

Clarksburg-Harrison Regional Housing Authority
433 Baltimore Avenue, Clarksburg, WV 26301
Phone: 304-623-3322 fax: 304-623-5604

ONLY COMPLETE APPLICATIONS WILL BE PLACED ON THE WAITING LIST!

(Applications are ONLY accepted on Tuesday's and Thursday's between 9:00a.m-3:00p.m.)

IMPORTANT! PLEASE READ: The Following information must be submitted to the Clarksburg- Harrison Regional Housing Authority Section 8 Department at the time of application. Applications will not be accepted unless ALL information and documentation listed below is complete.

- Birth Certificates for each member of your household.
- Social Security cards for each member of your household.
- Verification proving your veteran status, *if applicable*.
- Income verification from the Bureau of Child Support Enforcement showing the amount of Child Support you have received in the last 12 months. **If you are not receiving Child Support, we need verification from the Child Support Enforcement stating you are not currently receiving Child Support from their agency.** If you receive Child support from an outside source, we need a notarized statement from that person stating the amount he/she pays you on a weekly, bi-weekly, bi-monthly or monthly basis.
- Verification of all forms of income for each adult family member. (i.e Social Security, SSI, WV Works, Student Loans, Unemployment benefits, 6 weeks of Pay Check Stubs, etc.)
- Divorce Decree, *if applicable*.
- Bank Accounts / Assets (savings, checking, stocks, bonds, property, IRA's mutual funds, annuities, trust, inheritances, and settlements) Three most recent statements or letters from bank stating current balance and annual interest rate or bank/pass book.
- Full- Time Student Status (for students 18 years of age or older): Current letter from the registrar or admissions officer.
- Proof of American Citizenship, if applicable. **Declaration of Citizenship status must be completed for each member of the family.**
- **Criminal Background form must be completed for each household member age 18 or older.**
- **Attachment A:** Contact information for must be signed. If you choose not to name an alternative contact, sign the form and check the box above the signature line.

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- () I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - [] Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 - [] Permanent residence under 249 of INA 4/; or
 - [] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - [] Parole status under 212(d)(5) of the INA /6; or
 - [] Threat to life or freedom under 243(h) of the INA /7; or
 - [] Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

Clarksburg-Harrison Regional
Housing Authority

Louis A. Aragona II
Executive Director

433 Baltimore Avenue
Clarksburg WV 26301
(304) 623-3322
FAX: (304) 623-1536

**ADULT FAMILY MEMBER DATA
NEEDED FOR CRIMINAL BACKGROUND CHECK**

NAME _____
LAST FIRST MIDDLE

ADDRESS _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

PLACE OF BIRTH _____
CITY STATE

SEX _____ RACE _____

HEIGHT _____ WEIGHT _____

COLOR OF EYES _____ COLOR OF HAIR _____

SIGNATURE

DATE

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.	

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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.

Date: _____ Time: _____ Veteran? _____ (yes/no)

CLARKSBURG-HARRISON REGIONAL HOUSING AUTHORITY

_____ PERSONAL DECLARATION _____ APPLICATION # _____

FOR RENTAL ASSISTANCE BENEFITS
433 BALTIMORE AVENUE, CLARKSBURG, WV 26301
PHONE (304) 623-3322 – FAX (304) 623-5604

Recertification Month: _____

Preference Briefing: _____

Last Name	First Name
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_____ I understand that if I have a change of address, I must notify the Housing
(Initials) Authority in writing.

Important Information

Please read this carefully before completing the form

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

- The form must be completed in the handwriting of the head of household. Incomplete forms will not be processed.
- Persons with disabilities or persons, who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing agency office.
- Use the full legal name of each person listed on the form as it appears on their social security card.
- Please print all answers.
- Answer all questions on the form. Do not leave any questions blank. If a question does not apply to you such as "What is your telephone number", and you do not have a telephone, write "none".
- All yes/no questions must be checked to indicate whether your response is a "yes" or "no".
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the form.
- The legal head of household and spouse/co-head (if any) must sign and date the form form.
- Where indicated on this form, the questions apply to all members of the family listed on the form.
- The information that you provide on this form must be true and complete. It is a violation of federal and state criminal law to make false statements on any form for housing assistance. If you do not understand a question, please ask your housing representative.
- Be advised that the PHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

In order to qualify for housing assistance an applicant/participant must:

- Be a family as defined in the housing agency's administration plan. The administrative plan is either posted or available at the housing agency office.
- Meet the HUD requirements on citizenship or immigration status
- Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the housing agency's office.
- Provide documentation of Social Security numbers for all family members, age 6 and older, or certify that they do not have Social Security numbers.
- Meet student eligibility requirements
- Pay any money owed to the PHA or any other housing authority
- Not be subject to lifetime sex offender registration requirements
- Sign authorization forms so that the PHA can verify the various eligibility requirements
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity

Americans With Disabilities Act

We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.

