

NEWPORT HOUSING AUTHORITY APPLICATION FOR HOUSING

PLEASE USE THIS CHECKLIST TO MAKE SURE YOU HAVE THE
PROPER DOCUMENTATION TO SUBMIT YOUR APPLICATION

Without this information we will not be able to process your application

- Birth Certificates for every household member or verification of
Citizenship status
- Verification of Social Security Numbers for all household
members (SS Card or other government issued document that
indicates the number.) *If this information is not provided at the
time of application, you will have 90-days within which to
provide this documentation. If it is not provided within 90-
days, your application will be removed from the waiting list.*
- Picture ID's for adult household members
- If you are expecting a child, you will need to provide
verification from a physician stating your due date.
- Correct addresses and phone numbers of present and former
landlords

30 East 8th Street, P.O. Box 72459, Newport, KY 41071
859-581-2533 * 859-581-3181 (TDD) * 859-581-9009(Fax)



For Office Use Only:

Date Rec'd: _____
 Time: _____

Applicant No: _____



Please check which Development(s) you are applying for: *(You can apply for more than one)*

- _____ Peter G. Noll
- _____ Hope VI New Development (Liberty Housing/Central Housing)
- _____ Grand Towers (55 & Older)
- _____ Corpus Christi (55 & Older)
- _____ Saratoga Place (55 & Older)
- _____ Section 8
- _____ Veterans Supportive Housing

**HOUSING AUTHORITY OF NEWPORT, KY
 APPLICATION FOR ADMISSION**

Apartments
 CONSUMER NOTICE FOR TENANTS
 THIS IS NOT A CONTRACT

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

What size apartment do you prefer?

1. List the Head of Household and all other members who will be living in the unit. Indicate the relationship of each family member to the head.

MEMBER NO.	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	Full-Time Student (yes/no)

Name / Current Address _____

City, State, Zip Code _____

Work Phone _____

Home Phone _____

Every question on this application must be answered. If any question does not apply, please write "N.A."

2. Does anyone live with you now who are not listed above?

Yes No

3. Do you expect a change in your household composition within the next twelve months?

Yes No

Explain if you answered yes to either question 2 or 3:

4. Do not answer the following question if disability status does not affect eligibility for the program to which you are applying. For the purposes of program eligibility (where applicable) does the head or co-head wish to claim disability status?

Yes No

Would you like to advise the landlord of any request for special accommodations that may be needed in order to better serve you or other members of your household? For example, an apartment designed for use by persons with mobility impairment, installation of grab bars, installation of special smoke detectors for persons with hearing impairment, etc.

INCOME

Please answer each of the following questions for all members of the household. For each "yes," provide details in the table provided below. Does any member of your household:

1. Work full-time/part-time or seasonally?	Yes	No
2. Expect to work any period during the next year?	Yes	No
3. Work for someone who pays cash?	Yes	No
4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?	Yes	No
5. Now receive or expect to receive unemployment benefits?	Yes	No
6. Now receive or expect to receive workers' compensation or long term/short term disability payments	Yes	No

7.	Now receive or expect to receive child support.	Yes	No
8.	Have an entitled to receive child support that he/she is not now receiving?	Yes	No
9.	Now receive or expect to receive alimony?	Yes	No
10.	Have an entitlement to receive alimony that is not currently being received? <i>(Regulations require that child support or alimony that is court ordered must be included as income, even if it is not being received, unless the applicant can demonstrate that the income is not being provided, and he/she has taken reasonable steps, including legal, to collect the amount due)</i>	Yes	No
11.	Now receive or expect to receive public assistance TANF/General Assistance Payment	Yes	No
	a. Do you receive food stamps or medical assistance?	Yes	No
12.	Now receive or expect to receive Social Security /Retirement or disability benefits?	Yes	No
13.	Now receive or expect to receive income from a pension or annuity?	Yes	No
14.	Now receive or expect to receive regular contributions from organizations or from individuals not living in unit	Yes	No
15.	Receive income from assets including but not limited to interest on checking or savings accounts, interest or dividends from certificates of deposit, stock, bonds, income from rental property, etc.?	Yes	No

16. Income from Rental Property?	Yes	No
17. Veterans benefits, or other periodic payments, not mentioned above?	Yes	No
18. Receive income from any other source not mentioned above? If yes, What is the Source of Income?	Yes	No

INCOME

List all sources of income for all household members. (Including Food Stamps and Medical Assistance. Use additional sheet if necessary.)

