



# **Leesville Housing Authority**



**Application must be returned with the  
following items:**

**Birth Certificate & Social Security Card  
for every individual in the household**

**Picture Identification for every adult in  
the household**

**Proof of Income for every individual in  
the household (i.e. last 4 checkstubs)**

**\$50 of the \$100 Security Deposit must be  
paid at time of move-in**



# HOUSING AUTHORITY OF THE CITY OF LEESVILLE

Barbara Kaveski  
Executive Director

213 Blackburn Avenue  
Leesville, La. 71446  
Phone (337) 238-1912  
Fax (337) 392-0123  
[leesvilleh@bellsouth.net](mailto:leesvilleh@bellsouth.net)

Board of Commissioners  
Reginald Seastrunk, Chairman  
Rev. M.C. Green, Vice-Chairman  
Patricia Hart  
Freddy Holt  
Martha Rankin

## Low Income Housing

To: Leesville City Police Department  
ATTN: Records Division  
Leesville, La. 71446

I, \_\_\_\_\_, bear the Social Security Number of \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_.

My sex is **F** **M** (circle one). My date of birth is \_\_\_\_\_, and my race/ethnic background

is \_\_\_\_\_. I hereby authorize the Leesville Housing Authority to conduct a police background  
Check on me to determine eligibility for housing assistance.

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

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## Low Income Housing

To: Vernon Parish Sheriff Department  
ATTN: Records Division  
Leesville, La. 71446

I, \_\_\_\_\_, bear the Social Security Number of \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_.

My sex is **F** **M** (circle one). My date of birth is \_\_\_\_\_, and my race/ethnic background

is \_\_\_\_\_. I hereby authorize the Leesville Housing Authority to conduct a police background  
Check on me to determine eligibility for housing assistance.

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

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Prospective Lessee: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No **(Verification and proper documentation must be provided.)**

## I. Family Composition:

	Full Legal Name of Family Member	Relationship to HOH	Date of Birth	Age	Place of Birth City and State	Sex	Occupation/School
(1.)							
(2.)							
(3.)							
(4.)							
(5.)							
(6.)							
(7.)							
(8.)							

Anticipated Change(s) in Family Composition? \_\_\_\_\_

## II. Income (estimated)

Source and Type of Income	Past 12 Months	Next 12 Months

**Estimated Total Family Yearly Income:** \_\_\_\_\_

**III. Housing Conditions:**

What is your present housing condition? (Circle the appropriate answer.)

1. Without housing? Yes No

2. About to be without housing? Yes No

a. reason: \_\_\_\_\_

b. type of notice to be given to landlord: \_\_\_\_\_

c. effective date of notice: \_\_\_\_\_

3. Living under substandard housing conditions? Yes No

If "yes", state the condition: \_\_\_\_\_

4. Monthly amount currently paid for rent? \_\_\_\_\_

Utilities? \_\_\_\_\_

5. Are you from Leesville? Yes No

Vernon Parish? Yes No

Other? Yes No

If "yes", where? \_\_\_\_\_

6. Have you ever received Federal Housing Assistance before? Yes No

Have you ever lived in a Federally Funded Project before? Yes No

If "yes", where? \_\_\_\_\_

When? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

7. Have you ever been arrested, charged, or convicted? Yes No

Please explain: \_\_\_\_\_

\_\_\_\_\_

I certify that the information given in this application for admission is true and correct. I further understand that if any information has been given under false pretenses myself and my family may be evicted.

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

\_\_\_\_\_  
Date

**IV. List at least three Credit references:**

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

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

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

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

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

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

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

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

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

+++++

**V. List at least three Personal references. DO NOT list blood relatives.**

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

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

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

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

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

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

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

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

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

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## PHA OFFICIAL'S STATEMENT

I certify that:

- (1.) The information given to the Housing Authority of the City of Leesville by the household  
Of \_\_\_\_\_ on household composition, income, net  
Assets, and allowances and deductions, has been verified as required by Federal Law;
- (2.) The family was eligible at admission;
- (3.) The family has certified that it has given our agency accurate and complete information.

