

PLEASE READ CAREFULLY

Please ***do not*** leave any section of the application blank or it will be considered incomplete.

If a section does not apply to you write N/A (Not Applicable).

Please return complete application to our office by person or by mail. Application must be signed by everyone 18 years of age or older in the household.

Please use blue or black ink.

The following information must be accompanied with application.

1. Copy of Birth Certificates for all household members (copy MUST be legible)
2. Copy of Social Security Cards for all household members (copy MUST be legible)
3. Copy of Marriage License/Divorce Decree (copy MUST be legible)
4. Copy of Drivers License (Photo ID) on household members 18 years of age or older
5. Declaration of Section 214 Status- complete one for each person in the household
6. Debts Owed to Public Housing Agencies and Terminations- complete one for each household member that is 18 years of age or older
7. Copy of Permanent Resident Card (Green Card) – if applicable
8. Proof of Income – a print out *from your employer*, or copy of Social Security Award letter -- need one for each employed person over 18 years old.
9. Verification of assistance from DHS, if applicable
10. Child Support Verification, if applicable
11. Child Care verification, if applicable
12. Verification of Student Status, if applicable,
13. *If over the age of 62 or disabled*, Verification of Medical Expenses “paid out of pocket” for past year, provide print out from Doctor(s) **and** Pharmacy(s)
14. Certification By Pregnant Household Member, if applicable

It is your responsibility to notify the housing authority in writing of any changes of income, family composition, or mailing address.





Heber Springs Housing Authority

400 East Spring St. Heber Springs, Arkansas 72543

Office: (501) 362-6108 Fax :(501) 362-7818

OFFICE USE ONLY
DATE _____
TIME _____
BR SIZE _____

APPLICATION FOR PARTICIPANT ELIGIBILITY

Complete this form in ink (*black or blue*) in your own handwriting. Use the correct and full legal name as it appears on the Social Security Card for each person who will reside in your household and will be listed on your lease. All persons 18 years of age and over must sign this application certifying that the information pertaining to them is correct. **DO NOT** leave any section of the application blank - write N/A in any section that does not apply to you.

APPLICATION MUST BE FILLED OUT COMPLETELY OR IT WILL NOT BE ACCEPTED!!!

Which waiting list do you want on: (check one or both)

Low Rent Public Housing

I. APPLICANT'S INFORMATION: (please print and list Head of Household first)

Name of Applicant: _____
First Full Middle Last

Physical Address: _____

Mailing Address: _____

E-mail Address: _____

Home Phone #: _____ Cell #: _____

Work #: _____ Message #: _____

Provide an Alternate Contact Name: _____

Phone #: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

HOUSEHOLD COMPOSITION:

List all persons who will be living in your home. List Head of Household first. Use the correct, legal name as it appears on the Social Security Card for each person listed.

Adults Name (First, full middle, last)	Race	Sex	Date of Birth	Relationship to Head of Household
1. _____	()	()	()	(Head of Household)
SSN: _____	DL #: _____	State: _____		
2. _____	()	()	()	()
SSN: _____	DL #: _____	State: _____		
3. _____	()	()	()	()
SSN: _____	DL #: _____	State: _____		

Children (first, middle initial, last)	Race	Sex	DOB	Relationship	SSN
1. _____	()	()	()	()	()
2. _____	()	()	()	()	()
3. _____	()	()	()	()	()
4. _____	()	()	()	()	()
5. _____	()	()	()	()	()

List the name and address of the spouse, ex-spouse or non-custodial parent.

_____	_____
Name	Name
_____	_____
Street Address	Street Address
_____	_____
City, State, Zip Code	City, State, Zip Code

Is any household member pregnant? () YES () NO If yes, please provide supporting documentation

Is any household member in the armed services? () YES () NO

If yes, who? _____

What Branch? _____

Is any household member defined as a person with disabilities? () YES () NO If so, who? _____

Does any household member require special accommodations? () YES () NO If yes, who and the requirements:

HOUSEHOLD INCOME:

List all money earned or received by anyone who is listed on this application. This includes money received from Wages, Self-Employment, Child Support, Family or Friend Contributions, Social Security, SSI, Workers Comp, Retirement, TEA, Alimony, and All Other Sources.

