

Ocala Housing Authority
Application for Continuing Eligibility
Open Market

Head of Household (H of H)		Date of Birth	Social Security Number
Marital Status <input type="checkbox"/> Married Date Married _____ Spouse's name _____ <input type="checkbox"/> Separated Separation Date _____ Spouse's name _____ Is it a legal separation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Divorced Date Divorced _____ Spouse's or Ex Spouse's Name _____ Must provide a copy of divorce decree, marriage license and/or separation agreement			
Home Telephone Number		Work Number	Message Telephone Number
Physical Address		Mailing Address or PO Box	
Name of nearest relative or friend not living with you		Address	Phone Number
Drivers License Number		Email address	
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants			
Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Do you or anyone in your household receive Food Stamps? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____ (Receiving Food Stamps DOES NOT increase your portion of rent) <div style="text-align: right;">Case Number _____</div>			
Name of Employer or Source of Income		Date Employment Began	
Address of Employer		Phone Number of Employer	
Drivers License Number			
Spouse/Co Head		Date of Birth	Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$	
Name of Employer			
LIST ALL OTHER FAMILY MEMBERS THAT LIVE IN YOUR HOUSEHOLD			

(If additional space is needed please attach all information for additional family members)

1. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
Employer or source of income		Address of Employer		Phone Number
Is this family member a full time student?			Name of school	
Has this child tested positive for elevated blood levels for lead paint poisoning?				
Name(s) of non-custodial parent(s)			Child Support Case Number	

2. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
Employer or source of income		Address of Employer		Phone Number
Is this family member a full time student?			Name of school	
Has this child tested positive for elevated blood levels for lead paint poisoning?				
Name(s) of non-custodial parent(s)			Child Support Case Number	

3. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants\				
Employer or source of income		Address of Employer		Phone Number
Is this family member a full time student?			Name of school	
Has this child tested positive for elevated blood levels for lead paint poisoning?				
Name(s) of non-custodial parent(s)				

(If additional space is needed please attach a separate sheet with all information for additional family members)

4. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
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Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment, Unemployment, Family Contribution, Other Assets School Grants

Employer or source of income	Address of Employer	Phone Number
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Is this family member a full time student?	Name of school
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Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
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5. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
--------------	-----	-----	---------------	------------------------

Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment, Unemployment, Family Contribution, Other Assets School Grants

Employer or source of income	Address of Employer	Phone Number
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Is this family member a full time student?	Name of school
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Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
------------------------------------	---------------------------

6. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
--------------	-----	-----	---------------	------------------------

Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment, Unemployment, Family Contribution, Other Assets School Grants

Name of Employer or source of income	Address of Employer	Phone Number
--------------------------------------	---------------------	--------------

Is this family member a full time student?	Name of school
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Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
------------------------------------	---------------------------

CHILDCARE INFORMATION

Do you pay for childcare? Yes No

Amount paid for childcare \$ _____ Weekly Bi-weekly Monthly

Are you reimbursed childcare expenses from an agency? Yes No

Name and address of Daycare facility:

Telephone #

CHILD SUPPORT INFORMATION

Do you receive child support? Yes No | Is the child support court ordered? Yes No

Name of child(ren) you receive child support for:

Amount of child support \$ _____ Weekly Bi-weekly Monthly

ALIMONY INFORMATION

Do you or any of your family members receive alimony? Yes No

Is the alimony court ordered? Yes No

**ASSET INFORMATION
and
ADDITIONAL INCOME INFORMATION**

Do you or any household member have a checking or savings account? Yes No

Name of Financial Institution

Address of Financial Institution

Checking/Savings Account Number

Checking/Savings Account Balance

Life Insurance Policy Yes No

Cash Value

Company Name

Do you or any of your family members own any of the following:

Interest in Real Estate, Property or Land Yes No

Stocks or Bonds Yes No

Dividends or Annuities Yes No

Trust Funds or Money Market Accounts Yes No

Retirement Account (401, Keogh, IRA) Yes No

Inheritance, Lump Sum Payments Yes No

Special pay to a family member in the Armed Forces? Yes No If yes explain

Are you or any of your family members receiving income from your participation in a State or local employment training program? Yes No If yes, name _____

Are you or any of your family members receiving any financial assistance paid to you or to an educational institution? Yes No If yes, name _____

Are you or any of your family members receiving income from a HUD funded program?
 Yes No If yes, name _____

Are you or any of your family members receiving resident service stipend?
 Yes No If yes, name _____

Are you or any of your family members receiving adoption subsidy or payments for the care of foster children or foster adults? Yes No If yes, name _____

Is the Head of Household or any member of the household subject to a lifetime state sex offender registration program? _____

If yes who _____

Where _____ When _____

Have you or any other family member used any other names previously? Yes No If yes, please list all former names and respective dates used. _____

Warning: Section 1001 of title 18 of the United State code makes it a Criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matters within its jurisdiction.

