



501 Tenth Street – Moundsville, WV 26041  
Phone (304) 845-3141 – Fax (304) 845-3147

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## APPLICATION TO ADD INDIVIDUAL TO LEASE

Please note that your application will NOT be processed if you do not follow the instructions below. All questions must be answered. If the question does not apply, please put “N/A” for that question. All family members 18 years and over submit a photo I.D. and sign the application and forms. **NO EXCEPTIONS**

You must have the following documents in order for our agency to process your application:

- Fully completed application (**all sections MUST be fully completed or the application will not be processed**)
- Current Picture I.D for Adults (18 years & Older)
- Birth Certificates (all household members)
- Proof of pregnancy (if applicable)
- Social Security Card (all household members)
- Fully-Completed Authorization of Release Form for **ALL** Adults (18 years & older) **HUD-9886**
- Release of Information Form for **ALL** Adults (18 years & older)
- Debts Owed for **ALL** Adults (18 years & older)
- Criminal History Request Form
- Supplemental and optional contact form **HUD form 92006**
- Residence History Form

**Please note the MHA is a SMOKE FREE facility.**



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This application is to be considered for being added to a current lease with the MHA. Final determination is made when the application is completely processed and the current tenant is provided with approval.

**Failure to complete this form completely and legibly will result in the application not being processed.**

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Background Check Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Approval By: \_\_\_\_\_

If denial, reason for denial: \_\_\_\_\_

Accommodation/Special Assistance Required for applicant: \_\_\_\_\_

**Tenant Name:** \_\_\_\_\_ **Tenant Address:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Phone:**(\_\_\_\_)\_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Sex:** (circle one) Male Female

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**You must provide the following (note that based upon answers to questions on this application, you may be required to submit additional documents as noted with the questions):**

- Birth Certificate for all household members
- Social Security Card for all household members
- Photo Identification (ages 18 and over)
- Proof of Income (no more than 60 days old)

Do you require any accommodation due to a qualified disability?  Yes  No

Required Accommodation: \_\_\_\_\_

Do you require a live-in care attendant?  Yes  No

Do you pay child care for children while you work, attend school, or seek employment?  Yes  No

**Income:**

For each household member listed above indicate Yes/No for the source of income. Note that Child Support and Pension also request the provider name.

Household Member	Employer Name	Self-Employed	SS./SSI	TANF	Child Support	Pension	Unemployment
1							
2							
3							



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Other income not listed above?  Yes  No

If yes, source of income: \_\_\_\_\_

Who receives this other income and how often? \_\_\_\_\_

**Assets:**

For each household member listed above, indicate Yes/No for each type of asset. Where indicated, list bank/company name.

Household Member	Bank Account(s) (Bank Name)	Stocks, Bonds, Securities	Trust Fund	Pay into Pension, IRA, retirement account (Bank/Company Name)	Whole Life Insurance Policy (Insurance Co. Name/Policy Number)	Own real Estate
1						
2						
3						

List household members, age 18 and over, who attend school full or part-time and school attending:

Member Name \_\_\_\_\_ School \_\_\_\_\_

Member Name \_\_\_\_\_ School \_\_\_\_\_

Member Name \_\_\_\_\_ School \_\_\_\_\_

Do you or any member of your household need a handicap accessible unit?  Yes  No

Are you a legal resident of the United States?  Yes  No

Are you currently a public housing resident or Section 8 participant?  Yes  No

Have you received Government Assisted Housing before?  Yes  No

Where: \_\_\_\_\_ When: \_\_\_\_\_

**Provide the name, address, and phone number of your landlord(s) for the previous three (3) years:**

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

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

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

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Term of Residency: \_\_\_\_\_

Term of Residency: \_\_\_\_\_

Address of Residency: \_\_\_\_\_

Address of Residency: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_



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**All adult household members will be required to sign a consent for the Moundsville Housing Authority to check for criminal records.**

Has any household member ever been convicted of any crime?  YES  NO

If yes, who? \_\_\_\_\_

How many times? \_\_\_\_\_

What Crimes? \_\_\_\_\_

Is any household member a subject to lifetime sex offender registration?  YES  NO

If yes, who? \_\_\_\_\_ In what State(s)? \_\_\_\_\_

Is any household member currently using illegal drugs?  YES  NO

If yes, who? \_\_\_\_\_

Are you currently under a probation order or must report to a probation officer for any reason?  YES  NO

If you have even been arrested on a drug or alcohol related offense have you completed a rehabilitation program?  YES  NO

Has any household member ever been evicted from any type of housing?  YES  NO

If yes, explain when, where and for what reason.

