



## Housing Choice Voucher Program Application

**“HEAD OF HOUSEHOLD”** The Head of Household is responsible for ensuring that the family fulfills all of its responsibilities under the program, alone or in conjunction with a co-head or spouse.

**PLEASE PRINT:** Read and complete ALL applicable information. If information does not apply, write “none” or “n/a”

Head of Household (Legal Name): _____				
Last Name	First Name	Middle Initial		
Current Address: _____				
Street Address	Apt #	City	State	Zip Code
*Mailing Address (if different from above): _____				
Telephone Number: _____		E-Mail Address: _____		
How long have you lived at this address? _____			Rent amount you currently pay: \$ _____	

Current Landlord (if applicable): _____		Telephone No : _____
Address: _____		E-Mail Address: _____

Are you presently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No (If “Yes”, provide <i>Verification of Homelessness</i> with this Application)	
Describe your current living situation (example: rent, live with family member/friend, provide name of Shelter, etc.): _____	
_____	
Contact person(s) where we can leave a message:	
Contact’s name: _____	Relationship: _____ Telephone No: _____

**Family Information:** Including yourself, list all persons who will live with you (including persons not currently in your household).  
 ➤ List yourself first, then spouse, all other adult household members, then list anyone under the age of 18 (oldest to youngest).

Under **Ethnicity/Race**, place one letter and number code for each family member as they apply:  
 ➤ (Examples: A/1, B/1, B/2, B/1&2, etc) Ethnicity/Race: A – Hispanic B – Non-Hispanic  
 1 – White 2 – Black/African American 3 - American Indian/Alaskan Native 4 - Asian 5 - Native Hawaiian/Pacific Islander

**Marital Status** – please use one (1) code:  
 ➤ (M) Married; (D) Divorced; (M/S) Married but Separated; (W) Widowed; (N/M) Never Married

\*for Full-time students 18 years of age and older, attach current verification of student status

Applicant Name (Last Name, First Name, MI)	Relationship Daughter, Son, Etc.	Social Security Number	Sex M/F	Ethnic/ Race	Date Of Birth	Age	Disabled Yes/No	Marital Status	*Full- Time Student Yes/ No	Veteran Yes/No
	HEAD									

**LEAD POISONING SAFETY CHECK**

1. Does anyone in the household under the age of six (6) have an "Elevated Blood Level"? \_\_\_ Yes \_\_\_ No
2. Has the minor been tested in the last year? \_\_\_ Yes \_\_\_ No

- If you answered **NO** to either or both questions, please skip to the next section.
- If you answered **YES** to either or both questions, please continue with this form.

Name of child: \_\_\_\_\_ Current lead level: \_\_\_\_\_

Date of last test: \_\_\_\_\_ **(please attach a copy of the test results)**

**For Children under 18 years of age, please list name of other parent if not listed in the household:**

Children's Name	Name of parent not living in household

1. I have 51% or more custody of the listed children on my Application and they reside in my household. \_\_\_ Yes \_\_\_ No

If No, explain: \_\_\_\_\_  
\_\_\_\_\_

2. Do you anticipate a change in your family composition (someone moving into or out of the household) or is anyone expecting a child? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

3. Have you or any other adult member of your household ever used any other name(s)? \_\_\_ Yes \_\_\_ No

If "yes", list name(s): \_\_\_\_\_

4. Has anyone in your household ever used any Social Security Number other than the number presently used? \_\_\_ Yes \_\_\_ No

If "yes", what name and what number(s): \_\_\_\_\_

**Attach the following documents:**

- Birth Certificate(s) - for each household member
- Social Security Card(s) - for each household member
- Photo ID(s) - for all adult members (18 years and older)

All documents must be provided with this Application. If they are not attached, please explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older (attach proof of age); or
- I have eligible immigration status as checked below. **Attach INS document(s) evidencing eligible immigration status and signed verification consent form.**
  - Immigrant status under 101(a or 1010(a)(20) of the INA; or
  - Permanent residence under 249 of INA; or
  - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA; or
  - Parole status under 212(d)(5) of the INA; or
  - Threat to life or freedom under 243(h) of the INA; or
  - Amnesty under 245A of the INA.

