



Leesville Housing Authority

Application must be returned with the following Items:

Birth Certificate Social Security Card for every individual in the household

Picture Identification for every adult in the household

Poof of Income for every individual in the household (i.e. last 6 check stubs & 6 bank statements)

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



HOUSING AUTHORITY OF THE CITY OF LEESVILLE

213 Blackburn Avenue
Leesville, LA 71446
Phone (337) 238-1912
FAX (337) 392-0123
leesvilleh@gmail.com

Board of Commissioners
Reginald Seastrunk Chairman
Rev. M. C. Green, Vice-Chairman
Patricia Hart
Rodney G. Wells
Julio Vazquez

PROJECT BASED VOUCHER PROGRAM

TO: Leesville City Police Department
Attn: Records Department

I, _____, Social Security Number _____,
gender is Male / Female (Circle One), date of birth _____. My race is _____.
I, hereby authorize Leesville Housing Authority to conduct a criminal background on me to determine my eligibility for housing assistance.

Date

Signature

FILL OUT TOP AND BOTTOM AND ONE FORM FOR EACH ADULT IN UNIT

HOUSING AUTHORITY OF THE CITY OF LEESVILLE

213 Blackburn Avenue
Leesville, LA 71446
Phone (337) 238-1912
FAX (337) 392-0123
leesvilleh@gmail.com

Board of Commissioners
Reginald Seastrunk Chairman
Rev. M. C. Green, Vice-Chairman
Patricia Hart
Rodney G. Wells
Julio Vazquez

PROJECT BASED VOUCHER PROGRAM

TO: Vernon Parish Sheriff Department
Attn: Records Department

I, _____, Social Security Number _____,
gender is Male / Female (Circle One), date of birth _____. My race is _____.
I, hereby authorize Leesville Housing Authority to conduct a criminal background on me to determine my eligibility for housing assistance.

Date

Signature

2

HOUSING AUTHORITY OF THE CITY OF LEESVILLE

Barbara Kaveski
Executive Director

213 Blackburn Avenue
Leesville, La. 71446
Phone (337) 238-1912
Fax (337) 392-0123
leesvilleh@gmail.com

Board of Commissioners
Regionald Seastrunk, Chairman
Rev. M.C. Green, Vice-Chairman
Patricia Hart
Julio Vasquez
Rodney G Wells

Prospective Lessee: _____ Date: _____

PLEASE PRINT

Street Address: _____ Phone#: _____

City, State, Zip: _____ Alt. Phone #: _____

Ethnicity: _____ Social Security # _____ - _____ - _____

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

I. Family Composition:

FULL LEGAL NAME OF LEASEE & FAMILY MEMBER	SOCIAL SECURITY #	RELATION TO HOH	DATE OF BIRTH	SEX	RACE	PLACE OF BIRTH CITY AND STATE	AGE	OCCUPATION OR SCHOOL

Anticipated Change(s) in Family Composition? _____

II. Income (estimated)

Source and Type of Income	Past 12 Months	Next 12 Months

Estimated Total Family Yearly Income: _____

☐ Background Clean ☐ Background Failed (sent letter on _____)

III. **Housing Conditions:**

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

1. Without housing? Yes No
2. About to be without housing? Yes No
 - a. reason: _____
 - b. type of notice to be given to landlord: _____
 - c. effective date of notice: _____
3. Living under substandard housing conditions? Yes No

If "yes", state the condition: _____
4. Monthly amount currently paid for rent? _____ Utilities? _____
5. Are you from Leesville? Yes No
Vernon Parish? Yes No
Other? Yes No

If "yes", where? _____
6. Have you ever received Federal Housing Assistance before? Yes No
Have you ever lived in a Federally Funded Project before? Yes No

If "yes", where? _____
When? _____
Reason for leaving? _____
7. Have you ever been arrested, charged, or convicted? Yes No
Please explain: _____

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

Signature of Head of Household

Date

IV. List at least three Credit references:

Company: _____

Address: _____

Phone Number: _____

Company: _____

Address: _____

Phone Number: _____

Company: _____

Address: _____

Phone Number: _____

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

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

HOUSING AUTHORITY OF THE CITY OF LEESVILLE

Barbara Kaveski
Executive Director

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

Board of Commissioners
Regionald Seastrunk, Chairman
Rev. M.C. Green, Vice-Chairman
Patricia Hart
Julio Vasquez
Rodney G Wells

PHA OFFICIAL'S STATEMENT

I certify that:

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

Signature of PHA Official or Representative

Date

7

HOUSING AUTHORITY OF THE CITY OF LEESSVILLE

Barbara Kaveski
Executive Director

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

Board of Commissioners
Regionald Seastrunk, Chairman
Rev M C Green, Vice-Chairman
Patricia Hart
Julio Vasquez
Rodney G Wells

APPLICANT/TENANT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

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

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

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

REPORTING ON PRIOR HOUSING ASSISTANCE

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

NO DUPLICATE RESIDENCE OR ASSISTANCE

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

COOPERATION

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

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

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

APPLICANT(S)/TENANT(S) STATEMENT

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

Signature of Head of Household

Date

Signature of Spouse/Other Adult

Date

.....