\_\_\_\_\_  
Signature of PHA Official or Representative

\_\_\_\_\_  
Date

# INCOME QUESTIONNAIRE

Name and address of head of household: \_\_\_\_\_

We need to know about the "income" that every member of your household earns. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Check "yes" for a particular type of income if any household member gets it. We'll get the details from you later. Check "no" only if no member of your household gets the particular type of income.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful or false statements, or misrepresentations, of any material fact involving the use or obtaining of federal funds.

**1. Adult's employment income**

*(This doesn't include employment income of children younger than 18 or live-in aides.)*

- Wages  Yes  No
- Salaries  Yes  No
- Overtime pay  Yes  No
- Commissions  Yes  No
- Fees  Yes  No
- Tips  Yes  No
- Bonuses  Yes  No
- Any other amounts adult household members earn from working for other people or from their own business  Yes  No

**2. Benefit payments**

*(This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments received under settlements with insurance companies or lump-sum payments of Social Security or Supplemental Security Income.)*

- Social Security  Yes  No
- Supplemental Security Income (SSI)  Yes  No
- Workers' compensation  Yes  No
- Disability pay or benefits  Yes  No
- Unemployment benefits  Yes  No
- Severance pay  Yes  No
- Annuities  Yes  No
- Insurance policy payments  Yes  No
- Pensions  Yes  No
- Retirement fund benefits  Yes  No
- Death benefits  Yes  No
- Any other benefit payments  Yes  No

**3. Welfare assistance**

*(This includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.)*

Yes  No

**4. Alimony and/or child support**

*(This includes adoption assistance payments.)*

Yes  No

**5. Interest, dividends, and other income from household assets**

- Interest from bank accounts or bonds  Yes  No
- Dividends from stocks or mutual funds  Yes  No
- Income distributed from trust funds  Yes  No
- Money from renting household assets  Yes  No
- Any other interest, dividends, or rent  Yes  No

**6. Lottery winnings paid in periodic payments**

Yes  No

**7. Money regularly given by persons not living in the unit**

*(This includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include annual rent credits or rebates paid to senior citizens or payments received for the care of foster children.)*

Yes  No

**8. Any other source of income?**

Yes  No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all of the above information is true and correct to the best of my knowledge.

Signature of head of household \_\_\_\_\_ Date \_\_\_\_\_

# ASSET QUESTIONNAIRE

We need to know about the "assets" that every member of your household owns—including the assets they own with someone who isn't a household member. The following is a list of items the government counts as *assets* for determining eligibility for federal housing assistance. Just check "yes" if a household member owns an asset, or "no" if he or she doesn't. We'll ask you to give us the details later.

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use or obtaining of federal funds.

1. **Cash**—Money held in bank accounts, safety deposit boxes, at home, or anywhere else.  
 Yes       No
2. **Trusts**—Money or property held for a household member's benefit by another person who acts as a trustee. But a trust doesn't count as an asset if a household member can't "control" the trust—for example, can't revoke the trust arrangement, make a decision on how the principal is invested, or withdraw any of the principal.  
 Yes       No
3. **Rental Property or Other Capital Investments**—Real estate, equipment, or machinery rented to other people or held as an investment. *Example:* Jane Poe is a farm worker. She owns a small rowboat that she rents to fishermen on weekends. The rowboat counts as an asset.  
But don't include property that's part of a business the household member owns, if that business is the person's main occupation and not an investment. *Example:* John Roe's main occupation is delivering produce to local groceries. He owns a delivery truck as part of his business. The delivery truck does not count as an asset.  
 Yes       No
4. **Securities**—Stocks, bonds, treasury bills, certificates of deposit (CDs), money market funds.  
 Yes       No
5. **Individual Retirement Accounts (IRAs) and Keogh Accounts**—Money for retirement that's been deposited in special accounts.  
 Yes       No
6. **Retirement and Pension Funds**—Money for retirement that's been deposited in funds set up by a union or employer.  
 Yes       No
7. **Lump Sum Receipts**—Such as inheritances, capital gains from the sale of stock or other assets, one-time lottery winnings, or settlements on insurance and other claims.  
 Yes       No
8. **Personal Property Held as Investment**—Such as gems, jewelry, or coin or stamp collections. This doesn't include items for personal use, such as clothing, furniture, cars, vehicles specially equipped for the handicapped, or wedding rings and other personal jewelry.  
 Yes       No
9. **Assets Disposed of Within Last Two Years**—Please check "yes" if a household member has sold, given away, or put into trusts any of the assets listed above in items 1 through 8 within the last two years.  
 Yes       No