MEMBER NO.	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

ASSETS

Please answer each of the following questions for all members of the household. For each "yes," provide details in the table provided below. Do you or any household member have the following:

1. Checking Account	Yes	No
2. Savings or Money Market Account	Yes	No
3. Stocks, Bonds (US Bonds, E, EE, Municipal Bonds, etc...)	Yes	No
4. Treasury Bills	Yes	No
5. Mutual Funds	Yes	No
6. Certificates of Deposit	Yes	No
7. Retirement Plans (401K, IRA, Keogh, etc...)	Yes	No
8. Trust Funds to which you have access	Yes	No

9. Real Estate (land, house, etc...)	Yes	No
10. Capital Investments (equipment, materials, supplies, etc...)	Yes	No
11. Collectibles held as an investment (jewelry, antique cars, etc...)	Yes	No
12. Whole or Universal Life Insurance (Surrender Value)	Yes	No
13. Lump sum or other one time receipts (e.g. inheritances, one-time lottery winnings, insurance settlements, etc...)	Yes	No
14. Any other assets not listed above?	Yes	No

ASSETS

For each household member list all assets, the value of those assets, and income, if any, from those assets. Assets include, but are not limited to checking accounts, savings accounts (including IRAs, Keoghs, certificates of deposit, mutual funds, stocks bonds, treasury bills, real estate, trusts, whole life insurance, etc.). Use additional sheet if necessary.

MEMBER NO	FINANCIAL INSTITUTION/ BROKER	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE	INCOME, INTEREST, DIVENDS, ETC.

1. Have you sold or given away any assets for less than fair market value in the past two years?

_____ Yes _____ No

2. If yes, please explain: _____

CERTIFICATION OF NO ASSETS

_____ I/We do not have any assets at this time

 Signature of Applicant

 Signature of Co/Applicant

RENTAL HISTORY

Provide name, address, and phone number of all landlords for the past three years.

Name and Address of Present Landlord:

 _____ Telephone No. _____
 _____ Length of Residence: _____

Name and Address of Former Landlord: Telephone No. _____
 _____ Length of Residence: _____

Have you ever lived in Public Housing? _____ Yes _____ No If yes, please indicate where and when: _____

EMPLOYMENT HISTORY

Name and Address of Head's Present Employer:

 _____ Telephone No. _____
 _____ Supervisor's Name: _____
 _____ Length of Employment _____

Name and Address of Co-head's Present Employer:

 _____ Telephone No. _____
 _____ Supervisor's Name: _____
 _____ Length of Employment: _____

How did you hear about us? _____ Newspaper _____ Brochure/Flyer _____ Word of Mouth _____ Radio
 _____ Other _____

Applicant Certification

I/we certify that if selected to move into this property, the unit I/we occupy will be my/our sole residence. I/we understand that the above information is being collected to determine eligibility for Rental Assistance or eligibility to reside in a tax credit unit. I/we authorize the agent to verify all information provided on this application and to contact previous or current landlords and other sources for credit verification.

By signing this application, I/we also grant the owner the right to obtain all information needed to determine my/our eligibility in accordance with the owner's Resident Selection Criteria. Resident Selection may include, but is not limited to criminal history checks, home visits, drug screening, ability to pay rent, etc. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, are grounds for rejection of occupancy, or termination of lease and/or rental assistance if owner finds later that I/we have falsified or omitted information.

All applicants age 18 and older must sign below:

Signature of Head: _____ Date: _____

Signature of Co-head: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Comments/Additional Information _____

We do business in accordance with Federal Fair Housing Law. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.

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. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410
December 2005

Signature of Head of Household

Date

Signature of Co-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

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

Housing Authority of Newport, KY.
30 East Eighth Street
Newport, KY 41072-459

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.

LOCAL PREFERENCES

Please answer the following questions regarding local preferences. Remember, you will be required to verify your answers, through 3rd party sources, when your name reaches the top of the list.

What is your current address?

1. Are you or your spouse currently employed 20 or more hours p/week?
_____ (Yes) _____ (No) If yes, do you work in Newport, Bellevue, or Fort Thomas?

