING

I, \_\_\_\_\_, do hereby state that I

Printed Name of Head of Household

understand my responsibilities for reporting, in writing, any change in income or family composition to the Brunswick Housing Authority's office within ten (10) days after the change or changes have occurred.

### IMPORTANT CHANGES THAT YOU MUST NOTIFY THE BHA IN WRITING:

1. if you or any household member gets a new job, substantial promotion or pay increase, substantial increase in hours worked weekly or decrease in hours worked weekly
2. if you or any household member begin receiving Social Security, Veteran's or SSI Disability benefits or any other kind of pension/benefit
3. if you or any household member begin receiving child support, unemployment compensation or other new types of income or an increase of benefit income
4. if you or any household member inherits money or property
5. if someone give you or any household member any money or property on a regular basis
6. if you sell, trade or give away any real estate property
7. if a parent of any household member moves in or has been away and moves back into the household
8. if any family member moves out of the unit for any reason
9. birth, death or adoption of an individual that will reside in unit or who was residing in unit
10. if any family member is incarcerated for any reason

I understand that I must report any of the changes listed above to the Brunswick Housing Authority within ten (10) days after the change occurs. I understand that failure to report the above changes may result in a debt owed by me to the Brunswick Housing Authority for failing to pay the correct amount of resident rent on my dwelling unit. I certify that I have received, read and understand the above information:

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

**NOTICE:** The Brunswick Housing Authority has access to HUD enterprise Income Verification (EIV) for verification of Social Security Benefits, Veteran's Benefits, retirement benefits and earned income amounts for all household members.

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**PERSONAL DECLARATION**

This form must be completed **in your own handwriting**. You must use the correct legal name for each member of your household (no nicknames). All adult members of household must sign below certifying the information pertaining to them is true and correct.

**PRINT ONLY**

Household composition; list all persons who will be living in your home, listing head of household (HOH) first.

Adults – Legal Name; no nicknames:

1. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ SS # \_\_\_\_\_
2. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ SS # \_\_\_\_\_
3. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ SS # \_\_\_\_\_
4. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ SS # \_\_\_\_\_

Children – name as appears on SS card

1. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_  
Absent Parent Name and Address (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_
2. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_  
Absent Parent Name and Address (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_
3. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_  
Absent Parent Name and Address (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

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4. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_  
Absent Parent Name and Address (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_
5. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_  
Absent Parent Name and Address (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_
6. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_  
Absent Parent Name and Address (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_
7. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_  
Absent Parent Name and Address (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

If separated or divorced, list name and address of ex-spouse:

\_\_\_\_\_

\_\_\_\_\_  
Signature of HOH

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

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**TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, social security, disability payments (SSI), workers compensation, retirement, AFDC, veterans benefits, food stamps, rental property income, stock dividends, bank account interest income, alimony and all other sources.

List Amounts Below

Household Member	Employer	Total weekly wages	AFDC	Food Stamps	Child support monthly	SS/SSI please note which	Unemployment

**ASSETS:** Do you or any member of your household own or have interest in any real estate, boat and/or mobile home? \_\_\_\_\_ Have you sold any real estate in the last two years? \_\_\_\_\_ Do you or any member of your household own and stocks or bonds? \_\_\_\_\_ Do you own an automobile? \_\_\_\_\_ If yes, Make/Model \_\_\_\_\_ Do you have a checking/savings account? \_\_\_\_\_ If yes, name bank and account number(s) \_\_\_\_\_ amount in bank accounts \$ \_\_\_\_\_ Do you own a 2<sup>nd</sup> automobile? \_\_\_\_\_ Make/Model \_\_\_\_\_

- Does anyone outside of your household pay any of your household's bills or give you money on a regular basis: \_\_\_\_\_ if yes, please explain \_\_\_\_\_
- Have you or any other adult member(s) ever used any name(s) or Social Security number(s) other than the one your are currently using? \_\_\_\_\_ if yes, please explain \_\_\_\_\_
- Do you or have you or any member of your household ever lived in assisted housing (other public housing or S8 programs)? \_\_\_\_\_ if yes, please explain \_\_\_\_\_
- Have you or any member of your household ever been convicted of any crime other than a traffic violation? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
- Have you or any member of your household (minors included) ever been convicted of a crime of a sexual nature? \_\_\_\_\_ if yes, please explain \_\_\_\_\_
- Are you or any member of your household including minors) a registered Sex Offender? \_\_\_\_\_ If yes, please list full name of offender \_\_\_\_\_
- Are you or any member of your household currently or have ever been barred from any public housing property? \_\_\_\_\_ If yes, please, explain \_\_\_\_\_

