

PHENIX CITY HOUSING AUTHORITY
POST OFFICE BOX 338
PHENIX CITY, ALABAMA 36868
(334) 664-9991 Select Option # 3
info@pchousing.org

PLEASE DO NOT REMOVE ANY SHEETS FROM THE APPLICATION
Also please complete the application in Blue ink only

Application interviews will be conducted Mon - Wed.
from 9am-12 pm EST and 2:30 pm -4:30 pm EST with a
completed application and all documents. If you do not
have all the documents an appointment will be
scheduled.

You must be at least 19 years old to apply. If an individual is 18 and
qualifies under the definition of family by being married, the head of
household and the spouse must be parties to the lease, if both are
residing in the premises. All members over the age of 18 must be
present during the interview process.

Please return this application to 1500 11th Avenue, inside the
Frederick Douglass Apartment Complex.

Please check the apartment complex(s) you wish to reside in.

Public Housing Developments

_____	Riverview Court Apartments	200 16 th Street,	Phenix City, AL 36867
_____	Frederick Douglas Apartments	400 12 th Avenue,	Phenix City, AL 36867
_____	L.P. Stough Apartments	101 10 th Avenue S,	Phenix City, AL 36867
_____	H.L. Blake Apartments (62 years of age or older)	2000 20 th Court,	Phenix City, AL 36867

Project Based Voucher Developments

_____	Hidden Hills Trace	2406 19 th Ave.	Phenix City, AL
_____	Whitewater Village	1609 5 th Ave,	Phenix City, AL
_____	Whispering Pines	1200 12 th Ave,	Phenix City, AL
_____	Liberty Hills	1701 20 th Ave.,	Phenix City, AL

The Phenix City Housing Authority now offers preferences for the following:

- Catastrophic Involuntary Displacement and Working Family. (Fire, Tornado, or Hurricane)
- Veteran of the Armed Services that is currently homeless.
- To qualify for the working family preference, the Head of the Household, spouse or Co-Head must be employed at least 20 hours per week and must have been on the job for at least six months prior to admission, self-employed (must provide official IRS transcripts, attending school full time, participating in a job training program or is elderly or disabled.)

We suggest that you do not bring small children when you come for your interview. The application process is lengthy and small children get restless. It is very important for you to be able to answer all questions correctly.

Please bring the following information with you when you return your application.

We must have ***birth certificates or other similar documents*** for all members who will be living in the household. Please furnish a legal ***form of identification***, such as a driver's license or state-issued identification. Social security cards cannot be accepted as proof of birth. **These forms must be original; we cannot accept copies of these forms.**

We must have ***Social Security cards*** for all members who will be living in the household. A temporary printout from the Social Security Administration with the number on the sheet will be accepted **until** you receive the card.

We must have the ***complete names and mailing addresses of current and previous landlords.*** **This will include also past Government Housing.**

Please bring ***marriage license, divorce papers, separation papers or death certificates,*** whichever one applies to your current situation.

If you have children in your household that are not your biological children, please bring ***custody, adoption or guardianship papers,*** whichever one applies to your current situation.

If ***you are the payee, guardian or have the power of attorney for anyone in the household,*** please bring your ***notarized letter or legal papers*** showing proof of this.

Please furnish us with verification and ***sources of all income*** for all members who have income in the household.

Please bring the last 6 weeks of check stubs, or fax number or email address to current employer, current proof of TANF / Food Stamps, Child Support Payment Ledger, Current Social Security or SSI award letter, Current Pension / Retirement payments. **Verifications cannot be more than 120 days old (four months)**

If you have a checking, savings, or prepaid debt card you will need to provide the last three months of statements. This includes Chime, Varo, Cash App, Pay Pal or Apple / Google Pay.