Signature of Head of Household **Date**

Signature of Spouse/Co-Head **Date**



**EQUAL HOUSING
OPPORTUNITY**

Revised 3/2013



Ocala Housing Authority

Housing Counseling Program Client Disclosure Form

Ocala Housing Authority (OHA) provides housing counseling to anyone, regardless of income and at no charge to you. The Ocala Housing became a HUD Certified Housing Counseling Agency in August 2000. The OHA provides both 1-on-1 and group counseling sessions, covering everything from rental counseling, intensive homebuyer education, both pre and post purchase as well as delinquency counseling as it pertains to rental and mortgages. The OHA Housing Counselors will work with those seeking counseling services to develop action plans and set goals to realizing their dream of affordable safe and decent housing.

Mortgage/Rental Counseling:

Housing Counselors working with renters can:

- Provide information and education about housing resources and renters/mortgagees responsibilities.
- Provide financial planning tools to resolve housing problems, including:
 - Developing a budget and monthly spending plan;
 - Prioritizing spending for housing stability;
 - Identify other agencies that maybe able to assist with other needed services
 - Helping identify solutions for maintaining necessary utilities

The counselor may help analyze my/our financial and credit situation, identify barriers to affordable mortgage financing and other housing problems and develop a plan to remove barriers. The counselor may also provide assistance in debt management and help me/us prepare a monthly manageable budget and spending plan. I/We understand that it will not be the responsibility of the counselor to "fix" the problem, but rather to provide guidance and education which may enable me/us to resolve my/our personal financial challenges.

Purpose: I/We understand that the purpose of the OHA 's housing counseling program is to provide 1-on-1 or group counseling to help customers with their housing needs at no cost to me/us.

Applicants Signature: _____ Date: _____

Co- Applicants Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

Housing Counselor Signature: _____ Date: _____

- This form expires 15 months from the date signed.



EMERGENCY CONTACT

IN CASE OF EMERGENCY PLEASE CONTACT THE FOLLOWING

Name
Address
City, State and Zip Code:
Telephone Number:
Relationship:

Name
Address
City, State and Zip Code:
Telephone Number:
Relationship:

Name
Address
City, State and Zip Code:
Telephone Number:
Relationship:

PLEASE KEEP THIS INFORMATION UPDATED IF THERE ARE ANY CHANGES

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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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.

OCALA HOUSING AUTHORITY

FRAUD STATEMENT

Chapter 414.39 of Florida Statutes makes it a crime, punishable by fine from both \$50.00 to \$5,000.00, or imprisonment for up to five (5) years, or both, if a housing applicant or resident deliberately makes false statements about his/her income or fails to disclose a material fact affecting income and rent.

Section 1001 of Title 18 of the United States Code also makes it a crime punishable by fine up to \$10,000.00, or imprisonment up to five (5) years, or both for making any false, fictitious or fraudulent statement or representation making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant or a resident, knowingly gives the Ocala Housing Authority (OHA) false information about your income, or fail to report changes in your family composition (family size) or income, in writing within thirty (30) days of the change, to your Section 8 Housing Counselor (Section 8 Program) or your Public Housing Manager (Public Housing), or failure to report to the Ocala Housing Authority representative for any programs administered by the Ocala Housing Authority, your assistance will be terminated and you may be charged with fraud under Chapter 414.39 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to the OHA, you receive any rental assistance or lower rent to which you are not entitled, you will be subject to local, state, and federal prosecution. THIS COULD RESULT IN FINE IMPRISONMENT OR BOTH AS WELL AS THE LOSS OF YOUR ELIGIBILITY FOR THIS AGENCY'S HOUSING PROGRAM.

I have read the above statement or had it read or explained to me. I also understand the consequences of not correctly reporting my income, household size, or any other requirement of the Ocala Housing Authority.

_____ <u>Signature of Head of Household</u>	_____ <u>Date</u>
_____ <u>Signature of Co-Head</u>	_____ <u>Date</u>
_____ <u>Signature of Other Adult</u>	_____ <u>Date</u>
_____ <u>Signature of OHA Representative</u>	_____ <u>Date</u>

EQUAL OPPORTUNITY EMPLOYER/EQUAL OPPORTUNITY HOUSING

OCALA HOUSING AUTHORITY
1629 NW 4th Street
PO BOX 2468
OCALA, FL 34478-2468
PHONE (352) 369-2636
FAX (352) 369-2642
TDD 1-800-545-1833 EXT. 507

ACKNOWLEDGEMENT OF RECEIPT

OCALA HOUSING AUTHORITY

NOTICE OF REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

I, _____ hereby sign and acknowledge receipt of
the Ocala Housing Authority's Notice of Reasonable Accommodations for Persons with Disabilities.