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8. Have you ever committed fraud in a Federal assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? \_\_\_\_\_  
If yes, please, explain \_\_\_\_\_

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I do hereby swear and attest that all of the information above regarding my household members and myself is true and correct. I also understand that **all changes** in the income and/or family status of **any household member** **MUST** be reported to the Brunswick Housing Authority in writing, ***immediately***. By signing below I am also stating that I have read and understand Georgia Code Section 26-1710 as follows:

“26-1710 Fraudulently obtaining or attempting to obtain public housing – Any person who obtains or attempts to obtain, or who establishes or attempts to establish, eligibility go, and any person who knowingly or intentionally aids or abets such person in obtaining or attempting to establish eligibility for, any public housing, or a reduction in public housing rental charges, or any rent subsidy, to which such person would not otherwise be entitled, by means of false statements, failure to disclose information, impersonation, or other fraudulent scheme or device shall be guilty of a misdemeanor, and upon conviction, shall be punished as for a misdemeanor. As used in this section, public housing shall mean housing which is constructed, operated or maintained by the State, a county, a municipal corporation, a Housing Authority, or by any other political subdivision or public corporation of the State of its subdivisions.”

I realize that if I violate Code Section 26-1710 the Brunswick Housing Authority will turn the case over to the appropriate prosecuting agency and prosecution under the Code is likely.

\_\_\_\_\_  
Signature of HOH

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

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## HOW TO BE PREPARED TO RENT

Helpful facts to assist you to be better prepared to rent when you are offered an apartment:

When your name approaches the top of the waiting list you will be offered an apartment, according to your needs and bedroom size stated and verified on your application, for rental. When the unit is ready for occupancy you will be scheduled a Move In appointment. This may be the same day as your Unit Showing or it could be as much as a week or more after your Unit Showing. If you decide to accept the unit during your Unit Showing you must be prepared for the following:

**Security Deposit:** you will required to pay a security deposit in the amount of \$100.00. You will also be required to pay your *first month's rent* (may be prorated according to date of move in) payment must be made in form of **money order ONLY** – a separate money order is needed for your security deposit and rent – must be in 2 money orders. ***No cash, checks or partial payments will be accepted.***

**Utilities -** you must provide proof that all utility services (electric, water/sewer) are in your name or an adult member of household's name (18 or over), and that services have been schedule to be turned on or transferred to the new address where you will be residing in NO MORE THAN 24 hours after Move In/Lease signing. Utilities must be in the name of an adult person who is ON YOUR LEASE – you cannot have utilities in any one's name that is not on your lease.

***NOTE – it is helpful to check with the local utility providers in advance of Unit Offer to ensure that you don't owe a previous bill and to be sure that you understand the amounts of deposit(s) you will need when the time comes for you to rent an apartment.***

**RENTING PROCEDURE** – After your Unit Showing you will have no more than two (2) days in which to schedule a Move In/Lease Signing date. No apartment will be held for longer than two (2) days. If you are unable to rent the unit within the two (2) days or you cannot have the utility services turned on in your household's name in that stated time, you MUST sign an apartment refusal in order to remain on the waiting list. Failure to sign an apartment refusal form will result in your household being removed from the Public Housing Waiting List. If your application is removed from the waiting list, you will have to fill out another application and begin the application process again.

\_\_\_\_\_  
Signature of HOH

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

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## RENTAL HISTORY

List the most recent five (5) years of rental reference:

**1.**

\_\_\_\_\_  
Landlord Name/ Apt Community

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Dates Rented

**2.**

\_\_\_\_\_  
Landlord Name/ Apt Community

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Dates Rented

**3.**

\_\_\_\_\_  
Landlord Name/ Apt Community

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Dates Rented

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4.

---

Landlord Name/ Apt Community

---

Phone number

---

Address

---

City, State, Zip

---

Dates Rented

5.