PARENT/GUARDIAN MUST SIGN FOR FAMILY MEMBERS UNDER AGE 18. **DO NOT SIGN CHILD'S NAME!**

ADULT SIGNED FOR CHILD ( )

\_\_\_\_\_  
Signature of Household Member

\_\_\_\_\_  
Date

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

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older (attach proof of age); or
- I have eligible immigration status as checked below. **Attach INS document(s) evidencing eligible immigration status and signed verification consent form.**
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  - Permanent residence under 249 of INA; or
  - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA; or
  - Parole status under 212(d)(5) of the INA; or
  - Threat to life or freedom under 243(h) of the INA; or
  - Amnesty under 245A of the INA.

PARENT/GUARDIAN MUST SIGN FOR FAMILY MEMBERS UNDER AGE 18. **DO NOT SIGN CHILD'S NAME!**

ADULT SIGNED FOR CHILD ( )

\_\_\_\_\_  
Signature of Household Member

\_\_\_\_\_  
Date

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

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older (attach proof of age); or
- I have eligible immigration status as checked below. **Attach INS document(s) evidencing eligible immigration status and signed verification consent form.**
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  - Permanent residence under 249 of INA; or
  - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA; or
  - Parole status under 212(d)(5) of the INA; or
  - Threat to life or freedom under 243(h) of the INA; or
  - Amnesty under 245A of the INA.

PARENT/GUARDIAN MUST SIGN FOR FAMILY MEMBERS UNDER AGE 18. **DO NOT SIGN CHILD'S NAME!**

ADULT SIGNED FOR CHILD ( )

\_\_\_\_\_  
Signature of Household Member

\_\_\_\_\_  
Date

1. Have you or any adult household member, either previously lived in or currently live in:
- Any LMHA housing? \_\_\_ Yes \_\_\_ No
  - Any rental where you use(d) a Housing Choice Voucher? \_\_\_ Yes \_\_\_ No
  - Any Public Housing Authority's jurisdiction? \_\_\_ Yes \_\_\_ No
  - Any federally assisted housing program with rental subsidies? \_\_\_ Yes \_\_\_ No

If "Yes" to any of the above, please complete the following information:

- Household member: \_\_\_\_\_
- Head of household: \_\_\_\_\_
- Address of rental unit: \_\_\_\_\_  
(include state & zip code)
- Tenancy dates: \_\_\_\_\_
- Name of federally assisted program or landlord: \_\_\_\_\_

2. Do you or anyone in your household owe money for any outstanding debt to LMHA or another Public Housing Authority due to present or prior participation? \_\_\_ Yes \_\_\_ No If "Yes", please complete the following information:

- Amount owed: \$ \_\_\_\_\_
- Reason money owed: \_\_\_\_\_
- Household member: \_\_\_\_\_
- Head of household: \_\_\_\_\_
- Address of rental unit: \_\_\_\_\_  
(include state & zip code)
- Tenancy dates: \_\_\_\_\_
- Name of federally assisted program or landlord: \_\_\_\_\_

3. Have you or anyone in your household been evicted from LMHA, another Public Housing Authority or other federally assisted housing program for any reason in the last 5 years? \_\_\_ Yes \_\_\_ No If "Yes", please complete the following information:

- Household member: \_\_\_\_\_
- Head of household: \_\_\_\_\_
- Address of rental unit: \_\_\_\_\_  
(include state & zip code)
- Tenancy dates: \_\_\_\_\_
- Name of federally assisted program or landlord: \_\_\_\_\_

4. Have you or anyone in your household violated any family obligation due to a present or prior participation in LMHA's programs in the last 5 years? \_\_\_ Yes \_\_\_ No If "Yes", please complete the following information:

- Household member: \_\_\_\_\_
- Head of household: \_\_\_\_\_
- Which LMHA housing program? \_\_\_ Housing Choice Voucher  
\_\_\_ Public Housing (which site) \_\_\_\_\_
- Address of rental unit: \_\_\_\_\_  
(include state & zip code)
- Tenancy dates: \_\_\_\_\_
- Please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Have you or anyone in your household engaged in drug-related criminal activity or violent criminal activity in the last 5 years?  Yes  No If "Yes", please complete the following information:

