

TUPELO HOUSING AUTHORITY

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

NUMBER BEDROOMS: _____

FAMILY SIZE _____ ADULTS _____ CHILDREN _____

INCOME SOURCES _____

APPOINTMENT

DATE: _____

TIME: _____

INITIAL: _____

APPOINTMENT KEPT _____ YES _____ NO

NOTES:

**MANAGEMENT AND RENTAL OFFICE
1624 NORTH GREEN STREET
TUPELO, MS 38804
PHONE: 662-841-0006, FAX: 662-841-2354**

APPLICATIONS ARE ACCEPTED TUESDAY, WEDNESDAY AND THURSDAY FROM 10:00 A.M. TIL 3:00 P.M.

INSTRUCTIONS: PLEASE READ CAREFULLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

To be qualified for admission to public housing an applicant must:

- Be a family as defined in the THA's Admission and Continued Occupancy Policy;
- Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in the THA's offices.
- Meet or exceed the Applicant Selection Criteria as outlined in the THA's ACO Policy;
- Be able and willing to comply with the Housing Authority lease.
- The THA will conduct a criminal record check on all applicants age eighteen (18) and older.

ITEMS TO BRING TO THE INTERVIEW

1. We must verify all family income regardless of its source. Bring verification of all income. Be prepared to furnish your employer's name and complete mailing address.
2. We must have a photocopy of the Social Security card for all household members, a valid state issued photo identification card for all household members over the age of eighteen (18) and the birth certificate for all minors.
3. If you or your spouse has ever been divorced—We must have a complete copy of your final divorce decree(s).
4. If you pay a child care provider while you work or attend school, bring verification of this.
5. If you are elderly and/or disabled and have out-of-pocket medical expenses, bring verification of these expense.
6. Bring proof of school enrollment for all full-time students over the age of eighteen (18).
7. Bring name, complete mailing address and phone number for your landlord(s) for the previous three (5) years.
8. The 1998 Quality Housing and Work Responsibility Act for Community Service/Self-Sufficiency is a requirement for Public Housing. Please read the policy that is posted on our bulletin board.
9. Any other items that may be requested from the THA staff.

Complete applications will be entered on the waiting list in the order received. We try to process every application speedily. Once all information requested is received, the application will be presented to the housing manager for consideration immediately. We appreciate your interest in our housing program.



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house:
- Required to repay all overpaid rental assistance you received:
- Fined up to \$10,000:
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Question When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing The Application When you answer application questions, you must include the following information:

Income All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):

- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

Assets All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.

When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.

Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.

Any move in or out of a household member; and,

All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

Do not pay any money to file an application;

Do not pay any money to move up on the waiting list;

Do not pay for anything not covered by your lease;

Get a receipt for any money you pay; and,

Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:
HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

I certify that I have read and understand the contents herein:

Head of Household

Date

Spouse/Other Adult

Date

Other Adult

Date

Applicant/Tenant Authorization for Release of Information
Tupelo Housing Authority
1624 N. Green Street
Tupelo, MS 38804

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any assisted housing program.

Information inquiries about:

Child Care Expense	Citizenship
Credit History	Criminal Activity which may include a NCIC search and drug related activities
Family Composition	Employment, Income, Pension, and Assets
Identity and Marital Status	Federal, State, Tribal, or Local Benefits
Medical Expense	Handicapped Assistance Expense
Social Security Numbers	Residences and Rental History

Individuals or Organizations that may release information:

Banks and Other Financial Institutions	Law Enforcement Agencies
Courts	Employers, past and present
Credit Bureaus	Landlords, Including other PHA'S
Pensions/Annuities	Schools and Colleges
U.S. Social Security Administration	U.S. Department of Veterans Affairs
Utility Companies	U.S. Department of Immigration and Naturalization
Welfare Agencies	Pharmacies
Providers of:	EIV (UIV) System
Alimony	
Child Care	
Credit	
Handicapped Assistance	
Medical Care	

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Name	DOB	SSN	Race	Sex
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Address	Place of Birth
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City	State	Zip	Signature	Date
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I certify that the above-named individual has read this document fully or that I have read it to him/her and that I have explained its contents and answered any questions to the best of my ability and that he/she understood the significance of this document at the time of signing.