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

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

HOUSING AUTHORITY OF THE CITY OF LEESVILLE

Barbara Kaveski
Executive Director

213 Blackburn Avenue
Leesville, La 71446
Phone (337) 238-1912
Fax (337) 392-0123
leesvillech@belisouth.net

Board of Commissioners
Reginald Seastrunk, Chairman
Rev M C Green, Vice-Chairman
Patricia Hart
Julio Vasquez
Rodney G Wells

RELINQUISHMENT OF UNIT

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

TEMPORARY UNIT ACCEPTANCE

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

Signature of Applicant

Date

Witnesses:

LHA Representative

Date

LHA Representative

Date

EAH SECTION 214 DECLARATION FORM

9

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

Last Name: _____ First Name: _____ Middle Name: _____

Relationship to head of household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number: _____ Nationality: _____
(If applicable - from INS Form I-94, Departure Record) (Country to which you owe legal allegiance- may or may not be country of birth)

DECLARATION

INSTRUCTIONS: Complete the declaration below by reviewing all three boxes and signing the ONE box that applies. A separate Declaration must be signed for each member of the assisted household.

I, _____ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature _____

Date _____

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ③)

THIS SECTION TO BE COMPLETED BY MANAGEMENT If you sign this box, no further information is required.

2. I am a non-citizen with eligible immigration status, as described on reverse.

Signature _____

Date _____

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ③)

If you sign this box, you must go on to complete the reverse side including the Verification Consent.

REQUEST FOR AN EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, and as described on reverse, but the evidence needed to support my claim in temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature _____

Date _____

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ③)

If you sign this box, you must go on to complete the reverse side including the Verification Consent.

3. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature _____

Date _____

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ③)

If you sign this box, no further information is required. You are NOT eligible for housing assistance.

THIS SECTION TO BE COMPLETED BY MANAGEMENT

SAVE verification Number: _____



EAH SECTION 214 DECLARATION FORM (continued)

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

- ⑨ 1. A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- ⑨ 2. A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
- ⑨ 3. A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- ⑨ 4. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- ⑨ 5. A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- ⑨ 6. A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- ⑨ 1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- ⑨ 2. Form I-94, Arrival-Departure record, with one of the following annotations:
 - a. "Admitted as Refugee Pursuant to Section 207"
 - b. "Section 208" or "Asylum"
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"
 - d. "Paroled pursuant to Section 212(d)(5) of the INA"
- ⑨ 3. If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- ⑨ 4. Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ⑨ 5. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ⑨ 6. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;
- ⑨ 7. Form I-152, Alien Registration Receipt Card.

HOUSING AUTHORITY OF THE CITY OF LEESSVILLE

Barbara J. Kaveski
Executive Director

213 Blackburn Avenue
Leesville, La. 71446
Phone (337) 238-1912
Fax (337) 392-0123
leesvilleh@gmail.com

Board of Commissioners
Regionald Seastrunk, Chairman
Rev. M.C. Green, Vice-Chairman
Patricia Hart
Julio Vasquez
Rodney G Wells

OWNER: _____

DATE: _____

APPLICANT NAME: _____

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

Barbara J. Kaveski
Executive Director

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

APPLICANT SIGNATURE: _____
.....

DWELLING ADDRESS: _____

MOVE IN DATE: _____ MOVE OUT DATE: _____

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

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

DISTURBANCES _____ DAMAGE TO UNIT _____

PLEASE EXPLAIN ALL YES ANSWERS: _____

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

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

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

INFORMATION PROVIDED BY:

NAME: _____ SIGNATURE: _____

TITLE: _____

ADDRESS: _____ DATE: _____

PHONE: () _____

ASSET QUESTIONNAIRE

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

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

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

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

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

Applicant Signature _____

Date _____

INCOME QUESTIONNAIRE

Name and address of head of household: _____

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

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

1. Adult's employment income

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

- | | | |
|---|------------------------------|-----------------------------|
| Wages | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Salaries | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Overtime pay | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Commissions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fees | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tips | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bonuses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other amounts adult household members earn from working for other people or from their own business | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Benefit payments

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

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Social Security | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supplemental Security Income (SSI) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Workers' compensation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disability pay or benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unemployment benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Severance pay | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Annuities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Insurance policy payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pensions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Retirement fund benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Death benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other benefit payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Welfare assistance

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

☐ Yes ☐ No

4. Alimony and/or child support

(This includes adoption assistance payments.)