- Household member: \_\_\_\_\_
- Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Have you or anyone in your household ever been incarcerated for any conviction?  Yes  No

If "Yes", please complete the following information:

- Household member: \_\_\_\_\_
- Where convicted? \_\_\_\_\_
- Incarceration site: \_\_\_\_\_
- Incarceration date(s): Start date: \_\_\_\_\_ Date of release: \_\_\_\_\_
- Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Are you or anyone in your household currently on probation or parole for any conviction?  Yes  No

If "Yes", please complete the following information:

- Household member: \_\_\_\_\_
- Date probation or parole started: \_\_\_\_\_ Date probation or parole completed/expected to be completed: \_\_\_\_\_
- Probation or parole completed successfully:  Yes  No
- Please explain: \_\_\_\_\_  
 \_\_\_\_\_

8. Have you or anyone in your household ever been convicted of manufacturing or producing methamphetamine on the premises of any LMHA or other federally assisted housing property at any time?  Yes  No If "Yes", please complete the following information:

- Household member: \_\_\_\_\_
- Head of household: \_\_\_\_\_
- Address of rental unit: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (include state & zip code)
- Tenancy Dates: \_\_\_\_\_
- Name of federally assisted program or landlord: \_\_\_\_\_
- Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Have you or anyone in your household committed fraud, bribery or any other corrupt or criminal act in connection with any federally assisted housing program?  Yes  No If "Yes", please complete the following information:

- Household member: \_\_\_\_\_
- Head of household: \_\_\_\_\_
- Address of rental unit: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (include state & zip code)
- Tenancy dates: \_\_\_\_\_
- Name of federally assisted program or landlord: \_\_\_\_\_
- Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



10. Have you or anyone in your household engaged in or threatened violent or abusive behavior toward LMHA personnel, a management agent or owner? \_\_\_ Yes \_\_\_ No If "Yes", please complete the following information:

- Household member: \_\_\_\_\_
- Head of household: \_\_\_\_\_
- Which LMHA housing program? \_\_\_ Housing Choice Voucher  
\_\_\_ Public Housing (which site) \_\_\_\_\_
- Address of rental unit: \_\_\_\_\_  
(include state & zip code)
- Tenancy Dates: \_\_\_\_\_
- Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you or anyone in your household ever been convicted of any sex offense and/or are subject to a lifetime registration requirement under any state sex offender program? \_\_\_ Yes \_\_\_ No If "Yes", please complete the following information:

- Household Member: \_\_\_\_\_
- Date convicted: \_\_\_\_\_
- State convicted: \_\_\_\_\_
- Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Please provide a complete list of ALL states in which EACH household member has resided in:

- Household Member: \_\_\_\_\_
- State(s) resided in: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

- Household Member: \_\_\_\_\_
- State(s) resided in: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

- Household Member: \_\_\_\_\_
- State(s) resided in: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

- Household Member: \_\_\_\_\_
- State(s) resided in: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_



## SPECIAL ACCOMMODATIONS REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is given to every applicant applying for a Housing Choice Voucher with the Lucas Metropolitan Housing Authority. It is used to determine whether an applicant or family member will need special accommodations for assistance. The need for special accommodations must be verified.

Head of Household's Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

- 1)  At this time, I choose not to claim any special need for myself or any household member, but I understand that for consideration in the future, I need to provide documentation to verify any claim for a special accommodation.
  
- 2) Do you or any other person on your application claim a need for any of the following considerations?  
**(check all that apply):**  
 Separate Bedroom (for medical purpose)  
 One-level unit  
 Reading Impairment  
 Writing Impairment  
 Learning Impairment  
 Speech  
 Mental Retardation

3) If you have checked any of the above listed categories, please explain exactly what you need to accommodate your situation:  
 \_\_\_\_\_  
 \_\_\_\_\_

4) Can you or your household member(s) go up and down stairs unassisted?  Yes  No  
**If "no", please indicate how your family needs to be accommodated:** \_\_\_\_\_  
 \_\_\_\_\_

5) Will you or any household member(s) require a live-in aide to assist a member of your household?  Yes  No  
**If "yes", please explain:** \_\_\_\_\_  
 \_\_\_\_\_

6) What is the name(s) of the household members who need assistance identified on this form:

NAME	NEED

It is your responsibility to provide medical or professional documentation to verify any need for above claimed accommodation(s). If you do not provide this information, we will not be able to validate your claim.

