

Completed Applications are accepted ONLY on Tuesdays From 8 am to 4:30 pm.

No appointment is necessary on Tuesdays to submit a completed application with original documentation for the waitlist. The WHA staff will make copies for you.

When you bring the completed application for the waitlist- **there may be a line and/or a wait in the WHA-** as others are also bring in completed application.

The WHA office is closed from 12:30 to 1:30 pm, Monday to Thursday.

Applications are NOT accepted in the dropbox.

Applications can be picked up at the WHA office or printed from the website:

www.whaweatherford.com

WHA is open from 8 am to 5 pm Monday to Thursday, except for holidays and major events.

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.

If you are 62 years of age or older or a person with disabilities and require special assistance to complete your annual reexamination, please contact your housing specialist and arrangements will be made to accommodate your needs.

Housing Authority City of Weatherford

1125 W. Oak St
Weatherford, Texas 76086
817-596-0301 FAX 817-594-8504

Please follow instructions:

Attached is your Application for Housing Assistance. Please read the instructions very carefully before you fill out the application. **Incomplete applications will not be accepted.**

Complete this application in your own handwriting, in ink. Use the correct legal name of each person who will reside in the unit as it appears on the Social Security Card. All adult persons **must** sign this application and all other forms enclosed certifying the information pertaining to them is correct. (**Adult means:** any household member 18 years or older also, if 17 years old, but will turn 18 within the calendar year.) **Do not leave blank any section of the application, if that section does not apply to you write N/A.**

The APPLICATION MUST BE COMPLETED AND SIGNED BY ALL ADULT PERSONS IN THE HOUSEHOLD. Failure of the applicant or participant to sign this application and all its contents constitutes grounds for denial of eligibility or termination of assistance or tenancy.

We will gladly provide assistance to individuals with a handicap, disability or hardship to insure access to this document. If you require assistance or help in understanding this document, we will provide assistance. Please notify this office to arrange for assistance.

Return this application, **in person**, along with **ORIGINALS** of the following: We will make copies for you. Weatherford Housing Authority **must** have the following documents in order to process the application.

- 1) Certified birth certificates for ALL household members (hospital announcements will not be accepted)
- 2) Social Security card **for ALL** household members.
- 3) For household members 18 or over, **current** photo I.D. (i.e., drivers' license, passports etc.)
- 4) Proof of residency. 2 proofs required. Example: utility bill, award letter, lease, **no advertising mail**
- 5) Proof of income:
 - If you have a job, please provide as many **pay stubs** that you have, but at least 3 consecutive current pay stubs.
 - **Bank statements**, if you have an open bank account. Last 3 months.
 - If you are self employed you will need to provide a **current 1099 or a ledger**.
 - Your latest **Federal Income Tax Return**
 - **Award letters** for food stamps, TANF, etc.
 - **Social Security/Pensions** award letters.

As part of the Application process WHA will conduct a **Background Check** on **ALL** household members 18 years and over. You will be notified by mail if you are eligible for the wait list.

Warning: Title 18, Section 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, will be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Incomplete applications will not be accepted

1. Is any household member age 18 or older a full time student (other than head of household or spouse of Head of household)?
[] yes [] no If yes, complete the box below.

Adult Full-Time Students: List the family member name and school name, address and phone number of all family Members who are attending school full-time: Adults only

1. Name of Family Member

School Name
School Address:

School Telephone #
School Fax #

2. Name of Family Member

School Name:
School Address

School Telephone#
School Fax #

2. Is the Spouse of the Head of Household temporarily absent from the home? [] yes [] no
If yes, where? _____

(List full address)

3. Does anyone outside the household help with bills on a regular basis? ? [] yes [] no ... If yes, list name of each person or agency that assists with bills: _____

Does anyone in your household require special accommodations due to a handicap or disability? [] yes [] noIf yes, specify requirements: _____

INCOME AVAILABLE TO HOUSEHOLD

List all income earned or received by everyone living in the household regardless of age. List gross amounts of income (before any deductions).

Income Source	Yes	No	Family Member	Source	Amount MONTHLY
Employment					\$
Self-Employment					\$
Pension or Retirement					\$
Education Loans / Grants					\$
SSI					\$
Social Security					\$
Child Support					\$
Unemployment Benefits					\$
Workers Compensation					\$
FOOD STAMPS					\$
TANF					\$
Income from Rental Property\Minerals					\$
Alimony					\$
Babysitting or Adult Care, Family Assistance					\$
Military pay / Reserves / VA Benefits for Housing					\$
Other Income					\$

1. Is any household member age 18 or older participating in a job training program? [] yes [] no; if yes, list his/her name and the specific job training program: _____

2. If married (by ceremony or common law) and the spouse is not listed on this application, list his/her Name: _____ Where does he/she live? _____ is absence.. temporary or permanent?