_____ (Yes) _____ (No) If yes, list the name and address of your employer:

2. Do you or your spouse currently attend college, technical school, or other educational/training institution full-time? _____ (Yes) _____ (No) If yes, what is the name of the institution?

3. Are you or your spouse 62 years of age or older? _____ (Yes) _____ (No)
Are you or your spouse disabled **and** receiving disability benefits from Social Security or other source? _____ (Yes) _____ (No)

X _____

Applicant Signature

X _____

Other Adult

The Housing Authority of Newport, Kentucky

30 East 8th Street - P.O. Box 459
Newport, KY 41072
(859) 581-2533
TDD: (859) 581-3181
(Hearing/Speech Impaired)

Authorization Form

I, _____, do hereby authorize any agency, individual, office, group, or organization contacted by THE NEWPORT HOUSING AUTHORITY to release any information or materials necessary to complete my application for admission/continued occupancy in the Housing Authority/Section 8 Program. I also release from all liability any agency, individual, office, group, or organization submitting any material or information to THE NEWPORT HOUSING AUTHORITY for the purpose of my residency. I do understand that THE NEWPORT HOUSING AUTHORITY does cooperate with other governmental agencies with regard to releasing resident information and I hereby give my permission for them to do so.

X _____
Applicant

X _____
Co-applicant

Date

Witness

REQUIREMENTS TO REPORT CHANGES

Your placement on the waiting list is determined by several factors that include:

Whether or not the head of household or spouse is employed, enrolled full-time in college, technical school, or other educational/job training institution, disabled or elderly. **(Working Family Preference)**

Where you currently reside or work. (Local Preference)

Your familial status

Are there two or more persons in your family

Are you disabled or at least 50

Are you expecting a child

Are you a single, not disabled or at least 50, with no other household members

If any of these factors change, it can move you up or down on the waiting list. Therefore, it is very important that you report all changes to us in writing as soon as they occur. It is also a good idea to contact us after you submit the written change to verify that we have made the requested changes to your application.

If you fail to report changes as they occur, and you are contacted for Housing Assistance based on old or incorrect information, it may be necessary for your name to be placed back on the waiting list according to the placement you would have received had you reported the changes timely.

**I have read the above and I understand that it is my responsibility to report all changes in writing to this office as they occur. If the Housing Authority's correspondence to me is undeliverable, I understand that my application will be placed in the inactive file and my name removed from the waiting list.

Applicant

Co-applicant

Date

REQUEST FOR REASONABLE ACCOMMODATION or UNIT MODIFIATION

As an applicant or a resident of the Housing Authority of Newport (HAN), you may request a reasonable accommodation or a modification to the unit in order to take full advantage of the programs and services offered by the HAN. Such accommodations may include interpreting services for the hearing impaired; wheelchair ramps; or exception to excessive utility bills due to the use of necessary medical equipment. By signing below, you understand that any accommodation or modification you request must be related to a disability, and must be necessary in order for you (or other household member) to access or use HAN programs and services. You also understand that the HAN reserves the right to verify the necessity of the accommodation or modification in making a determination as to whether or not the request is reasonable and will not create undue financial hardship or administrative burden, or alter the fundamental business.

_____ NO, I do not need a reasonable accommodation at this time

_____ Yes, I do need reasonable accommodations

(If you checked no, nothing further is required. If you checked "yes", you must complete the information below, and on the following page):

I hereby request special accommodation as follows (Please be specific):

The Federal Fair Housing Act (FFHA) requires an accommodation for persons with disabilities if the accommodation(s) are; (1) reasonable; (2) necessary; and (3) will afford disabled persons equal opportunity to use and enjoy housing. The Section 8 Program does not make or pay for physical modifications to home (i.e. grab bars in shower; wheelchair ramps; special smoke detectors). If you are applying for Section 8 Assistance, and need a physical modification in the unit,, you will need to discuss this with the landlord of the property you choose to rent.