\_\_\_\_\_  
 Signature – Head-of-Household/Spouse

\_\_\_\_\_  
 Date



**THIS FORM MUST BE COMPLETED IN FULL**

**INCOME**

<b>INCOME</b>			<b>YES</b>	<b>NO</b>
1.	Does any family member work full-time, part-time, or seasonally? Who? List employer: (attach last two pay stubs)			
2.	Are any family members on a leave of absence from work due to layoff, medical leave, military leave, or maternity leave? Who? Type of leave: Expected date of return: (attach employer's statement to verify your dates of absence and payments received during this time)			
3.	Are any family members self-employed? Who? List business/profession or product/service: (attach last year's tax return, current year's business records, or your written statement of current earnings)			
4.	Does any family member receive money from rental property? Who? Amount: \$ How often? (attach payment verification or your written statement of payments received)			
5.	Does any family member receive unemployment compensation? Who? (attach current payment printout)			
6.	Does any family member receive worker's compensation? Who? (attach current payment printout)			
7.	Does any family member receive Veteran's benefits? Who? (attach current payment printout)			
8.	Does any member of the family receive regular pay, special pay, or an allowance for a member of the Armed Forces? Who? Type: (attach current payment printout)			
9.	Does any family member receive retirement or pension income? Who? Type: Source: (attach current payment printout)			
10.	Does any family member receive benefits from the Social Security Administration? Who? Type: (attach current benefit letter)			
11.	Does any family member receive periodic or lump-sum payments from an insurance policy or an annuity? Who? (attach a current disbursement printout)			
12.	Does any family member receive cash assistance? Who? County: (attach current payment printout)			
13.	Does any family member receive child support? Who? County: (attach "My Cases" page with 12-month printout of each open case)			
14.	Does any family member receive alimony? Who? County: (attach a 12-month printout)			
15.	Does anyone outside of your family pay for any of your bills? Amount: \$ How often? Which bill(s)? (attach written statement from the person who can verify these payments)			
16.	Does anyone outside of your family give you cash for any reason other than paying your bills? Amount: \$ How often? Reason: (attach written statement from the person who can verify these funds)			
17.	Does anyone outside of your family purchase or contribute any items for use in your home? Amount: \$ How often? List items: (attach written statement from the person who can verify these items)			



**THIS FORM MUST BE COMPLETED IN FULL**

**ASSETS**

<b>ASSETS</b>				<b>YES</b>	<b>NO</b>
19. Does any family member have a checking, savings, money market, CD, stocks, bonds or other investment accounts? (If "Yes", complete information below)					
<b>FAMILY MEMBER</b>	<b>TYPE OF ACCOUNT</b>	<b>NAME OF BANK</b>	<b>CURRENT BALANCE</b>	<b>ANTICIPATED INTEREST IN NEXT 12 MONTHS</b>	

<b>ASSETS</b>		<b>YES</b>	<b>NO</b>
20. Does any family member have cash on hand? (If "Yes", complete information below)			
<b>FAMILY MEMBER</b>	<b>AMOUNT OF CASH ON HAND</b>		

<b>ASSETS</b>			<b>YES</b>	<b>NO</b>
21. Does any family member have a trust fund, irrevocable trust, IRA/Keogh, or retirement account? (If "Yes", complete information below)				
<b>FAMILY MEMBER</b>	<b>TYPE OF ACCOUNT</b>	<b>FINANCIAL INSTITUTION</b>	<b>CURRENT BALANCE</b>	