3. Is any household member in the armed services? [] yes [] no ... If yes, who? _____

4. Are you entitled to: Child Support [] yes \$ _____ [] no or Alimony [] yes \$ _____ [] no
 Do you receive: Child Support [] yes \$ _____ [] no or Alimony [] yes \$ _____ [] no

5. If reporting zero income, how much is your rent and utilities? _____ monthly. Do you have a car payment? [] yes [] no ...
 If yes, how much is your payment monthly? _____ Does someone pay your car payments for you? [] yes [] no ...
 If yes, who? Name: _____

ASSETS

1. Does any household member listed have assets or receive income from assets? (Check all that apply)
 Real Estate Company Retirement/Pension Fund Trusts
 Stocks Insurance Settlements or Life Insurance Bonds
 Savings Account Certificate(s) of Deposit Checking Account
 Other: _____ If applicable, what is the total market value of all assets? \$ _____

2. How much interest or other income from any assets checked above do you receive annually? \$ _____

3. Have you given away or sold any assets for less than its fair market value in the past 2 years? [] yes [] no
 If yes, what? _____ what was its market value? _____
 How much did you receive? _____

MEDICAL EXPENSES (complete only if Head of household or Spouse is disabled or is 62 years of age or older)

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be Reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums.

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<i>Medical insurance</i>	\$ _____	<i>Doctor's Visits</i>	\$ _____
<i>Prescription medicine</i>	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work?
[] yes [] no if yes, itemize _____, _____, _____,

CHILD CARE EXPENSES

1. Do you pay for Child Care for children age 12 or younger while you work or attend school? [] yes [] no ...
If yes, to who are expenses paid? _____ how much per month? _____
Address and Phone Number of Child Care Provider: _____

2. Are any of your childcare expenses subsidized by another Agency? [] yes [] no
If yes, please, provide the Agency's Name /Address: _____

CRIMINAL HISTORY ** Criminal Activity- Any illegal criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another. i.e.; shoplifting, burglary, check fraud, among others

Has any household member (regardless of age) been arrested, charged, or convicted for any thing other than a traffic ticket?
[] yes [] no_ If yes, give details _____

Adult #1 Name _____
Violent criminal activity? [] yes [] no If yes, give details _____
Alcohol related activity? [] yes [] no If yes give details _____
Manufacture of methamphetamines [] yes [] no If yes, give details _____
Possession, sale, or distribution of illegal drugs? [] yes [] no... If yes, list name/date/disposition of case _____

Adult #2 Name _____
Violent criminal activity? [] yes [] no If yes, give details _____
Alcohol related activity? [] yes [] no If yes give details _____
Manufacture of methamphetamines [] yes [] no If yes, give details _____
Possession, sale, or distribution of illegal drugs? [] yes [] no... If yes, list name/date/disposition of case _____

Adult #3 Name _____
Violent criminal activity? [] yes [] no If yes, give details _____
Alcohol related activity? [] yes [] no If yes give details _____
Manufacture of methamphetamines [] yes [] no If yes, give details _____
Possession, sale, or distribution of illegal drugs? [] yes [] no... If yes, list name/date/disposition of case _____

1. A List name of any household member who is required to register as a sex offender: _____ Probation Officer _____
B If required to report for any offense, list name and telephone number of probation/parole officer. _____

2. Has any household member been evicted from federally assisted housing in the past 3 years? [] yes [] no
If yes, who? _____ Where? _____

RENTAL HISTORY (including any Section 8 or Public Housing)

1. Current Landlord _____ Landlord's Address/Phone _____

() _____ from _____ To _____ Address of Rental
Property _____

2. Previous Landlord _____ Landlord's Address/Phone _____

() _____ from _____ To _____ Address of Rental
Property _____

Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18?
[] yes [] no If yes, under what name _____ from _____ to _____
Housing Agency /City _____

4. Do you owe money to the agency? [] yes [] no were you asked to move? [] yes [] no
Comments: _____

Explanations: _____

Ib

Race: 1. White 2. African American 3. Native American/Alaskan 4. Asian 5. Hawaiian/Pacific Islander 6. Other _____
Ethnicity: 1. Hispanic/Latino 2. Non-Hispanic/Non-Latino

Authorization for the Release of Information

Tenant ID

HA requesting release of information:

Weatherford Housing Authority
1125 West Oak, Weatherford TX 76086

817-596-0301

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

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

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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	
_____	_____
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
_____	_____
Other Family Member over age 18	Date

Document ID: 14180545908

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 this form is restricted to the purposes cited above. 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.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Weatherford Housing Authority
1125 W. Oak Street
Weatherford, TX 76086

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

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

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

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

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

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

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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.