Please complete all sections of this form and ANSWER all questions. DO NOT leave any questions blank. If a question does not apply write "NO". If you do not understand a question, you may ask for an explanation at your interview or have someone else explain it to you. **WARNING: Making false statements on this document is considered FRAUD and may result in DENIAL OR TERMINATION from the program and CRIMINAL PROSECUTION.**

HEAD OF HOUSEHOLD Person applying

Last Name	First Name	Home Phone Number ()
Physical Address	Apt Number	Cell Phone Number ()
City, State	Zip Code	Work/Message Phone Number ()

Mailing Address (if different from above)	
City, State	Zip Code

Alternate Address	Apt Number	Phone Number ()
City, State	Zip Code	Cell Phone Number ()

SECTION I - HOUSEHOLD COMPOSITION

A. FAMILY HOUSEHOLD COMPOSITION

- Please list ALL people living in your home.
- List the Head of Household first followed by spouse/co-head then oldest to youngest household members.

Full Name As appears on Social Security Card	Age	Date of Birth (month-date-year)	Relationship to Head of Household	Social Security Number	Marital Status
1)		- -	SELF	- -	
2)		- -		- -	
3)		- -		- -	
4)		- -		- -	
5)		- -		- -	
6)		- -		- -	
7)		- -		- -	
8)		- -		- -	
9)		- -		- -	

B. SEPARATED/DIVORCED Please list spouse or ex-spouse information

Spouse/Ex-spouse Full Name	Last Known Address (If unknown, write city and/or state)	Divorced? YES/NO	Year Separated
1)			
2)			

C. ABSENT PARENT(S) Please list absent parent(s) information for any of the children above.

Child Name(s)	Absent Parent Name	Last Known Address	Any contact with absent parent? YES/NO
1)			
2)			
3)			

D. SERVICE RECORD: Please list family members residing in unit who have been or are in the Military Service

Household Member	Serial Number	Relation to Family Head	Date & Place of Induction	Branch of Service/Present Rank of Reserve Status	Date & Type of discharge	VA Claim Number "C" Number	Disabled or deceased
1)							
2)							



E. STUDENT STATUS Please list all family members who are attending school part time or full-time for elementary, high school and vocational school.

• **OFFICIAL SCHOOL TRANSCRIPTS WILL BE REQUIRED FOR ALL COLLEGE STUDENTS**

Student Name	Part time or Full time Student?	School Name and Address	Financial Aid Amount	Type of Degree
1)				
2)				
3)				
4)				

SECTION II – HOUSEHOLD INCOME

Please answer each question below. If you answered “YES” please fill out information below for the family member(s) who receives this income(s).

A. SSI / PENSION /OTHER BENEFITS			YES/NO
Do you or any household member(s) receive Social Security/SSI benefits?			
Do you or any household member(s) receive pension, retirement benefits or an annuity?			
Do you or any household member(s) receive unemployment benefits or disability benefits?			
Name of Household Member	Monthly/weekly amount	Name & address of Agency/Office	

B. EMPLOYMENT			YES/NO
Do you or any household member(s) receive full/part-time job earnings or severance pay?			
Do you or any household member(s) receive cash, tips or bonuses?			
Do you or any household member(s) receive military or reserve pay?			
Are you or any household member(s) self-employed?			
Name of Household Member	Monthly Gross Pay	Name & address of Employer	

C. PUBLIC ASSISTANCE BENEFITS			YES/NO
Do you or any household member(s) receive Cash aid, welfare, food stamps, or other public assistance?			
Do you or any household member(s) receive adoption or foster care payments?			
Do you or any household member(s) receive In-Home Supportive Services to care for another person?			
Do you or any household member(s) receive transportation reimbursement?			
Name of Household Member	Monthly Amount	Type of Benefit	

D. CHILD SUPPORT OR ALIMONY BENEFIT(S)				YES/NO
Do you or any household member(s) have an open child support case with a court?				
Do you or any household member(s) receive child support office payments?				
Do you or any household member(s) receive child support /alimony directly from an absent parent/spouse?				
Does the Absent Parent purchase items for child(ren) such as clothing, food, formula, diapers, etc?				
Name of Child	Absent Parent/Spouse name and Address	Monthly Amount	Cash Value of Purchases, clothing, food, formula, etc	