<b>ASSETS</b>		<b>YES</b>	<b>NO</b>
22. Does any family member have a life insurance policy? Who? _____ Cash Value: \$ _____ (attach current printout of policy)			
23. Has any family member received a lump sum payment for an inheritance, lottery winning, insurance settlement or other claim? Who? _____ Type: _____ Amount: \$ _____ (attach payment verification)			
24. Does family member have their name on the title of any property, real estate or mobile home? Who? _____ Address: _____			
25. Has any family member sold or transferred property, real estate or a mobile home? Who? _____ Address: _____ Sale/transfer date: _____			
26. Does any family member have personal property held as an investment such as gems, jewelry, coin collections, stamps, sports memorabilia, sports trading cards (baseball/football/basketball cards), etc? Who? _____ Type: _____ Estimated value: \$ _____ (attach recent appraisal form)			
27. Does any family member have any assets that were not previously asked on this form? Who? _____ Type: _____ Estimated value: \$ _____ (attach verification of the current value)			

\_\_\_\_\_  
Signature – Head-of-Household

\_\_\_\_\_  
Date



**THIS FORM MUST BE COMPLETED IN FULL**

**CHILDCARE EXPENSES**

**Child care** expenses are reasonable anticipated unreimbursed expenses paid by the family for the care of household children 12 years of age and younger during the period for which annual income is computed, but only where the care is necessary to enable a family member to actively seek employment, to be gainfully employed or to further his/her education.

ELIGIBILITY QUESTION	YES	NO
1. Does any family member currently pay unreimbursed child care expenses for a child 12 years of age or younger?		
2. Does the child care enable the family member to actively seek employment, to be gainfully employed or to further his/her education?		

- If you answered **NO** to either question, you are not eligible for the child care expense. Please sign the bottom of this page and proceed to the next page.
- If you answered **YES** to both questions, continue completing this page.

1. Why is the childcare necessary? \_\_\_\_\_

2. Name of minor(s) receiving care: \_\_\_\_\_

Full name of agency/private provider: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

To verify child care expenses, you will need to do the following:

- Attach proof of why the childcare is necessary**
  - Employment log of the family member actively seeking employment
  - Offer of employment letter or paystubs of the family member gainfully employed
  - School registration or class schedule of the family member furthering his/her education
- Attach proof of payments made to the childcare provider**
  - Copies of your cancelled checks payable to the childcare provider
  - Printout of payments received or letter from the childcare provider

I am aware that based on my household composition and my previous answers I may qualify for childcare expenses; however, I choose not to claim the expenses at this time. By checking this box and signing below I certify that I was given the option to have the expenses factored into the calculation of my household income.

\_\_\_\_\_  
Signature – Head-of-Household

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED IN FULL**

**DISABILITY ASSISTANCE EXPENSES**

**Disability expenses** are reasonable anticipated unreimbursed expenses to cover care attendants and auxiliary apparatus for any family member who is a person with disabilities, to the extent these expenses are necessary to enable a family member 18 years of age or older to work (including the family member who is a person with disabilities).

ELIGIBILITY QUESTION	YES	NO
1. Are you or any family member a person with a disability?		
2. Do you or any family member currently pay unreimbursed expenses of care attendants or auxiliary apparatuses for any family member who is a person with disabilities in order to enable a family member 18 years of age or older to work?		

- If you answered **NO** to either question, you are not eligible for the disability assistance expense. Please sign the bottom of this page and proceed to page number 15.
- If you answered **YES** to both questions, continue completing this page and page number 14.

CARE ATTENDANT EXPENSE (Costs for home medical care, nursing services, in-home or center-based care services, etc.)	YES	NO
1. Does any family member currently pay unreimbursed care attendant expenses for any family member who is a person with disabilities in order to enable a family member 18 years of age or older to work?		