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.

EMAIL ADDRESS COLLECTION FORM

PLEASE COMPLETE THIS FORM AND RETURN TO:

Weatherford Housing Authority
1125 West Oak Street
Weatherford, TX 76086

Name

Street Address

City, State, Zip Code

The Weatherford Housing Authority has begun to use email for routine communication in an effort to deliver information faster in this convenient format. You may choose to opt-in to email delivery of notices and forms by completing this form

Yes, I would like to receive information via email rather than via standard mail

Email Address

I understand that the following conditions apply to email delivery:

- Some correspondence cannot be sent via email and will continue to be sent via standard mail
- Correspondence sent via will only be delivered via email and will not be sent standard mail
- Replies to email should not include confidential, sensitive or protective information
- I am responsible for notifying the Weatherford Housing Authority if my email address changes
- If an email sent to me is returned as undeliverable no more emails will be sent until I contact the agency to update my email account information.

Signature

Date

Printed Name

Housing Authority City of Weatherford

1125 West Oak Street
Weatherford, Texas 76086
817-596-0300 Office 817-594-8504 Fax

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability, and as a result of your disability you need...

- a change in the rules, policies or procedures that would give you an equal chance to participate in the Section 8 Program, or
- a change in the way we communicate with you or exchange information

You can ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

If you can show that you have a disability and if your request is reasonable, and after verification, we will try to make the changes you request.

You will need to fill out a REASONABLE ACCOMMODATION REQUEST FORM, so the Weatherford Housing Authority can verify your need for this Reasonable Accommodation.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM we will be happy to assist you.

We will give you an answer to your request in 10 business days unless there is a problem obtaining the information we requested or unless you agree to an extended time. We will let you know if we need more information or verification. We may also want to talk to you about other ways to meet your needs.

If we turn down your request, we will explain our decision. You may file an appeal and supply more information at that time.

Pick up a REASONABLE ACCOMMODATION REQUEST FORM at The Weatherford Housing Authority office.

I have read and understand the Notice of Right to a Reasonable Accommodation.

Signature

Date

Signature

Date

Housing Authority City of Weatherford

1125 W. Oak St
Weatherford, Texas 76086
817-596-0301 FAX 817-594-8504

Dear Applicant,

When you apply for housing assistance with the Weatherford Housing Authority, it is the policy of the Housing Authority that you must live in our jurisdiction (Parker County) for the first year.

IF YOU DO NOT have a legal residence in our jurisdiction (Parker County) when you apply, you must live in Parker County the first year.

After the first year, unfortunately, your request to port to another jurisdiction may be denied, due to the severe financial constraints presently imposed on our Agency. In accordance with the Housing and Urban Development directives, the Weatherford Housing Authority may deny permission for a Participant family to move, if the Housing Authority does not have sufficient funding for continued assistance.

Funding for continued assistance may be considered to be insufficient when the potential receiving housing agency is both unable to absorb the participant family, and the highest possible payment standard of the potential receiving housing agency is applicable to the participant family is significantly higher than the payment standard funding available to the Weatherford Housing Authority.

If you do not plan to relocate to Parker County, and live here for the first year, we cannot assist you. If you have any further questions please feel free to contact our office at: 817-596-0300.

Sincerely,

Section 8 Staff
Weatherford Housing Authority

If I do not currently live in Parker County, I do understand that I must relocate there in order to receive assistance from the Weatherford Housing Authority's Section 8 Program.

Signature

Date

Signature

Date





APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS...
IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could 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 five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Signature

Date

December 2005



U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice:</i></p>	
	<p>Signature</p>	<p>Date</p>
	<p>Printed Name</p>	



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 year s; and/or
- Prohibited from receiving future assistance.

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

Asking Questions 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 an y 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 bon us 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 year s 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 for ms, 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.

Recertification

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 member s 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.

