

Public Housing applications must be returned in person and are accepted BY APPOINTMENT ONLY.

To arrange an appointment, please reach out to our office at (205) 625-5955. If your call is not answered, leave a message, and we will return your call.

All adults must attend the appointment

REQUIRED DOCUMENTS

- All member's original Birth Certificates or other acceptable birth verification.
- All member's original Social Security Cards or other acceptable verification.

Please see the attached list of acceptable forms of verification

Acceptable forms of Verification

Factor to be Verified	Acceptable Applicant Provided Forms
Age	<ul style="list-style-type: none">• Birth Certificate• Baptismal Certificate• Military Discharge papers• Valid passport• Census document showing age• Naturalization Certificate• Social Security Administration Benefits Printout with the date of birth listed on the form
Social Security Number	<ul style="list-style-type: none">• Original Social Security Card• Driver's License with SSN• Identification card issued by a federal, state, or local agency, a medical insurance provider, or an employer or trade units with SSN• Earning Statements on Payroll Stubs• Bank Statement with SSN• Form 1099• Benefit Award Letter with SSN• Retirement Benefit Letter with SSN• Life Insurance Policy with SSN• Court Records with SSN

*****It is the applicant's responsibility to keep the application current. If we do not hear from you in six months it will be filed inactive***
READ AND SIGN THE WARNING BEFORE YOU FILL OUT THE APPLICATION. DO NOT DETACH THE WARNING FROM THE APPLICATION.**

WARNING

If it is found that an applicant and/or tenant has misrepresented or failed to report facts upon which his rent is based so that he/she is paying less than he/she should be paying, the increase in rent shall be retroactive to the date that the increase would have taken effect. The applicant and/or tenant will be required to pay the difference between the rent he/she has paid and the amount he/she should have paid. In addition, the applicant and/or tenant may be subject to civil and criminal penalties. Further, misrepresentation is a serious lease violation that may result in eviction.

"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 in 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 device shall be guilty of a misdemeanor and, upon conviction shall be punished by a 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 maybe both fined and imprisoned, at the discretion of the court." (80-627)

Signature: _____

IF THIS APPLICATION IS NOT ENTIRELY COMPLETE, IT WILL NOT BE PROCESSED!!!!!! ANSWER ALL QUESTIONS AND FILL IN ALL BLANKS.

THINGS TO BRING WITH YOU:

- All member's Birth Certificates and/or other acceptable birth verification
- All member's Social Security Cards
- ALL FINAL DIVORCE DECREES (involving Child Support or Alimony)
- Marriage Certificate
- Most current landlord's name and mailing address
- Employer's name and mailing address
- All adult member's driver's license/picture ID

PUBLIC HOUSING APPLICATION

FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER NO OR NONE. DO NOT LEAVE BLANKS.

Head of Household Complete Name _____

Street Address _____ Apt. No. _____

City, State, & Zip _____

Home phone # _____ Work Phone # _____ Cell # _____

Name and number of person where we can leave a message if unable to reach you from the above information

<p>Does anyone listed on the application own a pet? _____ If yes what type of pet _____</p>	<p style="text-align: center;">FOR OFFICE USE ONLY</p> <p style="text-align: center;">Application Received:</p> <p>Date _____ Time _____ By: _____ NCIC Status _____ www.nsopw.gov status _____</p>
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About Oneonta Housing Authority

We are not in business to provide emergency housing. All applicants must remain on the waiting list until their application is at the top of the list and an appropriate size bedroom becomes available.

All tenants are responsible for their own utilities (gas, water, garbage), power, cable, etc. Utilities must be in the name of household member.

All tenants are responsible for keeping the yards and porches picked up and neat in appearance.

Rent is due the first day of the month, tenants have until the 10th to pay before a \$25.00 late fee is charged. You will receive a lease termination notice if payment is not received by the 10th of the month.

According to our lease pets are **not** allowed unless you sign a Pet Policy and pay fees and deposits when applicable.

******APPLICANTS MUST NOTIFY THE HOUSING AUTHORITY IN WRITING WHEN THEIR CIRCUMSTANCES, MAILING ADDRESSES, OR PHONE NUMBERS CHANGE.***

**All Oneonta Housing Authority properties are SMOKE-FREE.
Smoking is not allowed within 25 feet of apartments and common areas.**

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	Place of Birth City, State, County
1.	Head					
2.						
3.						
4.						
5.						
6.						
7.						