☐ Yes ☐ No

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

- | | | |
|--|------------------------------|-----------------------------|
| Interest from bank accounts or bonds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dividends from stocks or mutual funds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Income distributed from trust funds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Money from renting household assets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other interest, dividends, or rent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. Lottery winnings paid in periodic payments

☐ Yes ☐ No

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

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

☐ Yes ☐ No

8. Any other source of income?

☐ Yes ☐ No

If yes, please specify: _____

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

Signature of head of household _____ Date _____

HOUSING AUTHORITY OF THE CITY OF LEESVILLE

Barbara K. Veski
Executive Director

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

14
Board of Commissioners
Regionald Seastrunk, Chairman
Rev. M.C. Green, Vice-Chairman
Patricia Hart
Julio Vasquez
Rodney G Wells

TENANT INFORMATION SHEET

Please fill out this form completely and accurately for our records.

HEAD OF HOUSEHOLD

NAME: _____
PLACE OF BIRTH (CITY AND STATE): _____
SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____
SEX: _____ AGE: _____

FAMILY MEMBER #2

NAME: _____
PLACE OF BIRTH (CITY AND STATE): _____
SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____
SEX: _____ AGE: _____
RELATIONSHIP: _____

FAMILY MEMBER #3

NAME: _____
PLACE OF BIRTH (CITY AND STATE): _____
SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____
SEX: _____ AGE: _____
RELATIONSHIP: _____

FAMILY MEMBER #4

NAME: _____
PLACE OF BIRTH (CITY AND STATE): _____
SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____
SEX: _____ AGE: _____
RELATIONSHIP: _____

FAMILY MEMBER #5

NAME: _____
PLACE OF BIRTH (CITY AND STATE): _____
SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____
SEX: _____ AGE: _____
RELATIONSHIP: _____

FAMILY MEMBER #6

NAME: _____
PLACE OF BIRTH (CITY AND STATE): _____
SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____
SEX: _____ AGE: _____
RELATIONSHIP: _____

Name and Telephone Number of whom to contact in case of an Emergency

Name: _____
Telephone Number: _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Leesville Housing Authority
213 Blackburn Avenue
Leesville, Louisiana 71446

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____ Head of Household		_____ Date	
_____ Social Security Number (if any) of Head of Household		_____ Other Family Member over age 18	_____ Date
_____ Spouse	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

17

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, **benefit award letters**, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/cip/programs/pihiv/cim>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

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)

☐ Emergency

☐ Unable to contact you

☐ Termination of rental assistance

☐ Eviction from unit

☐ Late payment of rent

☐ Assist with Recertification Process

☐ Change in lease terms

☐ Change in house rules

☐ 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.



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

WASHINGTON, DC 20410-5000

PRINCIPAL DEPUTY ASSISTANT SECRETARY
FOR PUBLIC AND INDIAN HOUSING

"Every child deserves to grow up in a safe, healthy home free from harmful second-hand cigarette smoke."
—Secretary Julián Castro

Dear Executive Director,

Yesterday HUD took a major step towards improving the health and safety of public housing residents by publishing its final rule Instituting Smoke-Free Public Housing.

The rule prohibits lit tobacco products in units, common areas, PHA administrative offices, and all areas within 25 feet of buildings. This will reduce the risk of exposure to second-hand smoke and smoke-related maintenance costs, benefiting all PHA staff and residents, including more than 760,000 children and 329,000 senior residents.

Our announcement of a final rule follows a yearlong comment and review period, incorporating feedback from stakeholders and building upon the experience of more than 600 PHAs that have instituted Smoke-Free policies since 2009. The final rule is effective 60 days after publication, on February 3, 2017, and allows PHAs 18 months to fully implement the policy.

To support your Smoke Free implementation, Secretary Castro and I held a National Stakeholder call last Thursday, providing an overview of the rule and sharing resources from HUD and our many public health partners. You can learn more about Creating Healthier Communities with Smoke-Free Public Housing, including video testimonials from public housing residents in Milwaukee.

These resources will help jumpstart your efforts, and we will continue to develop resources to support your success. Working together, we will build safer and healthier communities.

With much appreciation,

A handwritten signature in black ink, which appears to read "Lourdes", is positioned above the printed name.

Lourdes Castro Ramirez