

Mt. Pleasant Housing Authority

138 Thomas Circle

Mt. Pleasant, TN 38474

Application Schedule for 2026

**** Second and Third Wednesday of each month from**

8am-11am & 1pm-3pm

January 14th and 21th

February 11th and 18th

March 11th and 18th

April 8th and 15th

May 13th and 20st

June 10th and 17th

July 8th and 15th

August 12th and 19th

September 9th and 16th

October 14th and 21th

November 11th and 18th

December 9th and 16th

Information needed when you apply for Public Housing

- 1) Proof of income**
- 2) Social Security Cards on ALL household members**
- 3) Birth certificates on ALL household members**
- 4) Photo ID/ Drivers license on all adults**

****Additional information may be required depending on the individual applications.**

***Rent is 30% of income, unless over a certain amount and it will be flat rent then. Minimum rent is 25\$**

***50\$ pet deposit, one pet per household.**

Mt. Pleasant Housing Authority
138 Thomas Circle
Mt. Pleasant, TN 38474
Phone 931-379-5811/ Fax 931-379-5812

APPLICATION FOR ADMISSION

When completing this application for admission you must use the correct legal name for each of your household members as it appears on the social security card. All adult members of the household must sign all forms certifying the information pertaining to them.

Name (head of household): _____

Address: _____

Telephone numbers: Home _____

Work _____

Cell _____

Alternate numbers: 1. _____

2. _____

3. _____

Email Address: _____

Driver's license or State ID (Applicant) _____ (Co-applicant) _____

Application Number: _____
Date: _____
Time: _____
Bedroom Size: _____
R() P()

FAMILY COMPOSITION..... Persons to live in the apartment

Family member Race	Legal name of Family member	Relation to Head of house	Date of Birth	Age	Sex	Social Security number	Place of Birth County/State

INCOME.... Total family income: List all money earned or received by everyone in the household, including money from wages, self employment, child support, social security, disability, AFDC, VA, rental income, alimony, etc.....

Household member	Employer/ Wages	Families First	Food Stamps	Child Support	SS/ SSI Benefits	All Other income

DOCUMENTATION/ NOTES

Personal Declaration

HOUSEHOLD COMPOSITION: List all persons who will be living in your unit.

<u>ADULTS ONLY</u>		Date of birth	Relationship to head	Social Security	(M)arried, (D)ivorced (S)ingle, (W)idowed
1.			Self		
2.					
3.					

<u>CHILDREN ONLY</u>	Date of Birth	Relationship to head	School	Absent Parents name	Absent Parents address	Do you have legal custody	Is child support ordered /ID #
1.							
2.							
3.							
4.							
5.							

INCOME.... Total family income: List all money earned or received by everyone in the household, including money from wages, self employment, child support, social security, disability, AFDC, VA, rental income, etc

Household member	Employer/ Wages	Families First	Food Stamps	Child Support	SS/ SSI Benefits	All Other income

TENANTS/APPLICANTS STATEMENT OF ASSETS: (if yes to any please list on back)

- Do you or any member of your household own real estate, rental property, or have sold real estate in the past 3 years? _____
- Do you own any stocks or bonds? _____
- Do you have a savings account/ checking account? _____
- Do you own a car? _____ Model/year _____ Tag number
2nd car? _____ Model/year _____ Tag number
- Does anyone outside your household pay any of your bills or give you money, including money FROM your children? _____
- Have you or anyone in your household ever used names of social security numbers other than those you are currently using? _____
- Have you or anyone in your household ever lived in public housing or section 8 before? _____
- Have you or anyone in your household ever been convicted of a crime other than traffic citation? _____
- Have you or anyone in your household ever committed fraud in a federally assisted program or been requested to repay money (including food stamp, social security, families first, etc) _____
- Does anyone in your household have an insurance policy with a cash surrender value? _____

I do hereby swear and attest that all information above is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported in writing to the Housing Authority immediately.

Signature of Head of Household

Date

Other Adult

Date

Mt. Pleasant Housing Authority

Date

**** WARNING:** Section 101 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 U.S. as to any matter within its jurisdiction.

HOUSING RECORDS AND REFERENCES

Important: List EVERYWHERE you have lived in the past three (3) years

	Landlord name, Address, City, State	Phone Number	From date/ To Date	Monthly Rent	Utilities Cost	Reason for Leaving
Current			/			
1 st Previous			/			
2 nd Previous			/			
3 rd Previous			/			
4 th Previous			/			

PERSONAL REFERENCES: Family, friends, employers

Name	Relationship	Address	Phone Number	How long have you known?