Head and any members 18 or older must provide their **IRS Tax Return Transcript** for **2020-2022** years. **You must call the IRS office at (844)545-5640 / or go to www.irs.gov. This must be from IRS not your tax preparer.**

*** You must request a tax transcript even if you did not work or file taxes***

WARNING

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

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

Signature: _____

Date: _____

Documents to bring with you:

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

Phenix City Housing Authority (HA)
 Telephone Numbers: Office 334-664-9991
 Telephone Device for the Deaf 1-800-548-2546

APPLICATION



Mark program(s) applying for: PUBLIC HOUSING <input type="checkbox"/> PROJECT BASED VOUCHER <input type="checkbox"/> HOUSING CHOICE VOUCHER <input type="checkbox"/> Note: You may choose to have your name placed on the waiting list for one, two, or all three of the programs listed above if the waiting lists are open.	APPLICATION FOR ADMISSION <input checked="" type="checkbox"/> APPLICATION FOR CONTINUED OCCUPANCY <input type="checkbox"/> DATE _____ TIME _____	Racial Group () White () Asian () Black/African American () Native American () Other Ethnicity () Hispanic/Latino () Not Hispanic/Latino
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TO BE FILLED OUT BY APPLICANT (IN INK). FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER **NO OR NONE.**
DO NOT LEAVE BLANK.

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

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

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

6)							
7)							
8)							
9)							
10)							

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

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

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

Name	Rank:	Address	Service

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

Household Member	Name & Address of Employer	Annual Income

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

Household Member	Source	Amount

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

Type of Account	Bank	Account Number	Amount

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

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

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

CHILDCARE EXPENSES

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

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

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

MEDICAL EXPENSES

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

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

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

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

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

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

SPECIAL NEEDS

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

Does any member require any special accommodations? ☐ Yes ☐ No

If yes, what? _____

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

PROGRAM INFORMATION

Are you or any member of the applicant's household subject to a lifetime state sex offender registration program in any state? Yes ☐ No ☐

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

ABSENT PARENT INFORMATION

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

MARITAL STATUS/HISTORY

Have you ever been married? Yes <input type="checkbox"/> No <input type="checkbox"/> How many times? _____ Maiden Name _____						
	Date	From Whom	Street Address	City	State	Zip
Separated?						
Divorced?						
Widowed?	Social Security Number of Deceased:					

Comments: _____

Have you ever used a name or Social Security number other than the ones you are using now? Yes ☐ No ☐

If yes, explain:

ADDITIONALHave you ever applied for Public Housing or Section 8 Housing? Yes ☐ No ☐Have you ever lived in Public Housing or Section 8 Housing? Yes ☐ No ☐Have you ever lived in housing that is referred to as the "PROJECTS"? Yes ☐ No ☐

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

Where (Address) _____ When (Dates) _____

Do you owe any money to the Public Housing Project and/or Section 8 Housing? Yes ☐ No ☐ If yes, Amount \$ _____**WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

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

Signature: _____
Head of Household

Date: _____

Signature: _____
Spouse or Other Adult

Date: _____

Signature: _____
HA Representative

Date: _____

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

Applicant: Do Not Write in this Section
Authority Use Only

Family Status

Head/Spouse 62 or over _____

Head/Spouse Disabled _____

Number in Family _____

Number of Minors _____

Number of Bedrooms _____

Age of Head _____

Sex of Head F ☐ M ☐

Husband & Wife Present (Y or N) _____

Spouse Deceased (Y or N) _____

Separated (Y or N) _____

Divorced (Y or N) _____

Eligible ☐ Ineligible ☐**REMOVED TO INACTIVE STATUS****DATE:** _____**REASON:** _____**OFFERED UNIT NO:** _____**DATE OFFERED:** _____**DATE REJECTED:** _____

Admission Preferences

Please check if applies:

_____ I have been displaced due to Catastrophic Involuntary Displacement
(examples are fire, tornado, or hurricane)

_____ Applicant, spouse or co-head is a Veteran of the armed services.
If checked, are your currently homeless? _____

_____ Employed for 20 or more hours per week and have been employed for
the last six months or more.

_____ Self-employed (this must be proven by IRS Transcripts)

_____ Enrolled in school full time.

_____ Attending a program for General Equivalency Diploma (GED)

_____ Participating in a job training program
(example: Training/working while receiving TANF)

_____ Elderly or Disabled

I understand that if I am qualified for the “working” preference and that if I voluntary resign
from my job within the first twelve months of admission it will be considered fraud.

