



# STARKVILLE HOUSING AUTHORITY



Phone number: 662 -323 -5536  
Office Hours: Monday — Friday 8:00 a.m. — 4:30 p.m.  
Closed Saturday, Sunday, and Holidays

Applications accepted from  
**\*8:30 a.m. to 4:00 p.m.\***  
on  
**\*Tuesday and Thursday\***

## “Mississippi Relay”

is a no-cost service that enables people with an applicable Disability to place and receive phone calls.

Text Telephone/Teletypewriter (TTY) Relay Service 711 or (800-582-2233 English) (800-582-2544 Spanish)  
Standard Phone Users (800-855-1000 English) (800-582-2544 Spanish)  
Telebraille Relay Service (844-302-0324 English) (800-548-8317 Spanish)  
Voice Carry-Over (VCO) Service (800-582-0756 English) (800-582-2544 Spanish)  
Hearing Carry-Over (HCO) Service (800-582-2233) (English 800-582-2544 Spanish)  
Speech-to-Speech (STS) Service (800-582-2395 English) (800-582-2544 Spanish)  
Internet-Based (IP) Relay Services <http://www.sprintip.com>

## Check list of items to bring with you for your application submission.

**Social Security Cards for ALL members in the household.**

**Birth Certificates for ALL members in the household.**

**Copy of your check stub, child support award letter, Statement from Social Security or Supplemental Security Income (SSI) if you draw Social Security Benefits for ALL members in the household.**

**Marriage License or Divorce Papers if they apply to you.**

**Driver's License or State ID of ALL adult members in the household.**

**If you are Elderly or Disabled and pay OUT OF POCKET medical expenses, you will need to bring records for proof and verification.**

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

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

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**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

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

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

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

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

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

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

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

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

**Signatures:**

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
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 Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

# Applicant Information

**Applicant Name:** \_\_\_\_\_

Last

First

Middle

<b>Current Address:</b>	_____	
<b>Primary Phone:</b>	(    ) _____	<b>Alternate Phone:</b> (    ) _____

**Household Information:** Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number
	HEAD OF HOUSEHOLD				

**Are you claiming a "Preference"?** *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

Victim of Domestic Violence.

Working or Elderly.

Would anyone in your household benefit from a special needs unit?  
(Mobility, vision, or hearing impairment)       Yes  No

Will anyone in your household require a live-in care attendant?       Yes  No

Name of Live-In Care Attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

**Housing References:**  
List the **past 3 years** of housing references. *(If additional space is required, use the back of this page.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>		<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
	Phone: (    ) _____			
2.	_____	_____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
	Phone: (    ) _____			
3.	_____	_____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
	Phone: (    ) _____			

**Household Information (continued)**

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?  Yes  No  
If YES, explain \_\_\_\_\_
2. Do you expect the number of household members to change in the future?  Yes  No  
If YES, explain how many members will be added or reduced, and when that change will take place.  
\_\_\_\_\_
3. Have any of the household members used names or a social security number other than the names and numbers used above?  Yes  No  
If YES, explain \_\_\_\_\_
4. Are any or ALL members of the household full-time students?  Yes  No  
If YES, explain \_\_\_\_\_
5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime?  Yes  No  
If YES, provide the nature of the crime(s): \_\_\_\_\_  
Date: \_\_\_\_\_ State: \_\_\_\_\_ City \_\_\_\_\_  
County: \_\_\_\_\_  
Are any of the above convictions a felony?  Yes  No  
If YES, explain \_\_\_\_\_  
Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program?  Yes  No  
If YES, explain \_\_\_\_\_  
Are there any criminal charges pending now?  Yes  No  
If YES, explain \_\_\_\_\_
6. Do you live in subsidized housing now or have you in the past?  Yes  No  
If YES, where? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Were you evicted? \_\_\_\_\_ If YES, why? \_\_\_\_\_
7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?  Yes  No  
If YES, explain \_\_\_\_\_
8. Have you ever filed or are you currently filing for bankruptcy?  Yes  No  
If YES, give reason \_\_\_\_\_  
Date of filing: \_\_\_\_\_
9. Why do you want to move from your current residence? \_\_\_\_\_
10. How did you hear about this housing authority? \_\_\_\_\_