**Special Circumstances**—Please check "yes" if any of the above-listed assets are held in a household member's name under either of the following circumstances:

- ▶ The assets and any income they earn benefit someone else (e.g., a bank account held by a household member as the guardian for a mentally impaired relative), and the other person is responsible for paying taxes on income generated by the assets.
- ▶ The assets are not accessible and provide no income to the household member (e.g., they are controlled by an estranged spouse).  
 Yes       No

Specify which asset(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** The following items don't count as assets:

- ▶ Life insurance policies
- ▶ Equity in a co-op unit occupied by the household
- ▶ Interests in Indian trust land

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



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## APPLICANT/TENANT CERTIFICATION

### GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets, and items for allowance and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058/50059 which ever applies to me, and certify that the information shown is true and correct.

### REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report immediately in writing ANY changes in income, household size, or family composition. I understand the rules regarding guests/visitors and that I must report anyone who is staying with me.

### REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I received any previous federal housing assistance and whether or not any money is still owed to the prior housing office. I certify that for this previous assistance I did not commit fraud by knowingly misrepresenting any information, or vacating the unit in violation of the lease agreement.

### NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate federal housing assistance while I am in this current program. I will not live anywhere else without notifying the housing office IMMEDIATELY in writing. I will not sub-lease my assisted residence.

### COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand that failure or refusal to do so may cause result in delays, termination of assistance, or eviction.

### CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under both Federal and State Criminal Laws. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of assistance or tenancy.

### APPLICANT(S)/TENANT(S) STATEMENT

I/We certify that the information given to the Leesville Housing Authority on household composition, income, net family assets, allowances, and deductions are accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are grounds for termination of housing assistance and termination of tenancy. I/We also understand that if any changes to household composition occur; I/We must notify the Leesville Housing Authority of these changes immediately. I/We understand that if I/We do not notify the Leesville Housing Authority of these changes back rental charges may be assessed to the monthly rental rate and/or the authority may have to reject my/our application, or proceed with termination of my/our lease agreement.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Other Adult

\_\_\_\_\_  
Date

.....

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline at 1-800-424-8590. (Within the Washington, D.C. Metropolitan Area, call 424-3500.)

\*\*\*After verification by this Housing Agency, then information will be submitted to the Department of Housing and Urban Development of HUD form 50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See Federal Privacy Act Statement for more information about its use.\*\*\*

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## RELINQUISHMENT OF UNIT

I, \_\_\_\_\_ do hereby understand that if the Housing Authority of the City of Leesville receives any past tenant history reports, or if the background law enforcement history shows cause for me not to be eligible for housing assistance then I will be required to vacate the unit immediately and the lease will become null and void.

## TEMPORARY UNIT ACCEPTANCE

In an effort to utilize ALL units in an effective manner, the Leesville Housing Authority is placing my family into a unit. I understand that if the unit that my family is being placed in is either a handicapped accessible unit or the unit happens to be larger than the standard that applies to my family that I will either have to vacate the unit or be transferred to more appropriate unit.

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

\_\_\_\_\_  
Date

Witnesses:

\_\_\_\_\_  
LHA Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
LHA Representative

\_\_\_\_\_  
Date

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OWNER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

THIS APPLICANT HAS APPLIED FOR AN APARTMENT IN OUR COMPLEX. WE ARE REQUESTING INFORMATION THAT RELATES TO THE QUALITY OF THEIR RESIDENCY WHILE RENTING FROM YOU. PLEASE ANSWER THE FOLLOWING QUESTIONS AND RETURN THIS STATEMENT AS SOON AS POSSIBLE. ALL REPLIES WILL BE KEPT CONFIDENTIAL EXCEPT UPON THE REQUEST OF THE APPLICANT. THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

Barbara J. Kaveski  
Executive Director

.....  
I HAVE NO OBJECTIONS TO THESE INQUIRIES BEING MADE AND DO HEREBY AUTHORIZE YOU TO RELEASE ANY INFORMATION REQUESTED BY THE LEESVILLE HOUSING AUTHORITY. I AGREE THAT PHOTOCOPIES OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE AND ARE AS VALID AS THE ORIGINAL.