Housing Authority Representative

**TUPELO HOUSING AUTHORITY
APPLICATION FOR PUBLIC HOUSING**

PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all **persons age 18 or older** (head/spouse/cohead regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	Relation To Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #
1.	HEAD					
2.						
3.						
4.						
5.						

CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest.

NAME	Relation To Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #	School Name
6.							
7.							
8.							
9.							
10.							

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

Race: Check the appropriate race. (More than one category can be entered if applicable.)

- White
 Black/ African American
 American Indian/Alaskan Native
 Asian
 Native Hawaiian/Other Pacific Islander
 Hispanic or Latino
 Not Hispanic or Latino

Answer the following questions about all members of the household:

- Has any adult who will live in the home previously lived in a State other than this State? Yes No
 If yes, which family member(s)? _____ State lived? _____
 _____ State lived? _____
- Does anyone other than an adult who will live in the home share custody of any of the children listed?
 Yes No If yes, who?

- Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes No If yes, who?

- Is anyone who will be living in the home expecting a child?
 Yes No If yes, who? _____
- Is there anyone not listed on the application who is temporarily absent from the home?
 Yes No If yes, who? _____
- Has anyone who will be living in the home ever used another social security number other than the one listed on this application? Yes No If yes, who? _____
- Has anyone who will be living in the home ever used another name, other than the one they are using now?
 Yes No If yes, who? _____
- Is there anyone who will be living in the home who is 18 or over and a full-time student?
 Yes No If yes, who? _____
- Does anyone in your household require any type of accommodations to fully utilize our programs and services?
 Yes No If yes, who? _____

What do they require? _____

(2/7/07)

**TUPELO HOUSING AUTHORITY
APPLICATION FOR PUBLIC HOUSING**

CONTACT INFORMATION: List the names, addresses and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.

1. Contact Name _____
 Phone# _____
 Address _____ City/State/Zip _____

2. Contact Name _____
 Phone# _____
 Address _____ City/State/Zip _____

PART B: PRESENT AND PREVIOUS HOUSING INFORMATION

List your current address and landlord information. Then list all prior addresses and landlords for the past five (5) years.

Current landlord _____ Phone: _____
 Address _____ City/State/Zip _____ How long? _____

Previous landlord _____ Phone: _____
 Address _____ City/State/Zip _____ How long? _____

2nd Previous landlord _____ Phone: _____
 Address _____ City/State/Zip _____ How long? _____

3rd Previous landlord _____ Phone: _____
 Address _____ City/State/Zip _____ How long? _____

PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all of the members of your household.

- Has any household member ever been arrested for any crime?..... Yes No
 If yes, how many times?_____ Please explain. (Include when arrested, where arrested and the reason for the arrest.
 Attach a separate sheet if needed) _____

- Has any household member ever been convicted of any crime?..... Yes No
 If yes, how many times?_____ What crime(s)? _____

- Is any household member a subject to lifetime sex offender registration?..... Yes No
 If yes, who?_____ In what State(s)? _____
- Is any household member currently using illegal drugs? Yes No If yes, who? _____
- Has any household member ever been evicted from any type of housing?..... Yes No
 If yes, explain when, where and for what reason. _____

- Does any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons?
 Yes No If yes,
 Explain _____

7. Has any household member received rental assistance in public housing or Section 8?..... Yes No
 If yes, when? Year(s) _____ Housing Agency Name _____
 Under what name? _____ Who was Head of Household? _____
8. Do you owe any money to this or another Housing Authority?..... Yes No
9. Have you ever committed fraud in any housing assistance program or been requested to repay money for failing to report information?..... Yes No

**TUPELO HOUSING AUTHORITY
 APPLICATION FOR PUBLIC HOUSING**

PART D: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY.
(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