---

Landlord Name/ Apt Community

---

Phone number

---

Address

---

City, State, Zip

---

Dates Rented

---

**\*\*\* the Brunswick Housing Authority will review and verify the above information in order to determine your eligibility to participate in the Public Housing rental program**

**\*\*\*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 U.S. as to any matter within its jurisdiction. DO NOT RISK YOUR FAMILY'S HOUSING ASSISTANCE AND FACE POSSIBLE CRIMINAL PROSECUTION BY PROVIDING FALSE INFORMATION TO THE HOUSING AUTHORITY.**

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**Brunswick Housing Authority  
Rental Reference Request**

To: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

From: The Brunswick Housing Authority

Fax: 912-265-1280

Phone: 912-265-1334

I, \_\_\_\_\_;  
[Printed name of applicant] [signature of applicant]

Give my express consent for the release of any and all information pertaining to my rental history, as requested by the Brunswick Housing Authority.

Address: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Lease Term \_\_\_\_\_

Notice to Vacate Given? \_\_\_\_\_ How Much? \_\_\_\_\_ Required? \_\_\_\_\_

Name(s) on Lease: \_\_\_\_\_

Others In Household: \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ Tenant Pay Own Utilities? \_\_\_\_\_

Rent Current? \_\_\_\_\_ Amount Currently Owed? \$ \_\_\_\_\_

# of Late Payments: \_\_\_\_\_ How Late? \_\_\_\_\_ # of NSF checks? \_\_\_\_\_

What is your late policy? \_\_\_\_\_

# Pets? \_\_\_\_\_ Types of Pets \_\_\_\_\_ Problems \_\_\_\_\_

Did resident cause any damages? \_\_\_\_\_ Amount of Damage \$ \_\_\_\_\_

Damage Charges still outstanding? \_\_\_\_\_

Were Police call for Disturbance? \_\_\_\_\_ Lease Violations? \_\_\_\_\_

Did Applicant have any of the following issues?

Trouble w/management or neighbors \_\_\_\_\_

Unauthorized Occupants \_\_\_\_\_

Unauthorized Pets \_\_\_\_\_

Housekeeping issues \_\_\_\_\_

Is tenant or has tenant ever been under eviction/dispossessory process? \_\_\_\_\_

Does tenant owe any money at this time? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Would you rent to this applicant/tenant again? \_\_\_\_\_

Are you a relative of this applicant/tenant? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
BHA Staff Name, Title and Signature

\_\_\_\_\_  
Date

Reasonable accommodations will be made available to persons with disabilities. If you require an accommodation notify the Brunswick Housing Authority staff immediately.

\*\*\* WARNING – Title 18, Section 1001 of the United States Code, States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department or agency of the United States.

## Authorization to Release Credit Information

I, \_\_\_\_\_, authorize The Brunswick Housing Authority (BHA) to access my credit report to process my application for the BHA Public Housing program. I also give my permission for the BHA and partnering agencies to exchange information regarding my involvement in any Federal, State or Local Subsidized Housing Programs I may be currently or previously a participant in.

I/We authorize you to release to the Brunswick Housing Authority any and all information they request. Such information includes, but is not limited to, employment history, income, bank, money market and similar account balances, credit history, rental/payment history and verification that may include copies of income verification income tax returns. All information provided will only be used to determine my/our eligibility to receive assistance and will be retained in BHA's files.

A faxed or emailed copy of this authorization may be accepted as an original.

**NOTICE TO PARTICIPANT** – This notice, as required by the Right-to-Financial Privacy Act of 1978, is to inform you that HUD has a right to access financial records held by financial institutions in connection or administration of assistance to you. Financial records involving your transaction will be available to HUD without further notice or authorization, but will not be disclosed or released by this institution to another government agency or department without your consent except as required or permitted by law.

I have read and understand the above information:

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/CoHead Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

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# AUTHORIZATION FOR RELEASE OF INFORMATION

**The Brunswick Housing Authority**  
**P.O. Box 1118**  
**Brunswick, GA 31520**

**Date:**

Purpose: the U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce programs, rules and policies.