APPLICANT SIGNATURE: \_\_\_\_\_

.....  
DWELLING ADDRESS: \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_ MOVE OUT DATE: \_\_\_\_\_

RENTAL AMOUNT? \_\_\_\_\_ PAID ON TIME? \_\_\_\_\_ IF NO, HOW LATE, HOW OFTEN? \_\_\_\_\_

DID THE TENANT HAVE ANY OF THE FOLLOWING PROBLEMS? (PLEASE ANSWER YES OR NO)

DISTURBANCES \_\_\_\_\_ DAMAGE TO UNIT \_\_\_\_\_

PLEASE EXPLAIN ALL YES ANSWERS: \_\_\_\_\_  
\_\_\_\_\_

WOULD YOU RENT TO THE ABOVE NAMED PERSON(S) AGAIN? YES NO IF NO, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

DID TENANT MOVE OUT WITH PROPER NOTICE? \_\_\_\_\_ IF NO, WHY? \_\_\_\_\_

DID TENANT LEAVE A BALANCE DUE TO YOU? \_\_\_\_\_ IF YES, HOW MUCH? \_\_\_\_\_

INFORMATION PROVIDED BY:

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

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## DECLARATION OF CITIZENSHIP

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U. S. Please read the Declaration statement carefully and sign and return the Leesville Housing Authority's Admissions Office. Please feel free to consult with an Immigrations Lawyer or other Immigrations expert of you choosing. 1/2/96

I, \_\_\_\_\_, certify, under penalty of perjury 1, that to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States;
- I have eligible immigration status and I am 63 years of age or older. Attach evidence of proof of age \*2;
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing immigration status and signed verification consent form;
- Immigrant status under 101(a), (15), or 101(a) (20) of the Immigration and Nationality Act (INA)\*3;
- Permanent residence under 249 of INA \*4;
- Refugee asylum, or conditional entry status under 207, 208, or 203 of the INA \*5;
- Parole status under 212 (d) (5) of the INA \*6;
- Threat to life or freedom under 243(h) if the IONA \*7;
- Amnesty under 245(a) of the INA \*8

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

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

HA: Enter INS/SAVE Primary Verification

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

Names of Dependant Children:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

**WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing and false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than 5 years, or both.

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

\*2-Eligible Immigration status and 62 years of age, or older who will be 62 years of age or older AND receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

\*3-Immigration status under 101(a) (15) or 101(a) (20) if INA. A non-citizen lawfully admitted for permanent residence, as defined by 101(a) (20) of the Immigration and nationality Act (INA), as an immigrant, as defined by 101(a) (15) of the INA (8USC 1101(a) (20) and 1101(a) (15), respectively (immigrant status). This category includes a non-citizen admitted under 210 or 210A of the INA(8USA 1160 or 1161), (special agricultural worker status); who has been granted lawful temporary resident status.

\*4-Permanent residence under 249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8USC 1259) (amnesty granted under INA249)

\*5-Refugee, asylum, or conditional entry status under 207, 208, or 203 of INA. A non-citizen who is lawfully in the U.S. pursuant to an admission under 207 of the INA (8 USC 1158) (refugee status); pursuant to the granting of asylum (which has not been terminated under 208 of the INA (USC 1158) (asylum status); or as a result of being granted conditional entry under 203(a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity (conditional entry status).

\*6-Parole Status under 212(d) (5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d) (5) of the INA (8USC 1182(d) (5)) (parole status).

\*7-Treat to life or freedom under 243(h) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 USC 1253(h)) (treat to life or freedom).

\*8-Amnesty under 245A of the INA. A non-citizen lawfully admitted for temporary or permanent residence under 245A of the INA (8USC 1255a) (amnesty granted under INA 245A).

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

Instructions to Family Member for completing form; On opposite page, print or type first name, middle initial, and last name. Place an "X" in the appropriate box(es). Sign and date at the bottom of page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child(ren).

# 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)

**LEESVILLE HOUSING AUTHORITY  
213 BLACKBURN AVENUE  
LEESVILLE, LA 71446**

**ATTENTION: JENNIFFER ANDREWS**

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.