**Income Information:**

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?  Yes  No  
*(Include overtime, tips, bonuses, commission and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company</u> <i>(or note if self-employed)</i>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation?  Yes  No  
Household Member Name of Company Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?  Yes  No  
Household Member Name of Company Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)?  Yes  No  
***(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)***  
Household Member Name of Company Amount

_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency Name of Agency: \_\_\_\_\_
- Court of Law Name of Court: \_\_\_\_\_
- Directly from Individual Name of Person: \_\_\_\_\_
- Other - Explain: \_\_\_\_\_

(c) If money is not actually received, are you taking legal action to remedy?  Yes  No  
 Explanation: \_\_\_\_\_

5. Social Security, SSI or any other payments from the Social Security Administration?  Yes  No  
Household Member SSA Office Amount

_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?  Yes  No  
Household Member Source of Benefit Amount

_____	_____	_____
_____	_____	_____

7. Regular payments from a severance package?  Yes  No  
Household Member Source of Benefit Amount  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Regular payments from any type of settlement? (For example, insurance settlements)  Yes  No  
Household Member Source of Benefit Amount  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Disability, death benefits or life insurance dividends?  Yes  No  
Household Member Source of Benefit Amount  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Regular gifts or payments from anyone outside of the household?  Yes  No  
 (This includes anyone supplementing your income or paying any of your bills.)  
Household Member Source of Benefit Amount  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Educational grants, scholarships, or other student benefits?  Yes  No  
Household Member Source of Benefit Amount  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Regular payments from lottery winnings or inheritances?  Yes  No  
Household Member Source of Benefit Amount  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Regular payments from rental property or other types of real estate transactions?  Yes  No  
Household Member Source of Benefit Amount  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Any other income sources or types not listed above?  Yes  No  
Household Member Source of Benefit Amount  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Do you or any other household member expect any change in income in the next 12 months?  Yes  No  
 If YES, explain: \_\_\_\_\_

**Zero Income Verification:**  
 Are YOU or is ANY OTHER **ADULT** member of your household claiming zero income?  
 Yes  No If YES, who? \_\_\_\_\_

**Asset Information:**

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE **ALL** ASSETS HELD BY **ALL** HOUSEHOLD MEMBERS INCLUDING MINORS.

**Do YOU or ANYONE in your household hold:**

1. Checking or savings account?  Yes  No  
*Household Member* *Bank or Financial Institution* *Amount*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. CDs, money market accounts or treasury bills?  Yes  No  
*Household Member* *Bank or Financial Institution* *Amount*  
\_\_\_\_\_  
\_\_\_\_\_
3. Stocks, bonds or securities?  Yes  No  
*Household Member* *Source (Broker's Name)* *Amount*  
\_\_\_\_\_  
\_\_\_\_\_
4. Trust funds?  Yes  No  
*Household Member* *Bank or Financial Institution* *Amount*  
\_\_\_\_\_  
\_\_\_\_\_
- Are any of the above listed trusts irrevocable?  Yes  No
5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?  Yes  No  
*Household Member* *Location of Account* *Amount*  
\_\_\_\_\_  
\_\_\_\_\_
6. Cash on hand?  Yes  No  
*Household Member* *Source of Benefit* *Amount*  
\_\_\_\_\_  
\_\_\_\_\_
7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?  Yes  No  
*Household Member* *Life Insurance Company* *Amount*  
\_\_\_\_\_  
\_\_\_\_\_
8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)  Yes  No  
*Household Member* *Source of Benefit* *Amount*  
\_\_\_\_\_  
\_\_\_\_\_



9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Do you have a safe deposit box containing contents with a monetary value?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?  Yes  No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
_____	_____	_____

Explanation: \_\_\_\_\_

Do you or anyone listed above own a vehicle? If so identify the vehicle(s) below

Vehicle Identification:

1. License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

2. License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

All questions that were answered YES/NO on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

**Signature Clause:**

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I

understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant **STARKVILLE HOUSING AUTHORITY** the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

**All household members 18 and over must sign/date below:**

Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date

**Starkville Housing Authority  
For Office Use Only**

Check box if  
Pre-Application  
is on file.

Application Date: \_\_\_\_\_  
Exact Time Complete, Submitted and Accepted : \_\_\_\_\_

Application Received By: \_\_\_\_\_ As Agent for SHA

**ATTACH "Signed" DOCUMENT PACKAGE forms**