CREDIT REFERENCES:

Company	Phone Number	Amount Paid monthly/weekly	Balance

The above information is true and complete to the best of my knowledge. I understand that state and federal law makes it a criminal offense to falsify financial information in obtaining an apartment in public housing/ Section 8. I have no objections to inquiries being made solely for the purpose of verifying statements made herein and determining eligibility status.

Any person who signs any false statement, knowing it is false and with the intent that it be relied on respecting his/her financial conditions for the purpose of obtaining or maintaining occupancy shall be guilty of a misdemeanor under state of Tennessee law. Any person found guilty of violating this law shall be subject to a fine and/or imprisonment for a period of up to one (1) year.

Signature of Head of Household

Date

Other Adult

Date

Other Adult

Date

Mt. Pleasant Housing Authority

Date

THINGS YOU SHOULD KNOW

Don't risk your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose: This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house,
- Required to repay all overpaid rental assistance you received,
- Fined up to \$10,000,
- Imprisoned for up to 5 years and/or,
- Prohibited from receiving future assistance.

**Your State and local governments may have other laws and penalties as well.

Asking Questions: When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing The Application: When you give your answers to application questions, you must include the following information:

1. Income

- All sources of money you or any member of your household receives (wages, welfare payments, alimony, social security, pension, etc.)
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stock, etc.)
- Earnings from second job or part time job
- Any anticipated income (such as a bonus or pay raise you expect to receive)

2. Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that is owned by you and any adult member of your family's household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application:

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertification: You must provide updated information at least every 6 months. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member.
- All assets that you or your household members own and any assets that were sold in the last 2 years for less than its full value.

Beware of Fraud: You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse: If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735.

Applicant Signature

Date

Mt. Pleasant Housing Authority
138 Thomas Circle
Mt. Pleasant, TN 38474
931-379-5811

TENNESSEE CODE ANNOTATED

Title 39 Criminal Offenses

Section 39-14-104 Theft of Services (effective November 1, 1989)

Amended section 39-14-151 (July 1, 2009)

Criminal offenses- As introduces, creates thefts offense of making false statement or concealment of material fact for purpose of obtaining accommodation in housing project of a housing authority or for paying less rent that required for such dwelling.

1. It is an offense for a person who is apply for, or the recipient or, dwelling accommodations in any housing project operated by a housing authority as defined in 13-20-102, to obtain or attempt to obtain such dwelling accommodations, by means of a statement, representation, or impersonation the person knows to be false or knowingly conceals any material fact if the false statement, representation, impersonation, or concealment results in:
 - a. The person meeting the housing authority's income qualification standards established pursuant to 13-20-113; or
 - b. The person's lease or rental payment being less that the person would otherwise be required to pay under the housing authority's income qualification standards established pursuant to 13-20-113.
2. It is a violation of this section if a person obtains or attempts to obtain dwelling accommodations specified in subsection 1 by means of a statement, representation, or impersonation made by another, or by another concealing any material fact, if the person knows the statement, representation, or impersonation to be false or the person knows that a material fact has been concealed.
3. A violation of this section shall be considered theft and graded as provided in 39-14-105. In grading the offense, the amount taken shall be considered the value of the benefit the defendant derived from the offense.

I understand that section 1001 of title 18 of the US code makes it a criminal offense to make willful false statements or misrepresentations for the purpose of obtaining rental assistance to any department or agency of the United States as to any matter within its jurisdiction.

Signature of Head of Household

Date

Other Adult

Date

Other Adult

Date

Mt. Pleasant Housing Authority

Date

**Mt. Pleasant Housing Authority
Resident/ Applicant Certification**

Please answer the following questions with a yes or no. Check (X) yes or no.