**Authorization:** I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under and of the following programs: Low Income Rental Indian Housing, Low Income Rental Public Housing, Mutual Help Homeownership Opportunity Program, Rental Assistant Program (RAP), Rent Supplement, Section 8 Housing Assistance Payments Program, Section 23 and 10{c} Leased Housing, Section 23 Housing Assistance Program, Section 202, Section 221(d) (3) Below Market Interest Rate, Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize on HUD, and Indian Housing Authority or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies. Information covered Inquiries may be made about: Child Care Expenses, Credit History, Criminal Activity, Employment/Income/Pensions/Assets, Family Composition, Federal/State/Tribal or Local Benefits, Handicapped Assistance Expenses, Identity and Marital Status, Medical Expenses, Social Security Numbers, Residences and Rental History. This form cannot be used to request a copy of a tax return, instead use IRS form 1056, Request for Copy of Tax Form.

**Individuals and Organizations that May Release Information:** Any individual or organization including any governmental organization may be asked to release from: Banks and Other Financial Institutions, Courts, Law Enforcement Agencies, Credit Bureaus, Employers, Past and Present Landlords, Schools and Colleges, U.S. Social Security Administration, U.S. Dept. of Veterans Affairs, Utilities Companies, Welfare Agencies and providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities.

**Computer Matching Notice & Consent:** I agree that a Public Housing Agency, Indian Housing Authority or HUD may conduct a computer matching programs with other governmental agencies including Federal, State, Tribal or other Local agencies. The governmental agencies include: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Dept. of Defense, U.S. Postal Service, State Employment Security Agencies, State Welfare and Food Stamp Agencies and HUD EIV system. The match will be used to verify information supplied by the family.

**Conditions:** I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

_____ Printed Name of HOH	_____ Signature of HOH	_____ SS#
_____ Printed Name of Other Adult	_____ Signature of Other Adult	_____ SS#
_____ Printed Name of Other Adult	_____ Signature of Other Adult	_____ SS#
_____ Printed Name of Other Adult	_____ Signature of Other Adult	_____ SS#

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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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other:
<input type="checkbox"/> Late payment of rent	_____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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	

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programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

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**Signature of Applicant**

**Date**

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

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

Form HUD- 92006 (05/09)

**Reasonable accommodations will be made available to persons with disabilities. If you require an accommodation notify the Brunswick Housing Authority staff immediately.**

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## **Document Package for Applicant's/Tenant's Consent to the Release Of Information**

**This Package contains the following documents:**

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

### Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

### Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

### Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms **HUD-9887 & 9887-A** (02/2007)

# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

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

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.**

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

## Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

# Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

## Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units



### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

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Name of Applicant or Tenant (Print)

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Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

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Name of Project Owner or his/her representative

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Title

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Signature & Date  
cc:Applicant/Tenant  
Owner file

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



## ***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.

**February 2010**

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](http://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/pih/programs/pih/thiip/iviv.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

27 Date

## PET POLICY

The Quality Housing and Work Responsibility Act of 1998 permits a resident of a dwelling unit in public housing to own no more than two (2) common household pets in the Housing Authority of the City of Brunswick, Georgia (hereinafter referred to as 'BHA') owned and/or operate developments in accordance with this pet policy.

### Definition

Common Household Pet means a domesticated dog, cat, bird, fish, or turtle. The weight of the pet at its adult size may not exceed twenty-five (25) pounds and/or 18-20 inches (to the shoulder).

### Registration of Pet(s)

Prior to bringing any pet onto the premises governed by the Quality Housing and Work Responsibility Act of 1998, the resident must register the pet with the Brunswick Housing Authority and pay the applicable deposit(s). The resident must update the registration(s) at least annually to coincide with the annual reexamination of the resident income or at any other time management requests the information. The application for registration of the pet(s) includes:

- a) A certificate signed by a licensed veterinarian, or a state or local authority empowered to inoculate animals (or a designated agent of such an authority) stating that the pet has received all inoculations required by applicable state and local laws and that pet has been spayed or neutered.
- b) A completed pet information form that is sufficient to identify the pet and to demonstrate that it is a common household pet(s) as defined in this policy. The resident that is requesting an animal be allowed in the unit shall submit to the BHA prior to receiving approval a picture of that animal that is acceptable to the BHA.
- c) The name, address and phone number of two (2) responsible parties who agree to care for the pet if the resident dies, is incapacitated, or is otherwise unable to care for the pet.
- d) Payment of the applicable pet deposit as defined in Section III below, and
- e) A signed statement indicating that the resident has read the pet rules and agrees to comply with them.
- f) Display of rabies tag and/or have necessary documents upon request.