Signature

Date

Signature

Date



Housing Authority City of Weatherford

1125 West Oak Street
Weatherford, Texas 76086
(817) 596-0300 FAX (817) 594-8504

TENANT AND APPLICANT CERTIFICATION

Giving True and Complete Information

I certify that all of the information provided in household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I certify that all information I have provided on my application forms and any information provided to complete my tenant file is true and correct.

Reporting Changes In Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I, my spouse, or any adult listed on my application have disclosed where we received any previous Federal Housing Assistance and whether or not any money is owed. We certify that for this previous assistance we did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Resident or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal Housing Assistance while I am in this current program. I will not live anywhere else without notifying the management office immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending prescheduled meetings and completing and signing needed forms. I understand failure or refusal to do so by myself, my spouse, or any other adult on the application will result in delays, termination of assistance or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

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.

SIGNATURE AND DATE OF ALL HOUSEHOLD ADULTS

HEAD OF HOUSEHOLD

DATE

SPOUSE

DATE

OTHER ADULT (RELATIONSHIP)

DATE

Weatherford Housing Authority

1128 FT. WORTH HWY
WEATHERFORD, TEXAS 76086

UPFRONT INCOME VERIFICATION SYSTEM INITIAL NOTICE

I have been notified that the Weatherford Housing Authority will be using the new upfront income verification system, known as UIV. UIV is the verification of income, both earned and unearned, using computer databases at the local, state and federal level.

I understand that this system will have all information regarding my wages, unemployment benefits, Social Security and SSI benefits and child support.

I understand that this information will be used in comparison with the information I have provided the Housing Authority to determine if all income verification has been disclosed.

I further understand that any discrepancies in the amounts disclosed and the amounts provided through the UIV must be resolved and may result in a re-payment agreement with the Housing Authority, if my income has been under reported or unreported.

Signature

Date

Signature

Date

Signature

Date

Staff Member Initials: _____

Date: _____

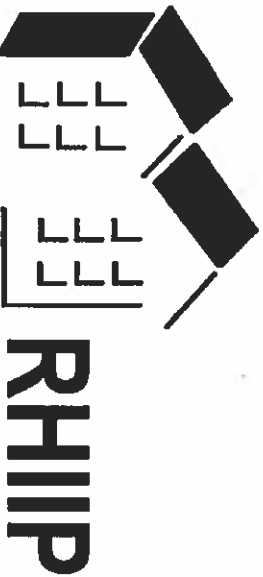
Note: All Household Members 18 years of age or older must sign this form.

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.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/dhpo/dhpoarsh/indiv/cfrn>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

Signature

Date

Signature

February 2010

DECLARATION OF CITIZENSHIP

June 8, 2021

Tenant ID

PLEASE COMPLETE THIS FORM AND RETURN TO:

WEATHERFORD HOUSING AUTHORITY
1125 W. OAK STREET
WEATHERFORD, TEXAS 76086
phone number : 817-596-0300
fax number: 817-594-8504

Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be 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.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call at to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.



ALL ADULTS 18+ MUST SIGN THE APPLICATION & ALL FORMS IN THIS PACKET

If there is not a signature line, sign below or above the head of household

signature: Application, Declaration of Citizenship (back and front), Supplement To Application (Emergency Contact Form), Debts Owed Page, 2 Authorization for Release of Information Forms, Jurisdiction Form, Reasonable Accommodation Form, Upfront Income Verification Form, RHIP Form, Tenant & Applicant Certification Form, Fraud Form, Things you Should Know Form

****INSTRUCTIONS FOR THE NEXT 3 FORMS****

EMPLOYMENT VERIFICATION FORM

DO NOT TAKE THIS FORM TO YOUR EMPLOYER. WHA will send this form to your employer to fill out the employment information. **ONLY fill out where the X's are at the top.** It is best if you provide a fax# & whose attention it should be sent to. If you confirm your employer does not have a fax#, write N/A on the fax# line and WHA will mail the form at the address you list.

VERIFICATION OF CHILD SUPPORT

If you are listing children and both parents are not listed on the application, you must fill this form out, *whether or not* you are receiving Child Support.

4506T IRS FORM

DO NOT WRITE N/A ON THIS FORM. *Whether or not* you have filed taxes.