- If you answered **NO**, please sign the bottom of this page and proceed to the next page.
- If you answered **YES** provide the following information:

1. Describe service(s) provided: \_\_\_\_\_
2. Describe how the care attendant enables a family member to work: \_\_\_\_\_  
\_\_\_\_\_
3. Name of family member receiving attendant care: \_\_\_\_\_  
Full name of agency/private provider: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

To verify care attendant expenses, you will need to do the following:

- Attach proof that the person with disabilities requires a care attendant
  - Written statement from knowledgeable medical professional
- Attach proof of employment
  - Offer of employment letter or paystubs of the family member gainfully employed
- Attach proof of payments made to the care attendant provider
  - Copies of your cancelled checks payable to the care attendant provider
  - Printout of payments received or letter from the care attendant provider

\_\_\_\_\_  
Signature – Head-of-Household

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED IN FULL**

<b>AUXILIARY APPARATUS EXPENSE</b> <b>(items such as wheelchairs, ramps, adaption to vehicles, etc.)</b>		<b>YES</b>	<b>NO</b>
1.	Does any family member currently pay unreimbursed auxiliary apparatus expenses for any family member who is a person with disabilities in order to enable a family member 18 years of age or older to work?		

- If you answered **NO**, please sign the bottom of this page and proceed to the next page.
- If you answered **YES**, provide the following information:

1. List the auxiliary apparatus item(s): \_\_\_\_\_
2. Describe how each auxiliary apparatus item enables a family member to work: \_\_\_\_\_  
\_\_\_\_\_
3. Name of family member using the auxiliary apparatus item(s): \_\_\_\_\_  
\_\_\_\_\_

To verify auxiliary apparatus expenses, you will need to do the following:

- Attach proof that the person with disabilities requires the auxiliary apparatus item(s)**
  - Written statement from knowledgeable medical professional
- Attach proof of employment**
  - Offer of employment letter or paystubs of the family member gainfully employed
- Attach proof of payments made for the auxiliary apparatus item(s)**
  - Copies of invoice(s) and your cancelled check(s)
  - Paid receipt(s)
  - Billing statement(s) detailing total payments due for the upcoming 12 months
    - Must demonstrate evidence of payments being met

I am aware that based on my household composition and my previous answers I may qualify for disability assistance; however, I choose not to claim the expenses at this time. By checking this box and signing below I certify that I was given the option to have the expenses factored into the calculation of my household income.

\_\_\_\_\_  
Signature – Head-of-Household

\_\_\_\_\_  
Date



**THIS FORM MUST BE COMPLETED IN FULL**

**MEDICAL EXPENSES**

**Medical expenses** are unreimbursed expenses anticipated to be incurred for any family member in the upcoming 12 months following your lease up date. The medical expense deduction is permitted only for households in which the head, spouse, or co-head is at least 62 years of age or disabled.

ELIGIBILITY QUESTION	YES	NO
1. Is the head of household, spouse or co-head age 62 or older?		
2. Is the head of household, spouse or co-head disabled?		

- If you answered **NO** to both questions, you are not eligible for medical expenses. Please sign the bottom of this page and proceed to the next page.
- If you answered **YES** to either question, continue completing this page.

MEDICAL EXPENSES	YES	NO
1. Does any family member pay for unreimbursed services of doctors or health care professionals?		
2. Does any family member pay for unreimbursed services of health care facilities?		
3. Does any family member pay for unreimbursed medical insurance premiums?		
4. Does any family member pay for unreimbursed prescription / non-prescription medicines prescribed by their physician?		
5. Does any family member pay for unreimbursed transportation to treatment?		
6. Does any family member pay for unreimbursed dental expenses, eyeglasses or hearing aids (including the hearing aid batteries)?		
7. Does any family member pay for unreimbursed live-in or periodic medical assistance?		
8. Does any family member pay unreimbursed monthly payments on accumulated medical bills?		

To verify medical expenses, you will need to do the following:

- Attach proof of payments made for the expenses you indicated **YES** to above
  - Copies of your cancelled checks
  - Printout from the medical provider of payments received
  - Statement of anticipated upcoming expenses from the medical provider
  - Transportation log that includes dates, name / addresses of facility and round trip mileage from your home

I am aware that based on my household composition and my previous answers I may qualify for medical expenses; however, I choose not to claim the expenses at this time. By checking this box and signing below I certify that I was given the option to have the expenses factored into the calculation of my household income.