E. CONTRIBUTIONS		YES/NO
Does anyone outside your household give you money or pay your bills(s) for you?		
Does anyone outside your household buy you supplies such as groceries, etc?		
Did any organization help you pay a bill or expense?		
If you answered yes, please explain:		

F. FEDERAL INCOME TAX				YES/NO
Did you or any household member(s) file a federal income tax return in the last 12 months?				
Did you or any household member(s) receive a W2(s) and/or 1099(s) income form but did NOT to file a tax return?				
Were you or any household member(s) claimed as a dependent on someone else's taxes?				
Name of Household Member	TAX YEAR	Reason Taxes not filed	Name of Person claiming family member as dependent	

G. Plasma			YES/NO
Do you or any household member(s) give PLASMA?			
Name of Household Member	Monthly/Weekly Amount	Name and Address of place you give Plasma	

SECTION III – ASSETS

Please answer each question below. If you answer “YES” please fill out information below for the family member(s) with that asset(s).

A. ACCOUNT INFORMATION				YES/NO
Do you or any household member(s) have a savings or checking account?				
Do you or any household member(s) have stocks, bonds or certificate of deposit (CD)?				
Do you or any household member(s) have a money market fund/trust fund?				
Do you or any household member(s) have a retirement, 401K, federal thrift savings plan, IRA or Keogh account?				
Name of Household member	Company/Bank Name	Type of Account	Account Number	

B. PROPERTY			YES/NO
Does anyone in your household own or have an interest in commercial or residential real estate or mobile home?			
Has anyone in your household sold any real estate in the last 2 years?			
Name of Household member	Type of Asset	Value	

C. LUMP SUM INCOME				YES/NO
Did you or any member of your household receive a large sum of money from any source within the last 12 months?				
Name of Household member	Amount	Date	Type of Income	

SECTION IV – VEHICLES AND CREDIT CARDS

Please answer each question below. If you answer “YES” please fill out information below for the family member(s).

A. VEHICLES BEING USED BY YOUR HOUSEHOLD					YES/NO
Do you or any household member have a vehicle(s) registered to him/her?					
Do you or any household member(s) have use of any vehicle(s) that is not registered to him/her?					
Name of Registered Owner	Make and Model of Vehicle	Year	License Plate Number	Monthly Payment	



B. CREDIT CARD AND LOAN				YES/NO
If you need additional space to answer the question, you may use another sheet of paper and attach it to this form.				
Do you or any household member have a Visa, Master Card, Discover, or American Express?				
Do you or any household member(s) have department store, furniture store, or jewelry store accounts?				
Do you or any household member(s) have credit union loans, bank loans, or personal loans?				
Name of household member	Creditor/Bank Name	Account balance	Delinquent or in collections?	Monthly payment

SECTION V – EXPENSES

Please answer each question below. If you answer “YES” please fill out information below for the family member(s) with that expense(s).

A. CHILD CARE EXPENSES				YES/NO
Do you pay childcare for a child 12 and under to go to work or to school?				
Do you pay for care equipment for a household member with a disability for you to go to work?				
If yes, is the childcare expense paid for by an agency or by another person outside of your household?				
Name of child or disabled member	Monthly Child care	Child care providers name	Name of Agency if paid by an agency	

B. MEDICAL EXPENSES		YES/NO
Does any household member(s) anticipate having out of pocket medical expenses in the next 12 months?		
If yes, how much \$		

C. HOUSEHOLD EXPENSES					
<ul style="list-style-type: none"> List the MONTHLY average amount ALL household members pay for each of the following. If the expense does not apply to you write NO or NONE. Do not leave any spaces blank 					
Rent	\$	Car payment	\$	Loan payment	\$
Gas	\$	Gasoline for car	\$	Credit cards	\$
Electricity	\$	Car insurance	\$	Life insurance	\$
Water	\$	Car maintenance	\$	Medical bills	\$
Trash & Sewer	\$	Public transportation	\$	Medical insurance	\$
Cable/Internet	\$	Childcare	\$	Groceries/Food	\$
Telephone	\$	Cell phone	\$	Other/Personal Spending	\$

TOTAL MONTHLY EXPENSES \$

SECTION VI – SUPPLEMENTAL INFORMATION

Please answer each question below. If you answer “YES” please fill out information below for that family member(s).

