



# 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 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 housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, 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 income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates 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, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance 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.

## 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 through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



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

**Read and sign warning before completing this application!**

# **WARNING**

Misrepresentation is a serious dwelling lease violation that may result in an eviction. If it is found that an applicant or tenant has misrepresented the facts upon which his/her rent is based so that he/she is paying less than he/she should be paying, the dwelling lease and/or housing assistance will be terminated. In addition, the applicant/tenant may be subject to civil and criminal penalties.

The applicant/tenant is advised that any person who, by means of a false statement, failure to disclose information, impersonation or other fraudulent scheme or device: 1) obtains or attempts to obtain, or 2) establishes or attempts to establish eligibility for, and/or 3) knowingly or intentionally aids or helps such person obtain or attempt to obtain housing or a reduction in public housing rental charges or any rent subsidy to which such person would not otherwise be entitled, shall be guilty of a misdemeanor. Upon conviction, the person shall be punished by a fine of not less than \$300 nor more than \$500, be punished at hard labor for the county not to exceed 60 days, or both fined and imprisoned, at the discretion of the court. (24-1-10, Code of Alabama, 1975)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Documents to bring with you:**

- 1. Birth certificates or other acceptable birth verifications: shot records, picture ID/ drivers license, school records, voter registration**
- 2. Social Security cards**
- 3. All final divorce decrees**
- 4. Marriage certificate**
- 5. Most current landlord's name and complete mailing address**
- 6. Employer's name and complete mailing address**
- 7. Most recent Social Security/SSI award letter**
- 8. Child support check stubs**
- 9. Unemployment check stubs**
- 10. Veterans benefit award letter**

**APPLICATION**

Mark program(s) applying for: PUBLIC HOUSING <input type="checkbox"/>	APPLICATION FOR ADMISSION <input type="checkbox"/> APPLICATION FOR CONTINUED OCCUPANCY <input type="checkbox"/>  DATE _____  TIME _____	<b>Racial Group</b> ( ) White ( ) Black/African American ( ) Asian ( ) Native American ( ) Other _____
<b>Note:</b> You may choose to have your name placed on the waiting list for one, two, or all three of the programs listed above if the waiting lists are open.		<b>Ethnicity</b> ( ) Hispanic/Latino ( ) Not Hispanic/Latino

TO BE FILLED OUT BY APPLICANT (IN INK). FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER NO OR NONE. DO NOT LEAVE BLANKS.

APPLICANT NAME _____					
Last	First	M.I.			
CURRENT ADDRESS _____					
Street	City	State	Zip	Apt. #	
MAILING ADDRESS _____					
P.O. Box	City	State	Zip		
Home Phone # _____	Work Phone # _____	Other # _____			

Name of Current Landlord _____					
Mailing Address of Landlord _____					
Street/P.O. Box	City	State	Zip	Apt. #	
Present Monthly Rent \$ _____	Number of Bedrooms _____	Number of Persons presently in Household _____			
If you pay for your utilities, indicate the utilities paid by you, and the amount. If you do not pay for any of the utilities listed, check N/A.					
Electricity \$ _____ Monthly	Gas \$ _____ Monthly	Water \$ _____ Monthly	Phone \$ _____ Monthly	Cable TV \$ _____ Monthly	N/A <input type="checkbox"/>
How long have you lived at the address listed above? Years _____ Months _____					
Do you owe any money to the landlord listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount Owed \$ _____					
List City, State and Year of locations where you have lived for the past five years. _____					

**HOUSEHOLD COMPOSITION:** List all persons who will live in the rental unit while you are on this program:

Print Full Name(s)	Relation To Head of Family	Birth Date	Age	Sex	Social Security Number	Occupation/Name of School Attending	U. S. Citizen Yes/No
1)	Head						
2)							
3)							
4)							
5)							

6)							
7)							
8)							
9)							
10)							

Do you anticipate any changes in your family composition? Yes  No  If yes, explain: \_\_\_\_\_

Military Service: Is there any member of your household (listed above) now serving in military service (Army, Air Force, Marines, Navy, etc.)

If yes, give the following information on each military service person:

Name	Rank:	Address	Service

**INCOME:** List all employment income (including self-employment) for each household member.

Household Member	Name & Address of Employer	Annual Income

**OTHER SOURCES OF INCOME:** (Examples: welfare, Social Security, SSI, pensions, disability compensation, unemployment compensation, baby-sitting, alimony, child support, annuities, interest, dividends, income from rental property, Armed Forces, Military Reserves, cash contributions from individuals, scholarships, grants) Include alimony and/or child support entitled to but not received.

Household Member	Source	Amount

**BANK INFORMATION:** List any checking, savings, credit union and/or certificate of deposit accounts.

Type of Account	Bank	Account Number	Amount

Stocks & Bonds Yes  No  If yes, current value \$ \_\_\_\_\_ Savings Bonds Yes  No  If yes, current amount \$ \_\_\_\_\_

Do you own real estate? Yes  No  If yes, current value \$ \_\_\_\_\_ Have you EVER owned real estate? Yes  No  If yes, when? \_\_\_\_\_

Do you have life insurance or a retirement account? Yes  No  If yes, current amount(s) \$ \_\_\_\_\_

**CHILDCARE EXPENSES**

Do you pay for baby-sitting while a family member is employed? Yes  No

If yes, list child care provider's name, address and telephone number: \_\_\_\_\_