Signature

Date



Ocala Housing Authority

Notice to all Applicants, Participants and Residents



Reasonable Accommodations for Persons with Disabilities

The Ocala Housing Authority is a public agency that provides subsidized housing to eligible families including families with children, elderly families, disabled families, and single people. Ocala Housing Authority is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, OHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability in accordance with:

1. Section 504 of the Rehabilitation Act of 1973 (Section 504);
2. Titles II and III of the Americans with Disabilities Act of 1990 (ADA);
3. The Fair Housing Act of 1968, as amended (Fair Housing Act);
4. The Architectural Barriers Act of 1968; and
5. 24 C.F. R. Part 8 etc.

A reasonable accommodation is a structural change a Public Housing Authority can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant, resident, or participant with a disability to make effective use of a PHA's programs. Examples of reasonable accommodations would include:

- ❖ Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- ❖ Adding or altering unit features so they may be used by a family member with a disability;
- ❖ Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- ❖ Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- ❖ Making large type documents, Braille documents, cassettes or a reader available to an applicant, resident or participant with a vision impairment during the application process or re-examination;
- ❖ Making a sign language interpreter available to an applicant, resident, applicant or participant with a hearing impairment during the interview or meetings with PHA staff;
- ❖ Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

The Housing Authority is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden.

An applicant/resident/participant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their unit, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application or re-examination process or at any time you need an accommodation.

Contact the Compliance Director, Jacalyn Brown, at PH: 352-620-3350 email: jbrown@ocalahousing.org

1629 NW 4th St, Ocala, FL 34475

P.O. Box 2468, Ocala FL 34478-2468

Phone: (352) 620-3350 • Fax: (352) 732-1750 • TTY: (352) 368-2969 • TDD1 (800) 545-1833 x507

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.

Ocala Housing Authority

1629 NW 4th Street
P.O. Box 2468
Ocala, Florida 34478-2468

Telephone: 352-369-2636
Fax: 352-369-2642
TDD 1-800-545-1833 ext.507

AUTHORIZATION TO RELEASE INFORMATION

The Ocala Housing Authority is required by federal regulations to verify the income and credit of all family members applying for admission or participating in our rental programs. To comply with this requirement, we ask your cooperation in providing the information requested regarding the referenced family member(s). This information is used only in determining eligibility status and the family's portion of rent

Your prompt return of the attached Income Verification form is greatly appreciated. For your convenience I have enclosed a self-addressed stamped envelope. Should you have any questions, you may contact our office at the above number.

AUTHORIZED TO RELEASE INFORMATION

I, hereby, authorize the release of the requested information by the following applicable agencies and/or person: Employer, Social Security Administration, Child Support Payer, Department of Children and Families, Child Care Provider, Credit Bureau, school records and utility companies.

I, hereby, authorize the release of a criminal background check to the Ocala Housing Authority on my behalf and for anyone in my household who is 18 years of age or older and who has also signed this release form.

I also authorize the Ocala Housing Authority to request and obtain from the Internal Revenue Service regarding my unearned and earned income (i.e., W-2 wages, interest, social security and dividends). This disclosure is needed to verify the accuracy of the information which I have provided to this agency. This consent form authorizes release of this information for my account for the last three (3) tax years and will be sufficient to use in lieu of my signature on IRS Form 4506T.

This consent form expires five (5) years after the date of signature.

NAME OF FAMILY MEMBERS

List the name and social security number for each family member.

Head of Household _____, ss# _____-____-____
Co-Head: _____, ss# _____-____-____
Other Adult: _____, ss# _____-____-____
Dependent: _____, ss# _____-____-____
Dependent: _____, ss# _____-____-____
Dependent: _____, ss# _____-____-____
Dependent: _____, ss# _____-____-____

Signature of Head of Household

Date

Signature of Co-Head

Date

Other Adult

Date

Other Adult

Date

Equal Opportunity Employer/Equal Opportunity Housing

revised 5/2019

**Ocala Housing Authority
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 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 age six years 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.

Signatures:

Initial: I received a copy of the
Privacy Act Notice

Head of Household

Date

Family Member 18 yrs. and older

Date

Family Member 18 yrs. and older

Date

Family Member 18 yrs. and older

Date

Family Member 18 yrs. and older

Date