1. Did you or any family member file a federal income tax return for the past year?..... Yes No
 If yes, who? _____
2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next Twelve (12) months?
- Wages, salaries, tips, fees or commissions from an employer? (full or part time)..... Yes No
 - Compensation for personal services?..... Yes No
 - Income from the operation of a business or profession?..... Yes No
 - Interest, dividends or other income from real or personal property?..... Yes No
 - Payments from Social Security?..... Yes No
 - Payments from annuities?..... Yes No
 - Payments from insurance policies?..... Yes No
 - Payments from retirement funds?..... Yes No
 - Payments from pensions?..... Yes No
 - Payments from disability benefits?..... Yes No
 - Payments from death benefits?..... Yes No
 - Lump sum payments for the delayed start of periodic payments?..... Yes No
 - Unemployment compensation?..... Yes No
 - Disability compensation?..... Yes
- No
- Worker's compensation?..... Yes No
 - Severance pay?..... Yes No
 - Welfare assistance payments?..... Yes No
 - TANF payments?..... Yes
- No
- Alimony payments?..... Yes No
 - Child support payments?..... Yes No
 - Regular contributions or gifts from anyone?..... Yes
- No
- Money from self employment?..... Yes
- No
- Regular or special military pay?..... Yes
- No
- Regular contributions from anyone?..... Yes
- No

Financial assistance to attend school..... Yes No

3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	Frequency – (Circle one)		
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year

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APPLICATION FOR PUBLIC HOUSING

Form **THA-7701** (2/7/07)

PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY
(An asset is something of value that can be converted to cash)

1. Do you or any family member own or have access to any of the following?

Savings account?..... Yes No Checking account?..... Yes No
 Certificate of deposit?..... Yes No Money market account?..... Yes No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?

Stocks?..... Yes No Bonds?..... Yes
 No
 Real property (land)?..... Yes No Trust funds?..... Yes No
 Pensions?..... Yes No Individual retirement accounts?..... Yes No
 Inheritances?..... Yes No Life insurance policies?..... Yes No
 Any other type of capital investment?..... Yes No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have expenses for child care of a child age 12 or younger?..... Yes No

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person?..... Yes No
 If yes, how much is reimbursed per month? \$ _____

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work?
 (Could be the person with disabilities) Yes No If yes, complete the following:

Care Attendant			Amount
Name	Address	Phone Number	Monthly

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work?
 (Could be the person with disabilities)..... Yes No
 If yes, what is the anticipated monthly cost? \$ _____

(2/7/07)

**TUPELO HOUSING AUTHORITY
 APPLICATION FOR PUBLIC HOUSING**

5. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent			
Electric			
Gas			
Water			
Telephone			
TV Cable			
Car payment(s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan			
Rentals			
Furniture			
Food			
Credit Cards			

Medical Expenses (These questions only apply if the head, spouse or cohead is 62 years or older or is disabled)

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums? Yes No
- Long term care insurance? Yes No
- Out of pocket prescription expenses?..... Yes No
- Past due medical bills?..... Yes No
- Other anticipated medical expenses?..... Yes No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

1) Present Employer: _____

FROM: _____ TO: _____

2) Previous Employer: _____

FROM: _____ TO: _____

3) Next Previous Employer: _____

FROM: _____ TO: _____

4) Next Previous Employer: _____

FROM: _____ TO: _____

Does anyone in the household own or are you purchasing or have use of a vehicle? _____ YES _____ NO

If yes, complete the following: Make & Model _____ Year _____ Tag Number _____

(2/7/07)

**TUPELO HOUSING AUTHORITY
APPLICATION FOR PUBLIC HOUSING**

Certification of the Applicant

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing (within 5 days) if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the housing authority. I understand that I must notify the housing authority in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

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 AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Signature of Head of Household

Date

Signature of Spouse or Cohead

Date

Certification of PHA Representative

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

Signature of PHA Representative

Date

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