Signature: _____
Head of Household

Date: _____

Signature: _____
Spouse or Other Adult

Date: _____

Signature: _____
HA Representative

Date: _____



APPLICATION DECLARATIONS AND AUTHORIZATIONS

(To accompany the rental application)

Accurate Information. You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any questions or give false information, we may reject the application. Giving false information is a serious criminal offense.

Authorization. You authorize us to verify all information relating to this application through any means, including but not limited to NCR and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorized us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

(each applicant must be named, sign and date/time this “Declarations and Authorizations”)

_____ Applicant Name (Printed)	_____ Applicant Signature	_____ Date/Time
_____ Applicant Name (Printed)	_____ Applicant Signature	_____ Date/Time
_____ Applicant Name (Printed)	_____ Applicant Signature	_____ Date/Time
_____ Applicant Name (Printed)	_____ Applicant Signature	_____ Date/Time



THE HOUSING AUTHORITY OF PHENIX CITY

**PUBLIC HOUSING ANTI-FRAUD LAW
ACT NO. 80-627**

ENROLLED, AN ACT,

To make unlawful the obtaining or attempting to obtain public housing accommodations by means of false statements or other fraudulent scheme or devise; to define "Public Housing"; to require notice of the act on applications for public housing accommodations; and to prescribe punishment for violation.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

SECTION I. "Public Housing" as used herein shall mean housing which is constructed, operated or maintained by the state, a county, a municipal corporation, a housing authority, or by any other political subdivision or public corporation of the state or its subdivisions.

Any person who obtains or attempts to obtain, or who establishes or attempts to establish, eligibility for, and any person who knowingly or intentionally aids or abets such person in obtaining or attempting to obtain, or is establishing, or attempting to establish eligibility for any public housing or a reduction in public housing rental charges, or any rent subsidy, to which such person would not otherwise be entitled, by means of a false statement, failure to disclose information, impersonation, or other fraudulent scheme or devise shall be guilty of a misdemeanor and, upon conviction, shall be punished by fine of not less than \$300.00 nor more than \$500.00 or be punished at hard labor for the county not to exceed sixty days, or may be both fined and imprisoned, at the discretion of the court.

SECTION II. Notice of this act shall be printed on the application form for public housing and shall be displayed in the office where such application is made.

SECTION III. The provisions of this act are severable. If any part of the act is declared invalid or unconstitutional, such declaration shall not affect the part, which remains.

SECTION IV. This act shall become effective immediately upon its passage and approval by the Governor, or upon its otherwise become a law.

**PASSED BY THE HOUSE OF REPRESENTATIVES
MAY 1, 1990
AND BY THE SENATE
AND SIGNED BY THE GOVERNOR OF THE
STATE OF ALABAMA**

Signature _____

Date Signed _____

Signature _____

Date Signed _____



PHENIX CITY HOUSING AUTHORITY
P.O. BOX 338
PHENIX CITY, AL 36868

ATTACHMENT 3

APPLICANT/TENANT CERTIFICATION

APPLICANT'S(S)/TENANT'S(S) STATEMENT

I/We certify that the information given to THE HOUSING AUTHORITY OF THE CITY OF PHENIX CITY on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We also understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature other adult/spouse

Date

If you believe and have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line 800-424-8590.

*After verifications by THE HOUSING AUTHORITY OF THE CITY OF PHENIX CITY the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the federal Privacy Act Statement for more information about its use.

