

ATTENTION IMPORTANT INFORMATION
DO NOT REMOVE ANY PAGES FROM APPLICATION

Admission to the Rental Assistance program will be extremely low income families before low income families then by date and time of application.

Included with the application is a Criminal, each person 18 or older must complete one of these forms the Criminal History form must be completed by your local law enforcement agency.

Application must be complete or it will be returned.

1. You must supply all the required information before the application is accepted.
2. **You will be notified by mail that you have an opening; the letter will contain the date and time of your appointment for your briefing (Make sure we have your correct mailing address at all times). All changes must be made in writing. (WE WILL NOT CONTACT YOU BY PHONE).**
3. **If you do not attend the briefing on the date of the letter, you will be dropped from the waiting list and will need to re-apply for assistance.**
4. **If you are 10 minutes or more late for your briefing appointment, or if you do not show up for your appointment, you will be dropped from the waiting list and will need to re-apply for assistance.**
5. **At** your briefing you will be asked for the following:
 1. Picture ID.
 2. Social Security Cards for every member of the household.
 3. Copy of any and all divorce decrees.
 4. Bank account information, savings, checking, CD's etc. (Name and mailing address of bank and all account number(s).
 5. Documentation of any sale of property sold within the last 2 years.
 6. Verifications that will be accepted are as follows and must be current: **Social Security, SSI, VA or other pension**, letter of Award or printout from source. **Employment**, statement from employer listing amount paid per hour, number of hours worked and number of weeks paid per year and any tips if applicable. **Unemployment benefits**, statement of benefits paid. **Child support**, printout from Child Support Enforcement, copy of court record, copy of divorce decree showing child support awarded. If neither of these can be obtained, a notarized statement from the person paying the support. **Alimony**, copy of divorce decree or copy of court record signed and dated. **TEA** benefits, printout or statement from the Department of Human Services. **Self-Employment**, copy of tax return, copy of monthly statements or notarized statement signed by you. **Gifts** signed and dated statements from person(s) giving you money, paying bills or buying items, etc. **Educational grants or scholarships**, printout of grant or scholarship awards and cost of tuition. Copy of all **interest** receiving on CD'S, savings accounts, checking accounts, stocks or bonds.
 7. If you are elderly or disabled, you may qualify to deduct medical expenses. Make a list of all expenses with mailing addresses for each.
 8. If you pay for child care, be sure to tell the Intake Clerk at your briefing.
 9. If you are eligible for assistance, you will be issued a **Voucher**. You will have **60-days** to find a unit and return the **Request for Tenancy Approval** packet. If you do not return the forms by the deadline, you will be removed from the waiting list.
 10. **You are responsible for any and all rent** on the unit until the contract is started. **NO contract** will be started except on the first of a month after the unit passes inspection.
 11. **You will be paying 30% of your adjusted income** towards your utilities and rent and any approved amounts over the payment standard based on your income.
 12. If you have **NO INCOME**, you are still responsible for a minimum rent payment.

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

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

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.

Criminal History Report

42 USC 1437 d (q) (1) (A)

Notwithstanding any other provision of law, except as provided in subparagraph (C), the National Crime Information Center, police departments, and other law enforcement agencies shall, upon request, provide information to public housing agencies regarding the criminal conviction records of adult applicants for, or tenants of, covered housing assistance for purposes of applicant screening, lease enforcement, and eviction.

Print Name of Applicant/Tenant _____

List all names used including Maiden and Married _____

Social Security Number _____ Date of Birth _____

In order for the Housing Authority to process the rental assistance for the above named person, we must verify Criminal History. Persons arrested and/or convicted of certain crimes are ineligible for rental assistance and public housing.

Please release any information requested on my Criminal History to the Northwest Regional Housing Authority.

Signature _____
Signed Release Attached

_____ Date

STOP! THE REST OF THIS FORM MUST BE COMPLETED BY YOUR LOCAL LAW ENFORCEMENT AGENCY!

Has the above named person ever been arrested and/or convicted of any Drug Related Crime? _____

If so, when? _____ Is this person on probation for this crime now? _____

Month/Year

Has the above named person ever been arrested and/or convicted of any Drug Related Crime involving Methamphetamine (Meth)?

_____ Did the crime involve manufacture of Methamphetamine? _____

Where did the crime take place: _____ If so, when? _____

Is this person on probation for this crime now? _____ Month/Year

Has the above named person ever been arrested and/or convicted of any Violent Criminal Activity? (Explain)

If so, when? _____ Is this person on probation for this crime now? _____

Month/Year

Has the above named person ever been arrested, convicted and subject to lifetime registration as a Sex Offender? _____

Has the above named person ever been arrested and/or convicted of any Alcohol Related Crime, i.e. DUI, Public Intoxication? _____ If

so, when? _____ Is this person on probation for this crime now? _____

Month/Year

Has the above named person ever been involved in an arrest for any of the above crimes by anyone residing at their address?

_____ Signature

_____ Title

_____ Law Enforcement Agency

_____ Date

Return To:

Northwest Regional Housing Authority

P O Box 2568

Harrison, AR 72602

Fax # 870-741-9234

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Harrison, AR 72602

Fax # 870-741-9234

INCOME LIST
Household Income

Are you Homeless _____

Print your name: _____ SS # _____ Date _____

Signature: _____

Mailing address: _____

City, State, Zip Code: _____

Employer: _____ Who is employed? _____

Mailing address _____ City, State, Zip Code _____

Gross income per month (before taxes or deductions) _____

Self-Employment: _____ gross amount per month.

Unemployment Benefits: (Amt per week) _____ Maximum Benefit Amount _____

Social Security Benefits: (Gross Amt) _____ Medicare Premium (Amt) _____

Supplemental Security Income (SSI)(Gross Amt) _____

VA(Amt) _____ Other Pension (Name and mailing address)(Amt) _____

Child Support (Amt per month) _____ TEA Benefits (Amt per month) _____

Alimony (Amt per month) _____ Food Stamps (Amt per month) _____

Educational Grants or Scholarships (Amt awarded) _____

Bank accounts: Name and mailing address of bank _____

Account Numbers _____

Stocks, bonds, IRA's: Name and mailing address of broker and value of asset, _____

Do you own a house, land or other property? _____ Is the property used as rental property? _____

Amount received per month _____

Monthly expenses: List monthly amount and what it is for. _____

Gifts: (Any amounts given to you or paid for you or items purchased for you) Average monthly amount, and what it is for _____

Contributed by _____

Mailing Address _____

(If more than one person or agency contributes to the household, list those on a separate sheet of paper)

NO INCOME: I verify that I have no income of any kind at this time.

Signature: _____ Head of Household

Do not sign this space unless you are stating that you do not have income.

CERTIFICATION: I do hereby affirm and attest that all the 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 to the Housing Authority IN WRITING IMMEDIATELY.