\_\_\_\_\_  
Signature – Head-of-Household

\_\_\_\_\_  
Date



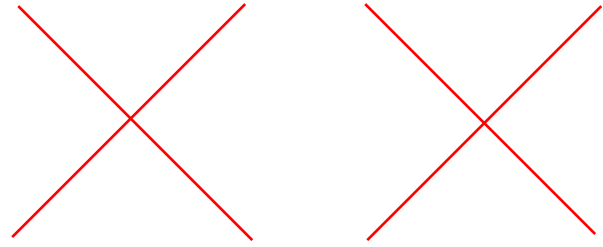
# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing  
OMB Control Number 2577-0295  
Expiration Date 1/31/2025

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and 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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever 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:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental 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.

### Sources of Information To Be Obtained

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

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.



**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.



**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.

<p><b>This Notice was provided by the below-listed PHA:</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="color: red; margin: 0;">Lucas Metropolitan Housing 424 Jackson Street Toledo, OH 43604</p> </div>	<p><b>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs &amp; Termination Notice:</b></p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name	
Signature	Date				
Printed Name					





**REQUESTING AGENCY:**  
Lucas Metropolitan Housing  
Public Housing/Housing Choice Voucher Programs  
424 Jackson Street, Toledo, OH 43604

**REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION  
FOR NON-CRIMINAL JUSTICE PURPOSE**

**Authority:** Title 24 Part 5 Section 903 of the Code of Federal Regulations authorizes any Public Housing Authority that administers the Housing Choice Voucher Program and/or a Public Housing programs to obtain criminal conviction records from a law enforcement agency, defined in Section 902.

**Purpose:** In signing this consent form, you allow the Lucas Metropolitan Housing (LMHA) to request and obtain criminal background/conviction records from law enforcement agencies via service provider.

**Use of Information:**

- Initial screening of Applicants and determination of continued eligibility for assistance under the Public Housing, Housing Choice Voucher (HCV) Program, Moderate Rehabilitation and Project-based Voucher Program.
- Initial screening of Applicants and determination of continued eligibility for assistance under the Project-Based Voucher Program, at the request of the Owner
- Enforcement of leases and eviction of residents by Public Housing and/or Section 8 Owner
- At re-examination, LMHA will conduct a criminal background check for each household member 18 years of age or older, including Live-In Aides.

**Additional HCV Program Administrative Plan Requirements:**

- Prior to granting approval to a family to port in or out of its jurisdiction, LMHA will conduct a criminal background check for each family member 18 years of age or older. If a criminal background check was conducted within the last 120 days by the jurisdiction from which the family is porting, LMHA will not conduct a criminal background check until re-examination.

**\*\*VAWA Protection:** *Some types of criminal activity are also grounds for terminating a participant's assistance. If any member of the household (or guest, or any other person under the participant's control) engages in criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking, and the participant or participant's immediate family member is a victim of this criminal activity, the PHA cannot terminate the victim's assistance because of this criminal activity.*

**Consent:** I consent to allow LMHA to request and obtain criminal background/conviction records from law enforcement agencies via service provider for the purpose of verifying my eligibility and/or continued assistance in the Housing Choice Voucher Program. This consent form expires 15 months from the signature date. Note that any information obtained pursuant to this consent may be utilized in accordance with 24 CFR 982.553, et seq.

**(Turn page over)**

**\*\*\* THIS FORM MUST BE COMPLETED BY EACH ADULT 18 YEARS AND OLDER IN THE HOUSEHOLD\*\*\***

Name: (including Maiden Name, if applicable) \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (Maiden Name)

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Apt. #) (City, State, Zip Code) (00/00/0000) (Month/Day/Year)

Male  Female Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Head of Household)

Name: (including Maiden Name, if applicable) \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (Maiden Name)

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Apt. #) (City, State, Zip Code) (00/00/0000) (Month/Day/Year)

Male  Female Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Other family member over age 18)

Name: (including Maiden Name, if applicable) \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (Maiden Name)

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Apt. #) (City, State, Zip Code) (00/00/0000) (Month/Day/Year)

Male  Female Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Other family member over age 18)

Name: (including Maiden Name, if applicable) \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (Maiden Name)

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Apt. #) (City, State, Zip Code) (00/00/0000) (Month/Day/Year)

Male  Female Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Other family member over age 18)



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 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.