ATTACHMENT 4

PHA OFFICIAL'S CERTIFICATION FOR TENANT'S FILE

PHA'S OFFICAL'S STATEMENT

I certify that:

- (1) The information given to THE HOUSING AUTHORITY OF THE CITY OF PHENIX CITY by the household of _____ on household composition, income, net family assets, and allowances and deductions has been verified as required by Federal Law.
- (2) The family is eligible at admission or re-determination.
- (3) The family has certified that is has given our agency accurate and complete information.

Signature of PHA official or Representative

Date



National
Background
Information

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

BY SIGNATURE BELOW, I AUTHORIZE NATIONAL CREDIT REPORTING AND ITS DESIGNATED AGENTS AND REPRESENTATIVES TO PERFORM A COMPREHENSIVE REVIEW OF MY BACKGROUND THROUGH A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT TO BE GENERATED FOR CONSIDERATION AS A TENANT AND RENTER. FOR THIS PURPOSE, I AUTHORIZE AND UNDERSTAND THAT THE SCOPE OF THE CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT MAY INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING AREAS: NAMES AND DATES OF PREVIOUS/CURRENT EMPLOYMENT, WORK EXPERIENCE, EVICTION NOTICES, CRIMINAL HISTORY RECORDS (FROM LOCAL, STATE, FEDERAL, INTERNATIONAL AND OTHER LAW ENFORCEMENT AGENCIES' RECORDS), SEXUAL OFFENDER'S LISTS, WANTS AND WARRANT RECORDS, MOTOR VEHICLE RECORDS, CREDIT HISTORY, CIVIL CASES, OFAC/PATRIOTS ACT, ANY SANCTION LISTS, PERSONAL IDENTITY VERIFICATION AND SOCIAL SECURITY TRACE. I RELEASE ALL OF THE ABOVE, INCLUDING NATIONAL CREDIT REPORTING AND ITS AGENCTS TO THE FULL EXTENT PERMITTED BY LAW FROM ANY CLAIMS, DAMAGES, LOSS, LIABILITES, AND EXPENSES ARISING FROM THE RETRIEVAL AND REPORTING OF INFORMATION. ALL REPORTS WILL BE KEPT CONFIDENTIAL

ACCORDING TO THE FEDERAL FAIR CREDIT REPORT ACT, I AM ENTITLED TO KNOW IF I WAS DENIED BASED ON THE INFORMATION OBTAINED AND TO RECEIVE UPON WRITTEND REQUEST TO NATIONAL CREDIT REPORTING A DISCLOSURE OF THE PUBLIC RECORD INFORMATION AND OF THE NATURE AND SCOPE OF THE INVESTIGATIVE REPORT

I CERTIFY THAT ALL INFORMATION PROVIDED BELOW AND, ON MY RENTAL, APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE STATEMENTS PROVIDED IN THIS FORM WILL BE CONSIDERED JUST CAUSE FOR THE TERMINATION OF TENANCY AT ANY TIME. THIS AUTHORIZATION AND CONSENT SHALL BE VALID IN ORIGINAL, FAX, OR COPY FORM. THE FOLLOWING INFORMATION IS REQUIRED BY LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR IDENTIFICATION PURPOSES WHEN CHECKING RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSE

Print		
First Name:	Middle:	Last:
Previous Name (AKA/Alias)	Date of Birth:	
Social Security #:		
Driver's License #:	State Issued:	
Current Address:		
City:	State:	Zip Code:
Previous Address (Include Street, City, State and Zip)		Date of Residence

Signature _____ Date: _____

☐ California, Massachusetts, Minnesota, Oklahoma, and New York Only: If you are a current resident and would like a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

INVESTIGATIVE REPORTING AGENCY:
NATIONAL CREDIT REPORTING
6830 Via Del Oro, Suite 105
San Jose, CA 95119
800 441-1661

PRIVACY POLICY INFORMATION:
<http://www.ncrcredit.com/privacy.php>
Data files and information made available by
NCR during normal business hours.