YES	NO	
		1. Were any of the family members born outside the USA?
		2. Do you wish to claim legal alien status for any listed family member
		3. Do any of the family members require any special facilities or equipment because of impairment?
		4. Has any family member been diagnosed with a blood born pathogen disease such as HIV or hepatitis?
		5. Have any family member been diagnosed with elevated blood level from lead poisoning?
		6. Has any member been arrested for an alcohol related crime such as DUI, DWI, public intoxication, etc?
		7. Are any family members addicted to alcohol?
		8. Has any member completed a rehab program for Alcoholism and is successfully continuing rehabilitation?
		9. Has any family member been arrested for a drug related crime such as use, possession, sales, manufacturing, etc?
		10. Is any family member addicted to drugs or any controlled substance?
		11. Has any family member been arrested for a felony?
		12. Has any family member had to serve jail time? Or arrested for any misdemeanor?
		13. Has any family member been evicted from public housing or any other governmental subsidized housing?
		14. Does any family member participate in Families First (TNAF)?
		15. Does any family member participate in a job training program such as JTPA?
		16. Does any family member attend college, university, or vocational school?
		17. Does any member own property, such as house, mobile home, or land?
		18. Does any member have a checking or savings account?
		19. Has your home been destroyed or are you homeless?
		20. Does anyone in your household owe any <u>housing authority or section 8 money?</u>
		21. Has anyone in your household been required to register as a sex offender?
		22. Has any family member received any lump sum payments in the past 3 years?
		23. Does anyone in your household pay child care so they can work or attend school?
		24. Have you ever had any of your children removed from your custody?
		25. Is any family member elderly or disabled?
		26. Are you a current victim of domestic violence, sexual assault, stalking, or dating violence? (If yes, requires additional HUD form 5382)

IF ANY OF THE QUESTIONS WERE ANSWERED YES ABOVE PLEASE EXPLAIN:

I do understand that any information given at the time of signature will be verified. I also understand that if any circumstances change during the year that it will be my responsibility to report any changes that could affect my status, such as; **Families first, Conviction of a felony, any drug related crime/arrest, any alcohol related crime/arrest.**

Signature of Head of Household

Date

Other Adult

Date

Other Adult

Date

Mt. Pleasant Housing Authority
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APPLICANT/TENANTS CERTIFICATION

Giving True and Complete Information

***I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge I have reviewed the application forms and the HUD Form 50058 or 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 and any changes in the household size, when a person moves in or out of the unit, I understand the rules regarding guest/visitors and when I must report anyone who is staying with me or when a child is born.

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 owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

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 Authority immediately in writing I will not sublease 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 failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administration Actions for False Information

**I certify that all information given to Mt. Pleasant Housing Authority on household composition, net family assets, financial and criminal records, drug or alcohol abuse, rental records, and allowances and deductions is accurate and complete to the best of my knowledge. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature of Head of Household

Date

Other Adult

Date

Other Adult

Date

Mt. Pleasant Housing Authority

Date

Mt. Pleasant Housing Authority
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931-379-5811

IMPORTANT: UPDATE EVERY 6 MONTHS

Effective 10-01-1991

I understand that if I have not received assistance from the Mt. Pleasant Housing Authority within six (6) months from the original date of my application that I will contact in person the Mt. Pleasant Housing Authority and update all of the information that is listed in my application.

I also understand that it is my responsibility to keep my application updated. My failure to keep my application updated every 6 months will result in my application being removed from the active waiting list and being placed on the inactive list.

I also understand that I will not be contacted by Mt. Pleasant Housing Authority when it is time to update my application or when it is removed from the active list and placed on the inactive list.

Signature of Head of Household

Date

Other Adult

Date

Other Adult

Date

Mt. Pleasant Housing Authority

Date

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**** For the purpose of tenant selection records all non federal preference applicants will be designated as "9" and may not be selected for tenancy so long as there is an eligible federal preference applicant.**

I have received a copy of the federal preference rankings.

I am aware that I may request copies of the ranking definitions as posted on the bulletin board.

I understand that in order for the status of my application to be changed from a non-federal ranking to a federal preference rank that it will be my responsibility to furnish the Mt. Pleasant Housing Authority documentation to verify that I am federal preference applicant in order for the status of my application to change.

Signature of Applicant

Date

Mt. Pleasant Housing Authority

Date

With the exception of applications with handicaps for which the MPHA has accessible facilities, the order of preference for the selection of all applicants who meet all eligibility requirements of the low income public housing program and section 8 program whose family composition qualifies them and whose federal preference has been verified shall be:

Ranking 1: Involuntarily displaced due to fire, flood, or other disaster.

Ranking 2: Living in substandard housing containing deficiencies in structure.

Ranking 3: Involuntarily displaced by an agency of the US, state, or local government in connection with a public improvement.

Ranking 4: Excessive rent burden with one or more adult family member who is fully employed.

Ranking 5: Excessive rent burden with one or more adult family member who is enrolled in good standing in a job market training program.