The above accommodation, if accepted, will enable me to comply with the lease terms or use and enjoy my apartment in the following way: _____

 Signature of Applicant/Resident

 Address

 Date

 Phone Number

HOUSING AUTHORITY OF NEWPORT



NOTICE TO APPLICANTS REGARDING CONSUMER REPORTS AND/OR INVESTIGATIVE CONSUMER REPORTS

A consumer report or an investigative consumer report including information concerning your character, employment history, general reputation, person characteristics, police record, criminal records, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application. Upon timely written request to the apartment community where you applied, and within 5 days of the request, the name, address, and phone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

If adverse action is taken, based in whole or in part on the information contained in the consumer report or investigative consumer report, you will be provided a copy of the report at your request, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

Print Head of Household name

Signature

Date

Print Co-heads name

Signature

Date

Housing Authority of Newport
30 East 8th Street, P.O. Box 72459, Newport, Kentucky 41072-0459
Phone: 859-581-2533

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> 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	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

Signature of Applicant

Date

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

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

ADMINISTRATIVE OFFICE OF THE COURTS
PRETRIAL SERVICES RECORDS DIVISION
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381



pretrialcustomerservice@mail.aoc.state.ky.us

The process to obtain the information contained in the CourtNet Disposition System is as follows:

- Individuals** Requesting a record on yourself requires a \$10.00 fee (**check or money order**). Enclose a self addressed stamped envelope for a return reply.
- Nonprofit** Requesting a record on individuals requires a \$10.00 fee (**check or money order**) and your nonprofit number (Form #51-A-126). Your return envelope must be addressed with adequate postage, and the other envelope only needs the address of the person being checked.
- Health Care Housing Auth.**
- Licensing/ Others** A request for licensing purposes and on another person requires a \$10.00 fee (**check or money order**) and must include two envelopes. Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked.
- Government** Government entities must provide both envelopes mentioned above, a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their request. Multiple inquires can be made on a continuation form.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact Pretrial Services Records Division at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: _____

NAME: _____

DATE OF BIRTH: _____

MAIDEN OR ALIAS NAMES: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

E-MAIL ADDRESS: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS. 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

Individual's Signature _____
Date

Non-Profit Number (Form 51-A-126), or Tax Exempt Number _____
E-mail address(sent to this e-mail only)

Would you like the CourtNet Records e-mailed? [] Yes [] No

Company _____
Telephone Number

Requestor/Contact Person

Address

City, State, Zip

- Please denote which purpose applies to this request:
- ___ Employment
 - ___ Criminal Investigation
 - ___ Screening Housing Applicants
 - ___ Volunteer/Care over Juvenile
 - ___ Licensing
 - ___ Other (please explain) _____



Hamilton County Sheriff Office
Personal Information Release Form
Print Clearly

Name: _____

Address: _____

Date of Birth: _____

Social Security Number _____

Sex: _____ Race: _____

I, the undersigned authorize the Hamilton County Sheriff Office to release information regarding any Traffic or Criminal convictions that I have on file. If it is necessary to verify this Authorization, I can be reached at telephone number _____.

This Authorization is void if not exercised by the person or organization named on the reverse side of this form within (1) year from the date signed. I hereby agree to indemnify the County of Hamilton and the Hamilton County Sheriff and his representatives for any liability arising out of the improper use of the information provided.

Signature: _____ Date: _____

Certification of Purpose

I, the undersigned, certify that the information applied for will be used only for the purpose for which it is requested and agree that this information will immediately be destroyed after use or if retained, not released outside my agency.

Type of Record Check: Criminal and Traffic

Information Requested by: _____

Company Name / Agency: Newport Housing Authority

Date: _____

Contact Person: _____

Address: 30 E. 8th St., P.O. Box 459, Newport, KY 41072

Phone No: (859) 581-2533

FOR SHERIFF OFFICE USE ONLY:

Operator: _____ Date: _____

Record: _____ No Record _____

Criminal & Sex Offender Background Information



Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Newport Housing Authority will deny the application who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you ever been evicted from a federally assisted site for drug-related criminal activity within the past three years?
Yes No

2. Do you currently use illegal drugs or abuse alcohol? Yes No

3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?
Yes No

4. Have you been convicted of any drug-related crime within the past five years? Yes No

5. Have you been convicted of any felony within the past five years? Yes No

6. Have you been convicted of any crime involving fraud or dishonesty in the past five years? Yes No

7. Have you been convicted of a crime involving violence within the past five years? Yes No

8. Are you currently charged with any of the above criminal activities? Yes No

9. Please list all states in which you have lived or have held licenses to drive. (Include driver's license #'s)

10. Have you ever used or been known by any other name? Yes No
If yes, please list names used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Newport Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration to Newport Housing Authority to conduct criminal background checks.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S NAME (PLEASE PRINT) _____