Head of Household Marital Status ___ Single ___ Married ___ Divorced ___ Widowed ___ Legal Separation

List Elderly or Disabled Household Members:

Family Ethnic Status: ___ Hispanic/Latino ___ Non-Hispanic/Latino

Family Race: (1) ___ White (2) ___ Black (3) ___ American Indian
 (4) ___ Asian (5) ___ Native Hawaiian (6) ___ Other

Household Member #1:

Ethnic Status: ___ Hispanic/Latino ___ Non-Hispanic/Latino

Race: (1) ___ White (2) ___ Black (3) ___ American Indian
 (4) ___ Asian (5) ___ Native Hawaiian (6) ___ Other

Household Member #2:

Ethnic Status: ___ Hispanic/Latino ___ Non-Hispanic/Latino

Race: (1) ___ White (2) ___ Black (3) ___ American Indian
 (4) ___ Asian (5) ___ Native Hawaiian (6) ___ Other

Household Member #3:

Ethnic Status: ___ Hispanic/Latino ___ Non-Hispanic/Latino

Race: (1) ___ White (2) ___ Black (3) ___ American Indian
 (4) ___ Asian (5) ___ Native Hawaiian (6) ___ Other

Household Member #4:

Ethnic Status: ___ Hispanic/Latino ___ Non-Hispanic/Latino

Race: (1) ___ White (2) ___ Black (3) ___ American Indian
 (4) ___ Asian (5) ___ Native Hawaiian (6) ___ Other

Household Member #5:

Ethnic Status: _____ Hispanic/Latino _____ Non-Hispanic/Latino

Race: (1) _____ White (2) _____ Black (3) _____ American Indian
(4) _____ Asian (5) _____ Native Hawaiian (6) _____ Other

Household Member #6:

Ethnic Status: _____ Hispanic/Latino _____ Non-Hispanic/Latino

Race: (1) _____ White (2) _____ Black (3) _____ American Indian
(4) _____ Asian (5) _____ Native Hawaiian (6) _____ Other

Household Member #7:

Ethnic Status: _____ Hispanic/Latino _____ Non-Hispanic/Latino

Race: (1) _____ White (2) _____ Black (3) _____ American Indian
(4) _____ Asian (5) _____ Native Hawaiian (6) _____ Other

INCOME:

List all sources of income for each household member (Examples: Employment, Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Baby Sitting, Caretaking, Alimony, Child Support, Annuities, Dividends, Income from rental property, Armed Forces, Military Reserves, Scholarships, and/or Grants.

Household Member	Name and Address of Employer or Source of Income	Length of Time at This Place of Employment	Hourly Rate/Hours Per Week

Do you pay for a babysitter while you are working? _____ Cost per week? _____
List Child Care provider's name and address and phone number _____

List all family members that are full-time students: _____

HAVE YOU OR ANY FAMILY MEMBER LISTED ON THIS APPLICATION EVER BEEN ARRESTED FOR OR CONVICTED OF AN OFFENSE AGAINST THE LAW? _____ If yes, answer the following questions:

NAME(S) OF PERSON ARRESTED OR CONVICTED _____

DATES _____ **CHARGE(S)** _____ **CITY/COUNTY** _____

ACTION TAKEN _____

The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements herein.

Signature of Applicant: _____ **Date:** _____

Federal requirements and the policy of this Authority preclude the admission of applicants whose habits and practices reasonably may be expected to have a detrimental effect on the tenants or the development environment.

These habits and practices include the following:

- An applicant’s past performance in meeting financial obligations, especially rent.
- A record of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residences which may adversely affect other tenants’ health, safety, and welfare.
- A history of criminal activity involving crimes of physical violence to persons or property or other criminal acts that would adversely affect the health, safety, and welfare of other tenants.

THE ABOVE INFORMATION MUST BE VERIFIED FOR EACH APPLICANT. PLEASE PROVIDE THE FOLLOWING INFORMATION:

List all places you have lived within the last three years. Please provide complete addresses and start with the most recent:	Complete Name of Landlord or Apartment Complex	Complete address of Landlord or Apt. Complex Office	How long did you live at this address?	Were you evicted?	Do you owe this landlord money? If so, how much?
1.					
2.					
3.					
4.					
5.					