EVERY ONE must fill this form out according to the directions below:

Single Person – 1a Name, 1b Social Security #, 3 Address, Sign and Date

Joint - 1a Name, 1b Social Security #, 2a Name, 2b Social Security #, 3 Address, Sign and Date



CHILD SUPPORT DIVISION

Verification of Child Support Income /
Verificación de Ingresos de Manutención de Niños

Date / Fecha: _____

Recipient / Beneficiario: _____

Name and Address of Requesting Authority /
Nombre y dirección de Autoridad Solicitante:

SSN: / Número de
Seguro Social: _____

Payor / Pagador: _____

Requesting Authority Agent Name /
Nombre de Agente de Autoridad Solicitante:

Name of Child(ren) / Nombre de Niño(s):

Weatherford Housing Authority
1125 West Oak Street
Weatherford, TX 76086

Telephone and fax number /

Número de teléfono y fax:

817-596-0300/ 817-594-8504

I hereby authorize the release of all child support income information requested on this verification form to the above named requesting authority.

Por la presente autorizo la revelación de toda la información sobre los ingresos de manutención de niños, solicitada en este formulario de verificación, a la autoridad solicitante nombrada arriba.

Applicant's Signature / Firma del Solicitante

Date / Fecha

WARNING: Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code chapter 559 gives you the right to review and request correction of information on this form.

AVISO: La Sección 1001 del Título 18 del código de los Estados Unidos establece como un delito penal el hacer declaraciones falsas o distorsiones intencionales a cualquier departamento o agencia de los Estados Unidos con respecto a asuntos dentro de su jurisdicción. El Código Gubernamental de Texas el capítulo 559 le proporciona a usted el derecho de revisar y solicitar la corrección de información en este formulario.

Housing Authority City of Weatherford

1125 West Oak Street Weatherford, TX 76086
Office 817-596-0301 FAX 817-594-8504

@whaweatherford.com Attn: _____

EMPLOYMENT VERIFICATION

Applicant's Name: X Phone: X
Address: X Soc. Sec. # X

I hereby grant the Weatherford Housing Authority permission to make inquiries regarding my income, assets, and family composition. I understand that this information is for the purpose of determining my eligibility only and will be kept confidential.

X Signature of Tenant or Applicant Date

X Name of Company Telephone number

X Company Address City, State, Zip Code

Fax#/Email: X Attention: X

EMPLOYER PORTION:

The person named above is an applicant/tenant for the Weatherford Housing Authority. The information requested below is only for the purpose of determining eligibility and rent share and will be kept confidential. Please complete the portion below which is applicable.

INFORMATION IN THIS SECTION MUST BE FILLED IN BY THE EMPLOYER THIRD PARTY.
Please furnish the following information which is applicable and return the completed form to WHA by fax, email or mail, as shown above.

Date Employed: From: _____ To: _____
If employee has been off work for any period of time, please give date employee was recalled: _____

Occupation: _____ Employment is: (check one)
Current Hourly Wage: \$ _____ Permanent _____
Overtime Hourly Wage: \$ _____ Temporary _____
Seasonal _____

Average number of hours PER WEEK: _____
If employee works overtime, please give the average number of overtime hours PER WEEK: _____
Estimate, if any, the amount of Tips, Bonuses, and/or Commissions PER WEEK: \$ _____

Actual earning during the past 12 months \$ _____
If less than 12 months) \$ _____ From _____ To _____
Please give estimate of total anticipated earnings for next 12 months _____

REMARKS: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

X Signature of employer completing form Date

Title of Company official

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. E021406

Housing Authority City of Weatherford

1125 West Oak Street Weatherford, TX 76086

Office 817-596-0301 FAX 817-594-8504

AFFIDAVIT

Date: _____

I, _____, of _____
Name Address

Do state on oath that:

Signature of tenant

Date



Signature of witness

Date

****EXAMPLE:** AFFIDAVIT EMPLOYMENT**

VERIFICATION

I Do state on oath that. :

I began working at "COMPANY NAME" on "DATE OF HIRE". I make "\$XX.XX an hour" and will average "XX hours per week". I received my first paycheck on "DATE". ***Include any other important information your caseworker needs to know concerning your employment*****

IVES Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Name shown on tax return (if a joint return, enter the name shown first)	1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a. If a joint return, enter spouse's name shown on tax return	2b. Second social security number or individual taxpayer identification number if joint tax return

3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4. Previous address shown on the last return filed if different from line 3 (see instructions)

5a. IVES participant name, address, and SOR mailbox ID

5b. Customer file number (if applicable) (see instructions)

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)

6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request

- a. Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years
- b. Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns
- c. Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years

7. Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

8. Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)

/ / / / / / / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Print/Type name		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	
	Print/Type name		

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1b. Enter the social security number (SSN) or Individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Line 8. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-C for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to sign Form 4506-C.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form . . . 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.