Name of <i>all</i> Household Members	Date Hired	Type of Income or Employment	Monthly Income

RENTAL HISTORY:

Current Address:		
City:	State:	Zip:
lived there:		
FROM:	TO:	
Landlord Name:	Phone Number:	
Mailing Address:		
Previous Address:		
City:	State:	Zip:
lived there:		
FROM:	TO:	
Landlord Name:	Phone Number:	
Mailing Address:		
If you do not have a rental history, please explain why:		

WORK HISTORY:

Please list below your last three months work history:

Job Title: _____
Employer: _____
Address: _____

Supervisor's Name: _____
Telephone: _____
Dates Emp: _____ to _____
Full time: ___ Part-time: ___ Temp: ___ Vol: ___
Number of hours worked per week: _____
Salary: Start _____ Final _____

Job Title: _____
Employer: _____
Address: _____

Supervisor's Name: _____
Telephone: _____
Dates Emp: _____ to _____
Full time: ___ Part-time: ___ Temp: ___ Vol: ___
Number of hours worked per week: _____
Salary: Start _____ Final _____

Job Title: _____
Employer: _____
Address: _____

Supervisor's Name: _____
Telephone: _____
Dates Emp: _____ to _____
Full time: ___ Part-time: ___ Temp: ___ Vol: ___
Number of hours worked per week: _____
Salary: Start _____ Final _____

Job Title: _____
Employer: _____
Address: _____

Supervisor's Name: _____
Telephone: _____
Dates Emp: _____ to _____
Full time: ___ Part-time: ___ Temp: ___ Vol: ___
Number of hours worked per week: _____
Salary: Start _____ Final _____

List: Name, Address, Phone # and Fax # of Employer(s) for all members 18 and older.

Household Member: _____
Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____

Household Member: _____
Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____

Does anyone outside your household assist with bills or expenses on a regular basis? _____

If yes, please explain: _____

Name of Person _____ Amount Assisted Monthly: _____
Address: _____ Phone Number _____
City: _____ State: _____ Zip _____

Is any household member age 18 or older a full time student?

If yes, please provide supporting documentation from the school

Complete the School, Address, Phone #, and Fax #:

Name: _____ School: _____

Address: _____ Phone#: _____ Fax#: _____

Pell Grant: [] Yes [] No Student Loan: [] Yes [] No

Is any household member age 18 or older employed in a job-training program? _____

If yes, list his/her name and the specific job-training program, address, phone # and fax #:

Name: _____ Program: _____

Address: _____ Phone#: _____ Fax#: _____

Name: _____ Program: _____

Address: _____ Phone#: _____ Fax: _____

Do you receive any type benefits as food stamps, TEA, etc.? _____ If yes, provide supporting documentation from that agency.

Has anyone in your household applied for benefits, which are in the process of being approved? _____

If yes, explain. _____

Are you entitled to:

Do you receive?

Child Support [] Yes \$ _____ [] No

Child Support [] Yes \$ _____ [] No

Alimony [] Yes \$ _____ [] No

Alimony [] Yes \$ _____ [] No

Child Support received from?

Name: _____ Phone #: _____

Alimony received from?

Name: _____ Phone #: _____

ASSETS:

Does any household member listed have assets or receive income from assets? (Check all that apply and list financial institution beside each that apply)

- [] Real Estate [] Company Retirement/Pension Fund [] Trusts
- [] Checking [] Insurance Settlements [] Bonds
- [] Saving [] Certificates of Deposit [] Stocks
- [] Other _____

If applicable, what is the total market value of all assets? \$ _____ How much interest or other income from any assets checked above do you receive annually? \$ _____

MEDICAL EXPENSES: (Complete only if the Head of Household or Spouse is disabled or 62 years of age or older)

List all medical expenses the family anticipates paying during the next 12 months that will **NOT** be reimbursed by insurance or other outside source. **DO NOT** include life or burial insurance premiums.

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

CHILD CARE and/or HANDICAPPED ASSISTANCE EXPENSE:

- Do you pay for child care for children age 12 or younger while you work or attend school? _____
If yes, how much per week \$ _____ List child care provider information below

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

- Do you pay for attendant care for a disabled household member in order for them or any other family member to work? _____ How much do you pay? _____
Explain: _____

HOUSING PARTICIPATION:

- Has any household member lived in Public Housing or participated in the HUD Section 8 Housing assistance program after reaching the age of 18? _____ If yes, leased under what name: _____

Name of Housing Agency/City: _____

Dates lived there: From: _____ To: _____

- Yes No Were you ever late in paying rent?
- Yes No Do you owe money to the Agency?
- Yes No Were you evicted or asked to move?
- Yes No Were you enrolled in the EID (Earned Income Disallowance) Program?