Does any household member abuse alcohol in a way that threatens the health, welfare, or safety of other persons?  YES  NO

If yes, Explain: \_\_\_\_\_

Are you currently the victim of domestic violence?  YES  NO

Do you currently have a restraining order in effect?  YES  NO

If so, Municipality of Order \_\_\_\_\_ Against who? \_\_\_\_\_

I certify that the information in this application is accurate and complete. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in any housing programs.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

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

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

HOUSING AUTHORITY OF THE CITY OF MOUNDSVILLE  
501 TENTH STREET  
MOUNDSVILLE, WV 26041

**JESSICA MUDGE**

**DATE** \_\_\_\_\_

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing  
Housing Choice Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

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

**Sources of Information to be Obtained**

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

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

**Signatures:**

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



**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 record keeping 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 06/30/2026.

**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:

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

Signature

Date

Printed Name





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## Applicant/Resident Screening Consent Form

I, the below listed named have made application with Moundsville Housing Authority for Resident Screening.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Any other aliases: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Release:

I/We authorize Rental History Reports (RHR) and/or the above-named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization.

I understand that the information contained in my result's may affect my eligibility for housing, as well as continued occupancy, at the Housing Authority of the City of Moundsville. I further understand that this authorization is valid for a period of five (5) years from the date I sign the authorization and that I will not be notified of future inquiries during that period of time, as long as I am continuing to request assistance or occupying a public housing unit. This authorization releases disclosure information contained in any federal, state, and/or local information database or collection system.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

PHA Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: ALL PERSONS 18 YEARS OF AGE & OLDER MUST COMPLETE THIS FORM**

## Moundsville Housing Authority DECLARATION OF SECTION 214 STATUS

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)
- Permanent residence under 249 of INA
- Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA
- Parole status under 212(d)(5) of the INA
- Threat to life or freedom under 243(h) of the INA
- Amnesty under 245A, of the INA.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

PHA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

[See next page for footnotes and instructions]

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

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

- (2) **Eligible Immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- (3) **Immigrant status under 101(a)(15) or 101 (a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 201A of the INA (8 U.S.C. 1160 and 1161), [special agricultural worker status], who has been granted lawful temporary residence status.
- (4) **Permanent residence under 249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].
- (5) **Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
- (6) **Parole status under 212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status].
- (7) **Threat to life or freedom under 243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].
- (8) **Amnesty under 245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

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

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



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### RESIDENCE HISTORY

Moundsville Housing Authority is required to verify the rental history of all family members applying for or living in federally assisted housing. To comply with these requirements, Moundsville Housing Authority asks for your cooperation in supplying the information requested below. Moundsville Housing Authority will keep such information confidential and use it only to determine the applicant's eligibility and rent.

I, \_\_\_\_\_, hereby certify that below are **the names of all the places/person(s) that I have lived with and/or stayed within** the past **three** years and their addresses.

1) WHO I LIVED WITH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_  
WHEN I LIVED THERE: \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_

3) WHO I LIVED WITH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_  
WHEN I LIVED THERE: \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_

2) WHO I LIVED WITH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_  
WHEN I LIVED THERE: \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_

4) WHO I LIVED WITH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_  
WHEN I LIVED THERE: \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_

I understand that my eligibility for housing is based upon mine and my family members' rental history. I further understand that my failure to report any rental history will be considered fraud and will result in rendering me ineligible for housing.

### NOTARY ONLY

Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF WEST VIRGINIA

COUNTY OF \_\_\_\_\_

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_,  
Name of Notary Public Name of signer

to be the person(s) whose name(s) is/are subscribed to be foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Year.

\_\_\_\_\_  
Notary Public's Signature



501 Tenth Street – Moundsville, WV 26041  
Phone (304) 845-3141 – Fax (304) 845-3147

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## AUTHORIZATION FOR RELEASE OF INFORMATION

### CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Moundsville Housing Authority (MHA) any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under Low Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD and/or the MHA to release information from my file about rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes information on my payment history and any violations of my lease or MHA policies.

### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to: identity and marital status, employment, income and assets, residences and rental activity, medical or child care allowances, and credit and criminal activity. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: previous landlords (including public housing authorities), courts and post offices, schools and colleges, support and alimony providers, past and present employers, welfare agencies, state unemployment agencies, social security administration, medical and childcare providers, veteran's administration, retirement systems, banks and other financial institutions, credit providers, credit bureaus, and utility companies.

### COMPUTER MATCHING NOTICE AND CONSENT

I understand that HUD or MHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right of notification of any adverse information found and a chance to disprove incorrect information. HUD or MHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: state employment agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, The Social Security Administration, and state welfare and food stamp agencies.

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original is on file with MHA and will stay in effect for fifteen (15) months from the date it was signed. I understand I have the right to review my file and correct any information that I can prove is incorrect. I agree that MHA is not responsible for any result arising from the release of information pursuant to this authorization.

### SIGNATURES

\_\_\_\_\_

Head of Household

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Adult Member

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Adult Member

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Adult Member

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<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: (Check all that apply)</b>	
<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 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.