(1) Have you ever lived in Public Housing or Section 8 Housing? _____

(2) If you have lived in Public Housing (Projects) and/or Section 8 Housing, complete the following:

Name of Head of Household on lease _____

Where (Address) _____ When (Dates) _____

Complete name and address of landlord: _____

Do you owe any money to the Public Housing Project and/or Section 8 Housing listed above? How much? _____

U.S. CITIZENS

PUBLIC HOUSING PROGRAMS DECLARATION OF UNITED STATES CITIZENSHIP

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

Print Name: _____ Signature: _____ Date: _____
Head of Household

Print Name: _____ Signature: _____ Date: _____
Spouse

Print Name: _____ Signature: _____ Date: _____
Household Member

Print Name: _____ Signature: _____ Date: _____
Household Member

Print Name: _____ Signature: _____ Date: _____
Household Member

Print Name: _____ Signature: _____ Date: _____
Household Member

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

NON-U.S. CITIZENS

I hereby declare, under penalty of perjury, that I am a non-citizen eligible immigration status. I also authorize housing personnel to verify this eligibility with the U.S. Immigration and Naturalization Service (INC) Systematic Alien Verification for Entitlement (SAVE) system or INS SAVE.

Print Name: _____ Signature: _____ Date: _____
Head of Household

Print Name: _____ Signature: _____ Date: _____
Spouse

Print Name: _____ Signature: _____ Date: _____
Household Member

Print Name: _____ Signature: _____ Date: _____
Household Member

Print Name: _____ Signature: _____ Date: _____
Household Member

Print Name: _____ Signature: _____ Date: _____
Household Member

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

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Housing Authority, City of Oneonta
 606 Fairground Ave
 Oneonta AL 35121

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household _____ Date _____

Social Security Number (if any) of Head of Household	Other Family Member over age 18	Date
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Spouse	Date	Other Family Member over age 18	Date
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Other Family Member over age 18	Date	Other Family Member over age 18	Date
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Other Family Member over age 18	Date	Other Family Member over age 18	Date
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Privacy Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

AUTHORIZATION FOR RELEASE OF POLICE RECORD

NAME: _____

ANY OTHER NAMES USED: _____

CURRENT ADDRESS: _____

PERSONAL DESCRIPTION

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

RACE: _____ SEX: _____ COLOR HAIR: _____

SOCIAL SECURITY NUMBER: _____

I do hereby authorize any law enforcement agency, whether City, County, State, or Federal Agency, Department or Bureau, to release any information in their files or conduct an NCIC/FBI check under the above name and other information supplied by me. I understand and realize that the information so released may prove unfavorable to me. I agree to submit to fingerprinting to be forwarded to the Identification Division of the Alabama Department of Public Safety or FBI if required by the house authority. I agree to hold any source of information blameless for any error in reporting the information. I release all persons, whomever, from any liability arising out of or resulting from the release of this information.

IF IT IS DETERMINED THAT A CRIMINAL RECORD MAY EXIST AND I AM FINGERPRINTED FOR FURTHER CRIMINAL RECORD CHECKS, MY APPLICATION WILL BE DELAYED UNTIL THE NCIC REPORT BASES UPON THE FINGERPRINTS HAS BEEN RECEIVED AND REVIEWED BY THE HOUSING AUTHORITY. THIS FORM OR A COPY OF THIS FORM MAY BE SENT TO THE APPROPRIATE LAW ENFORCEMENT AGENCY AS NEEDED BY THE HOUSING AUTHORITY.

SIGNATURE DATE OF BIRTH SOCIAL SECURITY NUMBER DATE SIGNED

In accordance with Public Law 104-120 , the Agreement between the US Department of Housing, Urban Development, and the US Department of Justice, a copy of which is on file with this housing authority and the Criminal Justice Information Center (ACJIC) relating to access to National Crime Information Center Data (NCIC), the Oneonta Housing Authority hereby requests that this law enforcement agency conduct a name test to determine whether or not above name applicant has a criminal history record indexed in the interstate identification index (III). The consent form is signed above.

PHA Representative

TO BE COMPLETED BY LAW ENFORCEMENT AND RETURNED TO THE ONEONTA HOUSING AUTHORITY:

_____ There is no information in the NCIC for the above-named person

_____ There is a possible record that exists of the named person and the housing authority should refer the named person to a state or local law enforcement agency for fingerprinting and further checks with the FBI, through the identification division, Alabama Department of Public Safety.

Date

Law Enforcement Representative