FOR PROPERTY MANAGER'S USE ONLY

MEMBER ID#	REQUESTOR
PROPERTY NAME Phenix City Housing Authority	REF#

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
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.

APPLICANT/TENANT _____

**AUTHORIZATION FOR RELEASE OF INFORMATION TO:
THE PHENIX CITY HOUSING AUTHORITY**

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any assisted housing program

This consent form expires 15 months after signed.

INFORMATION INQUIRIES ABOUT:

CHILD CARE EXPENSE
CITIZENSHIP
CREDIT HISTORY
CRIMINAL ACTIVITY
FAMILY COMPOSITION
EMPLOYMENT
PENSION INCOME
ASSETS
FEDERAL STATE, TRIBAL OR
LOCAL BENEFITS
HANDICAPPED ASSISTANCE EXPENCES
IDENTITY AND MARITAL STATUS
MEDICAL EXPENSES
SOCIAL SECURITY NUMBERS
RESIDENCE AND RENTAL HISTORY

**INDIVIDUALS OR ORGANZATIONS
THAT MAY RELEASE INFORMATION:**
BANKS & OTHER FINANCIAL INSTITUTIONS
COURTS
LAW ENFORCEMENT AGENCIES
CREDIT BUREAUS
EMPLOYERS PAST AND PRESENT
LANDLORDS
PENSIONS AND /OR ANNUITIES
SCHOOLS AND COLLEGES
US DEPARTMENT OF VETERANS AFFAIRS
US DEPARTMENT OF IMMIGRATION AND
NATURALIZATION
US SOCIAL SECURITY ADMINISTRATION
UTILITY COMPANIES
WELFARE AGENCIES
PROVIDERS OF :
ALIMONY
CHILD CARE
CREDIT
HANDICAPPED ASSISTANCE
MEDICAL CARE

Signature: _____

Social Security Number : _____

Date: _____

Signature of other adult: _____

Social Security Number : _____

Date: _____

I certify that the above-named individual has read this document fully or that I have read it to him / her and I have explained its contents and answered any question to the best of my ability and that he/she understood the significance of this document at the time of signing.

Signature of PCHA Representative: _____

ATTENTION

Complete this section

ONLY IF

You are requesting a
Reasonable accommodation.

HOUSING AUTHORITY OF THE CITY OF PHENIX CITY, ALABAMA

Request for Reasonable Accommodation

You may utilize this form to request that the Housing Authority (HA) of the City of Phenix City, Alabama provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the HA's facilities, programs or services.

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability." If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the property manager's office. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact your local property management office or the HA's Section 504/ADA Coordinator.

The 504/ADA Coordinator for this agency is: Dr. Jason Whitehead, Executive Director

Date of Request:			
Applicant/Resident Name	SSN	Phone	Address
City	State	Zip	
<input type="checkbox"/> I am requesting the following reasonable accommodation(s) for myself.			
<input type="checkbox"/> I am requesting the reasonable accommodation(s) on behalf of:		(Name):	
My reason(s) for requesting this reasonable accommodation:			
		Please indicate which option you prefer:	
<input type="checkbox"/> I wish to have modifications made to my current unit only			
<input type="checkbox"/> I would consider moving to a unit that is currently modified, but only within my current development			
<input type="checkbox"/> I would consider moving to a unit that is currently modified, even in another Development			

A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development]. The HA will work with you to determine how to fulfill your reasonable accommodation request. The HA may require documentation to support your reasonable accommodation request(s).

Signatures

Applicant/Resident/Participant	Date
HA Representative	Date

ATTENTION

Complete this section

ONLY IF

You are a victim of
Domestic Violence.

**CERTIFICATION OF U.S. Department of Housing
DOMESTIC VIOLENCE, and Urban Development
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.