A. HOUSEHOLD INFORMATION		YES/NO
1) Is there a family member(s): with a disability that started a new job or got a raise in the last 12 months?		
If yes, please explain:		
2) Is any household member temporarily absent from the home? Away at school or military service, etc		
3) Has any household member been out of the subsidized unit or county for more than 30 consecutive days in the past 12 months		
4) Does any Household member have any minor children that do not live in the home?		
If yes, please explain:		
5) Are you or anyone in your household currently or ever been on parole or probation ?		
6) Have you or anyone in your household ever been cited, arrested, charged or convicted of ANY crime (misdemeanor and felony) other than traffic violations? If yes, list in detail, regardless of date of offense:		

7) Are you or anyone in your household subject to registration as a sex offender in any state? If yes, list name of registrant and complete address where currently registered:	
8) Have you or anyone in your household ever used any name(s) or Social Security number(s) other than the one you currently use or issued by the Social Security Administration? If yes, please give name(s) and/or Social Security number(s):	
9) Have you ever received or lived in any other Assisted-Housing elsewhere? If yes, list in detail date(s) and location(s):	
10) Have you or anyone in your household ever committed fraud while receiving Federally Assisted Housing or been required to repay money for misrepresenting information on such program? If yes, list date and all details:	
11) Does anyone residing outside of your household receive mail at your residence or claim it as their legal residence on ANY legal document (driver's license, vehicle registration, tax forms, school, etc.)? If yes, list name of person(s) and actual address where they reside.	

B. Rental History Please list information below for your current Landlord and your previous Landlord.			
Landlord's Name		Landlord's Name	
Phone Number		Phone Number	
Address		Address	
City/State/Zip		City/State/Zip	

C. Voluntary Information	
Race: Check the appropriate race. (More than one category can be entered if applicable.)	
<input type="radio"/> White	<input type="radio"/> Black/African American
<input type="radio"/> Asian	<input type="radio"/> Native Hawaiian/Other Pacific Islander
<input type="radio"/> American Indian/Alaskan Native	
Ethnicity: (Check the appropriate ethnicity.)	
<input type="radio"/> Hispanic or Latino	<input type="radio"/> Not Hispanic or Latino





SECTION VII – CERTIFICATION OF THE FAMILY

I/We hereby certify under penalty of perjury that all the information contained in this document is true and correct. I understand that **ALL changes in the income of ANY member of the household must be reported to the CLARKSBURG-HARRISON REGIONAL Housing Authority within 30 days of occurrence.** Also the Housing Authority **MUST APPROVE ANY** additional household members. The head of household must request **in writing** to add or to remove any member. Failure to comply with the rules and regulations may result in termination from the program and criminal prosecution.

I/We hereby certify that I/we understand my/our responsibilities to the **CLARKSBURG-HARRISON REGIONAL Housing Authority** and I/we further acknowledge that my/our housing assistance may be terminated and/or face criminal prosecution if I/we violate them.

I/We hereby certify that the above referenced statement have been explained and/or translated to me by a reliable source and/or by my housing specialist.

Received Above Statements in: ENGLISH _____, SPANISH _____, Other (specify) _____
Initials Initials Initials

WARNING Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.**

Signature of Head of Household Date Signature of Spouse Date

Signature of Other Adult in the Household Date Signature of Other Adult in the Household Date

Signature of Other Adult in the Household Date Signature of Other Adult in the Household Date

******If you have anyone outside your household helping you to complete this form, please provide their name and their relation to your family******

Name Relationship to Family Date

Clarksburg-Harrison Regional Housing Authority

Louis A. Aragona II
Executive Director

433 Baltimore Avenue
Clarksburg WV 26301
(304) 623-3322

Rental Assistance FAX: (304) 623-5604

SECTION VIII – AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the **Clarksburg-Harrison Regional Housing Authority** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8 Rental Assistance Program, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization r the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residents and Rental Activity
Medical or Child Care Expenses	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including (Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit Providers
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers	State Wage Information Collection Agency	U.S. Internal Revenue Service

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD OR THE Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for fifteen months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse	_____ Date
_____ Signature of Other Adult in the Household	_____ Date	_____ Signature of Other Adult in the Household	_____ Date
_____ Signature of Other Adult in the Household	_____ Date	_____ Signature of Other Adult in the Household	_____ Date
_____ Housing Specialist Certification	_____ Date		