### I. Pet Deposit

Residents who own or keep pets in their units must pay a refundable pet deposit. This deposit is in addition to any other financial obligation generally imposed on residents of the development. The refundable pet deposit fee shall be \$300.00 for each pet the

resident owns or keeps. There will also a non-refundable administrative fee of \$150.00 for each pet the resident owns or keeps. The BHA reserves the right to change or increase the required deposit by amendment to this policy.

The BHA will use the pet deposit only to pay reasonable expenses directly attributed to the presence of the pet in the development, including but not limited to the cost of repairs and replacements, and fumigation of the resident's dwelling unit. If the resident is in occupancy when such costs occur the resident shall be billed for such cost as a current charge. When the resident moves from the development the BHA shall refund the unused portion of the pet deposit to the resident within a reasonable time. When the resident remains in the unit but no longer owns or keeps a pet in dwelling unit BHA shall credit the unused portion of the pet deposit to the resident's account.

## **II. General Rules**

1. Vicious and/or intimidating dogs will not be allowed
2. If a case is reported of a dog or cat attacking a person upon notification to the Management Office and or the Health Department will conduct an investigation. If the investigation reveals proof of the attack, the animal is to be removed from the premises by the owner within twenty-four (24) hours after the notification of findings.
3. All dogs and cats must be spayed or neutered, as applicable.
4. All cats must be de-clawed.
5. When taken outside the resident's unit, dogs and cats must be kept on a leash or carried and controlled by a responsible adult at all times.
6. Yards are considered part of a unit – feces are to be removed immediately and disposed of in properly sealed containers. Yards are to be maintained in an acceptable manner – no holes or bare spots due to animal's use of this space.
7. The resident shall be responsible for any shrub, lawn, or planting damage done by an animal.
8. Dogs and cats must have the appropriate tags at all time. The information on the tag shall include the name to the pet and the resident's name and address. Pet sitting or visiting is not allowed.
9. Birds must be kept confined to a cage at all times.
10. Turtles must be enclosed in an acceptable cage or container at all times.

11. Residents shall not permit their pet to disturb, interfere or diminish the peaceful enjoyment of other residents. The terms “disturb, interfere and diminish” shall include but not be limited to barking, howling, chirping, biting, scratching, and other like activities.
12. Residents must provide litter boxes for cat waste, which must be kept in the dwelling unit. Residents shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary. Litter boxes must be changed at least once each week.
13. If a cat or dog does not allow authorized personnel in a unit to perform a task, the resident will be notified and given dated when the authorized personnel will return to the unit. Depending on the task the animal will either be removed from the unit or detained from the area where the task is to be done. The resident is responsible for containing the pet while the work is performed.
14. Residents shall take adequate precautions and measures necessary to eliminate pet odors within or around the unit and shall maintain the unit in a sanitary condition at all times. If during an inspection of a unit an odor is present from an animal this will be noted on the inspection and the resident will be notified to correct the problem. If the presence of fleas is detected the resident will be responsible for the cost to exterminate the unit and any other unit that may be affected.
15. Pet waste must be disposed of in sealed plastic trash bags and placed in the trash container outside of the resident’s apartment.
16. Residents are solely responsible for cleaning up pet droppings, if any, outside the unit and on facility grounds. Droppings must be disposed of by being placed in a sack and then placed in the trash container outside of the resident’s apartment. Animals are to be refrained from urinating on shrubs, bushes, plants, etc. while being transported through the community.
17. Residents shall not alter their unit, patio or unit area in order to create an enclosure for any pet or by placing any apparatus (no animal houses or similar structure) in the yard area to house or protect the animal outside.
18. Residents are prohibited from feeding or harboring stray animals. The feeding of stray animals shall constitute having a pet without the written permission of the BHA.
19. If pets are left unattended for a period of twenty-four (24) hours or more, the BHA may enter the dwelling unit, remove the pet and transfer it to the responsible parties or proper authorities. The BHA accepts no responsibility for the animal(s) under such circumstances.