AUTHORIZATION

For Release of Information

I do hereby authorize any agencies, offices, groups, organizations or business firms to release to the Heber Springs Housing Authority any information or materials which are deemed necessary to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8 Housing Assistance Program and/or Low Income Public Housing Programs. These organizations are to include, but are not limited to:

- Social Security - Educational Facilities*
- Banks or Financial Institutions*
- Attorneys - Courts*
- Law Enforcement Agencies*
- Credit Bureaus*
- Employers, Past & Present*
- Landlords*
- Utility Companies*
- Worker's Compensation Payers*
- Hospitals*
- Public & Private Retirement Systems*
- Providers of Alimony, Child Care, Child Support,*
- Handicapped Assistance, Medical Care*
- Insurance Agencies*

I understand that the Department of Housing and Urban Development (HUD) may conduct computer matching programs in order to verify the information supplied on my application or recertification. It is understood and agreed that this authorization or the information obtained with its use may be given to and used by HUD in the administration and enforcement of program rules and regulations and that HUD may in the course of its duties obtain such information from other Federal, State, or Local Agencies. It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above. Please sign below:

Signature of Head of Household	Social Security #	Date
Signature of Spouse	Social Security #	Date
Signature of Other Adult	Social Security #	Date
Signature of Other Adult	Social Security #	Date

Heber Springs Housing Authority

400 East Spring Street

Heber Springs, Arkansas 72543

OFFICE: 501-362-6108 FAX: 501-362-7818

Admissions and Occupancy Policy Amendment Resolution 2005

Working Preference

“Working Families and those unable to work because of age or disabilities”.

Families currently employed and those that are unable to secure work, either from their age or disability will take priority over new admissions, except for federally declared disaster victims.

“Currently Employed” means that the applicant must work at least 20 hours per week at a minimum wage level set at the current Federal or State Minimum Wage (the greater of the two applies) and the applicant must have been employed and working at these levels (wage and hours) for the past three months. To further clarify the rule, HSHA will classify “self-employed” individuals who may or may not be working a specific schedule or specific hours but as long as their annual income meets the equivalent dollar value of working 20 hours a week for 52 weeks a year at the greater of the Federal or State minimum wage, then that applicant would qualify for the working preference. The three months working status would still pertain to both situations.

OR

The head of household, spouse or sole member is receiving Social Security, Supplemental Security Income, VA Disability or any other payments based on the individual’s inability to work.

Anyone who qualifies for the ***Working Preference*** will be given priority on the waiting list over those who do not qualify while still abiding by the federally mandated guideline that 75% of all new clients can not have an income in excess of 30% of the Area Median Income.

Heber Springs Housing Authority

400 East Springs Street

Heber Springs, Arkansas 72543

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CLAIM FOR WORKING PREFERENCE FOR ASSISTED HOUSING

APPLICANT NAME: _____ DATE: _____

ADDRESS: _____

I hereby claim that I am or that my family is entitled to a Working Preference for Public Housing or Section 8 rental assistance.

I understand that it is my responsibility to provide documentation, verification and or certification by my employer, as well as other information that may be required by the Housing Authority in order to establish my eligibility for a Working Preference.

I understand that if I am determined to be eligible for a Working Preference, I may not immediately be offered housing assistance, but will be placed on a waiting list with other applicants, who may also claim and or be entitled to a Working Preference. The eventual extension of housing assistance will be based upon my place on the waiting list. Those receiving the Working Preference will be offered housing assistance before those applicants who do not qualify for the Working Preference.

I understand that the head, spouse or sole member must be employed, that the employment income must be countable under HUD's definition of annual income and that the period of employment must be for a stable period of at least three months working at least 20 hours per week or the equivalent thereof to qualify for the Working Preference.

I further understand that the preference will also apply to applicants whose head of household, spouse or sole member is receiving Social Security, Social Security Disability or Supplemental Security Income or any other payments based on the individual's inability to work.

working family as stated above

SS, SSD, SSI or any other income based individuals inability to work

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature

Date