Ranking 6: All other excessive rent burdens

Ranking 7: All other involuntarily displaced applicants

Ranking 8: All other substandard housing applicants

Ranking 9: All other non federal preference applicants

Mt. Pleasant Housing Authority
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APPLICANT/RESIDENT CONSENT FORM

I consent to allow HD or the Mt. Pleasant Housing Authority to request and obtain income information from the sources listed on my application form for the purpose of verifying my/our eligibility and level of benefits under HUDs assisted housing program. I understand that Housing Authorities 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 opportunity to contest these decisions per the Housing Authority's policies.

I also consent to allow HD or Mt. Pleasant Housing Authority to request or obtain information from local police, sheriff departments, state police, state crime agencies, federal crime agencies, local, state, or national crime information centers or other housing authorities for the purpose of verifying eligibility for housing assistance under HUD's assisted housing program and to safeguard other resident's. I agree to pay for finger printing and FBI national Crime Information center charges prior to submitting them for processing. I must be given the opportunity to contest these determinations per the current HA adopted policy.

Signature of Head of House

Date

Social Security Number

Signature of Other Adult

Date

Social Security Number

Signature of Other Adult

Date

Social Security Number

Signature of Other Adult

Date

Social Security Number

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 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.

Mt. Pleasant Housing Authority
138 Thomas Circle
Mt. Pleasant, TN 38474
Phone 931-379-5811/ Fax 931-379-5812

Applicant/ Tenant Authorization for Release of Information

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

INFORMATION INQUIRIES ABOUT:

- Child care expenses
 - Citizenship
 - Credit history
 - Criminal history
 - Family composition
 - Employment, income, pensions, assets
 - Federal, state local or tribal benefits
 - Handicapped assistance expenses
 - Identity and marital status
 - Medical expenses
 - Social Security numbers
 - Residences and rental history
-

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

- Banks or other financial institutions
 - Courts
 - Law enforcement agencies
 - Credit bureaus
 - Landlords
 - Providers of
 - Alimony
 - Child care
 - Credit
 - Handicapped assistance
 - Medical care
 - Pensions or annuities
 - Schools or colleges
 - US Social Security Administration
 - US Department of Veterans affairs
 - US Department of Immigration and Naturalization
 - Welfare agencies
-

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I understand that my housing assistance may be denied or terminated.

Signature of Head of Household

Date

Other Adult

Date

Other Adult

Date

Other Adult

Date

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

Mount Pleasant Housing Authority

Date

(This form and supporting documents become part of the tenant lease by reference)

Authorization for release of information/privacy act notice to the US Department of Housing and Urban Development (HUD) and the housing agency/authority (HA).

PHA requesting release of information:

Mt. Pleasant Housing Authority

138 Thomas Circle

Mt. Pleasant, TN 38474

931-379-5811

Authority section 904 of the Stewart B. McGivney homeless assistance amendments Act of 1998, as amended by section 903 of the housing and community development act of 1992 and section 3003 of the omnibus budget reconciliations Act of 1993. This law is found at 42 USC 3544.

This law requires that you sign a consent form authorizing 1. HUD and the housing authority/agency authority (HA) to request verification of salary and wages from current or previous employers; 2. HD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information. 3. HUD or the HA to request certain tax return information from the US social security Administration or the Internal Revenue Service. This law also requires independent verification on 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 HD and the above named HA to request income information from the sources listed on this form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible doe assisted housing benefits and that theses benefits are ser 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 USC 552a. HUD may disclose information (other than tax information) for certain routine uses such as to other government agencies for law enforcement purposes to Federal agencies for employment suitability purposes and the HA's for the purpose of housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable state law. HUD and HA employees may be subject to penalties for unauthorized disclosure or improper use of the income information that is obtained based on the consent form. Private owners may not request information requested by this form.

Who must sign this form: Each member of your household who is 18 years of age or older must sign this form. Additional signatures must be obtained from new adult members or whenever members of the household turn 18.

Person's who apply for or receive assistance under the following programs are required to sign the consent:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19© 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.

US Social Security Administration (HUD only). (This consent is limited to wages and unemployment compensation I have received during the period within the last 5 years when I have received housing benefits.

US internal Revenue Service (HUD only). (This consent is limited to unearned income (IE interest 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.

Signature of Head of House	Date	Social Security Number
Other Adult	Date	
Other Adult	Date	
Other Adult	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 other wise 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 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.

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.