20. Pets are not allowed in common areas including community buildings, meeting areas or playgrounds.
21. The head of household or designated family member must be present during annual inspections of the unit.
22. The resident shall properly display a decal on the front entrance door above the deadbolt lock, as provided by the BHA to inform everyone that the dwelling unit has an approved common household pet(s) inside.
23. If a report is received of any person beating, cruelly ill-treating, tormenting or otherwise abusing any animal or cause, instigate or permit any dogfight or other combat between animals and humans, the report shall be turned over to the proper authorities. If the reports are found to be valid the animal shall be removed from the unit immediately.

### **Canaries and Parakeets**

1. Canaries and Parakeets are permitted pets to be housed in units.
2. Only two (2) such permitted birds are allowed in one unit and are not to be housed for breeding purposes.
3. Parakeets means, that specific breed of bird and not any member of the Parrot family.
4. Birds are to be maintained so as not to create a health problem with their feeding material. For example, bird seed accumulating on the floor where rodents could enter the unit and feed from such accumulation.

### **Fish**

1. Gold or tropical fish may be maintained in the unit in an aquarium which contains not more than 30 gallons of water. Aquarium(s) not exceeding five gallons total weight may be kept with no pet deposit required.
2. At no time are fish to be kept that are considered to be vicious. For example a piranha or any other fish that is considered extremely voracious.

### **II Unauthorized Animals**

1. Unauthorized animals are any animals that are not addressed in the pet policy as allowable.
2. Any animal that is considered vicious will not be allowed to be housed in any unit. An animal that is considered vicious is any animal that constitutes a physical threat to human beings or other animals. Or any animal which due to its disposition and demonstrated hostile behavior in a manner which could

reasonably cause injury to human beings or other animals, or any animal which has bitten or attacked a human being or other animal.

3. Unauthorized animals include but are not limited to the following:
  - a. Snakes
  - b. Lizards
  - c. Any fur bearing animals that are not considered a domestic cat.
  - d. Any fur hair bearing animals that are not considered a domestic dog
  - e. Any feathered animal other than a parakeet or canary.

### **III Refusal to Register Pet(s)**

The BHA may not refuse to register a pet based on the determination that the head of household is financially unable to care for the pet(s). If the BHA refuses to register a pet, a written notification will be sent to the head of household stating the reason for denial and shall be served in accordance with HUD notice requirements.

The BHA has a right to refuse to register a pet:

- a) If a pet is not a common household pet as defined in this pet policy.
- b) If keeping the pet would violate any applicable House Pet Rule.
- c) If the resident fails to provide complete registration information in accordance with this policy or fails to annually update the pet registration.
- d) If the BHA reasonably determines, based on the resident's habits and practices, that the resident will be unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament may be considered as a factor in determining the prospective resident's ability to comply with the pet rules and other lease obligations.

The notice of refusal may be combined with a notice of a pet violation.

### **Pet Care**

All residents shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet(s). Care and medical information must be provided to the housing manager annually.

Residents must recognize that other residents may have chemical sensitivities or allergies related to pets, or may be easily frightened or disoriented by animals. Residents must agree to exercise courtesy with respect to other residents.

### **Violations**

Any violation of the general rules of this pet policy is grounds for removal of the pet from the resident's unit or termination of the resident's tenancy, or both, in accordance with the lease.



**Exclusions**

The pet deposit will be waived for animals that assist persons with disabilities. 24 CFR 942.2 excludes animal that assist the handicapped from this pet policy. This exclusion applies to animals that reside in developments for the elderly and handicapped, as well as to animals that visit these developments. The BHA may not enforce or apply any pet rules against individuals with animals that are used to assist the handicapped, under Federal, State or Local Law.

To be excluded from the Pet Policy, the head of household must certify the following;

- a) That the animal has been trained to assist with the specified disability; and
- b) That the animal actually assists the person with the disability.

**Conflicts with State, Local Law or Regulations**

If there is any applicable State, Local Law or Regulation that conflicts with any portions of the above pet policy, the State, Local Law or Regulation shall apply.



## 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:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

#### **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, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**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 or such other period consistent with State Law.

**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, subject to 24 CFR Part 16.
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?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. 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. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be 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:**

Brunswick Housing Authority

1126 Albany St. Brunswick, GA 31520

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

**Signature**

**Date**

**Printed Name**