Baby-sitting cost: Weekly \$ \_\_\_\_\_ or Monthly \$ \_\_\_\_\_

**MEDICAL EXPENSES**

Are you receiving Medicare benefits? Yes  No  If yes, monthly amount of benefits \$ \_\_\_\_\_

Are you receiving medical assistance through the welfare department (DHR)? Yes  No  If yes, monthly amount \$ \_\_\_\_\_

Do you pay for any medical insurance/hospitalization (such as BlueCross)? Yes  No

If yes, indicate amount of premium paid and how often paid. Weekly \$ \_\_\_\_\_ or Bi-weekly \$ \_\_\_\_\_ or Monthly \$ \_\_\_\_\_

Are you making payments on outstanding medical bills? Yes  No  If yes, amount paid per month \$ \_\_\_\_\_

Do you take prescription drugs on a regular basis? Yes  No  If yes, your cost per month \$ \_\_\_\_\_

**SPECIAL NEEDS**

For the purpose of determining allowable income deductions, does any member of your household have a disability? Yes  No

Does any member require any special accommodations? Yes  No

If yes, what? \_\_\_\_\_

Do you pay for a care attendant or for any equipment for any member with a disability in order to permit that person or someone else in the family to work? Yes  No  If yes, describe expense: \_\_\_\_\_

**PROGRAM INFORMATION**

Have you or any family member listed on the front of the application ever been arrested for any offense against the law? Yes  No

Have you or any family member listed on the front of the application ever had a warrant issued for an arrest? Yes  No

Have you or any family member listed on the front of the application ever been in trouble with the law? For example, traffic citation or any other situation? Yes  No  If you answered yes to any of the questions in this section, explain: \_\_\_\_\_

**Notice!!!! You are reminded that all your answers will be verified. Giving false information is considered fraud.**

**ABSENT PARENT INFORMATION**

Family Member	Father's/Mother's Name	Street Address	City, State	Comments/Last Contact

**MARITAL STATUS/HISTORY**

Have you ever been married? Yes  No  How many times? \_\_\_\_\_ Maiden Name \_\_\_\_\_

	Date	From Whom	Street Address	City	State	Zip	Comments: _____ _____ _____
Separated?							
Divorced?							
Widowed?	Social Security Number of Deceased: _____						

Have you ever used a name or Social Security number other than the ones you are using now? Yes  No  If yes, explain: \_\_\_\_\_

**ADDITIONAL**

Have you ever applied for Public Housing or Section 8 Housing? Yes  No

Have you ever lived in Public Housing or Section 8 Housing? Yes  No

Have you ever lived in housing that is referred to as the "PROJECTS"? Yes  No

If you have lived or currently live in Public Housing (Projects) and/or Section 8 Assisted Housing or housing where the amount of rent you paid was based on your income, complete the following:

Where (Address) \_\_\_\_\_ When (Dates) \_\_\_\_\_

Do you owe any money to the Public Housing Project and/or Section 8 Housing? Yes  No  If yes, Amount \$ \_\_\_\_\_

**WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

I/We certify that all information given to the Foley Housing Authority in this application is correct. I/We understand that if these facts are not true, housing assistance or housing will not be provided, and I/We will be declared ineligible. I understand that after the information in this application is verified that the information will be submitted to the U. S. Department of Housing and Urban Development (HUD) on Form HUD-50058 (The Federal Privacy Act Statement contains additional information concerning the authorized use of this information.) I also understand that staff of the Foley HA will verify this information, and I authorize the Foley HA to submit inquiries necessary for the purpose of verifying the facts herein stated.

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Spouse or Other Adult

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Foley HA Representative

Date: \_\_\_\_\_

**Note: If you believe you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll-free hotline at 1-800-669-9777, or by asking the Foley HA to provide you with a HUD Housing Discrimination Complaint form, HUD-903.**

**Applicant: Do Not Write in this Section  
Authority Use Only**

**Family Status**

Head/Spouse 62 or over \_\_\_\_\_

Head/Spouse Disabled \_\_\_\_\_

Number in Family \_\_\_\_\_

Number of Minors \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

Age of Head \_\_\_\_\_

Sex of Head F  M

Husband & Wife Present (Y or N) \_\_\_\_\_

Spouse Deceased (Y or N) \_\_\_\_\_

Separated (Y or N) \_\_\_\_\_

Divorced (Y or N) \_\_\_\_\_

Eligible  Ineligible

The Housing Authority of  
The City of Foley  
302 W. Fourth Avenue \* Foley, AL 36535

PUBLIC HOUSING, SECTION 8  
HOUSING CHOICE VOUCHER PROGRAM

**DECLARATION OF UNITED STATES CITIZENSHIP**

**\*I hereby declare, under penalty of perjury, that I am a  
citizen of the United States of America.**

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Head of Household) (Head of Household)

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Other Adult/if none name of oldest child) (Other Adult/if none....signature of HOH)

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Child's name) (Signature of HOH)

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Child's name) (Signature of HOH)

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Child's name) (Signature of HOH)

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Child's name) (Signature of HOH)

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Child's name) (Signature of HOH)

Witness: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: For each adult, the form must be signed by the adult. For each child, the form must be signed by an adult member of the family residing in the assisted dwelling unit who is responsible for the child.

This document will be filed in the head-of-household's file folder and serve as verification and evidence of declaration of U. S. Citizenship.

If you are NOT a U.S. Citizen, do not sign this form. Instead, please inform us of your status.





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

This consent form expires 15 months after signed.

Signatures:

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

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

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