






# PRELIMINARY APPLICATION AND PERSONAL DECLARATION

## Instructions – Keep this page for future reference

*The Lawrence-Douglas County Housing Authority (LDCHA) application process has two (2) steps:*

1. **Preliminary Application:** Complete the attached forms for placement on any or all LDCHA waiting lists.
  -  **GENERAL HOUSING** - LDCHA rental units and/or assistance to rent from private landlords. The LDCHA does **not** have separate waiting lists for public housing units or Section 8 Housing Choice Vouchers. These housing programs are filled through the General Housing waiting list.
  -  **SENIOR HOUSING** - LDCHA rental units for elderly residents at Babcock Place and Peterson Acres.
  -  **HOMELESS TRANSITIONAL HOUSING** - Temporary rent assistance for homeless families with certification of homelessness from a local shelter, law enforcement or support service agency.
  -  **Bert Nash CSS Transitional Housing** – Temporary rent assistance for persons referred by the Bert Nash Community Support Services program.
  -  **Clinton Place Apartments** – One bedroom subsidized apartments for elderly.

### *To apply for housing with the LDCHA:*

- Fill out the attached preliminary application packet consisting of:
  1. **LDCHA Preliminary Application Form**
  2. **HUD form-9886/9887, Privacy Act**
  3. **LDCHA Release of Information**
- Leave no blank spaces.
- If a question does not apply to any member of your household write N/A on the form.
- Double check to make sure your preliminary application is complete, all forms signed and dated.
- Attach copies of Social Security Cards and Identification Cards and Birth Certificates for all members of the household. Original Social Security and Identification Cards will be reviewed at the Housing Interview.
- Deliver your completed forms to:
  - 1600 Haskell Avenue**
  - Lawrence, KS 66044 OR**
  - 1700 Massachusetts St.**
  - Lawrence, KS 66044 OR**
  - 2125 Clinton Parkway**
  - Lawrence, KS 66047**
  - [housing@ldcha.org](mailto:housing@ldcha.org)

You will be notified of your placement on the waiting list within 15 days of the date your complete **Preliminary Application Form** is received at the LDCHA. Incomplete or unsigned application forms will be returned to you. All information provided as part of an application will be verified. Withholding information or giving false, misleading, or incomplete information will be grounds for denial of housing through the LDCHA.

2. **Housing Interview and Application:** Shortly before housing is available you will be invited to a Housing Interview. It is important that you bring all the required documents to the interview. At the interview LDCHA staff will discuss your housing needs and options, go over your application and collect the information needed to determine final housing eligibility, resident suitability and total household income. You will be asked to provide detailed information on all members of your household, verify citizenship status, report current income and expense information, and provide information about where all adult household members have lived for the past three years. If you do not come to the Housing Interview you will be dropped from the waiting list. **You will not be offered housing until you complete a Housing Interview and the LDCHA determines you meet eligibility criteria.**

Persons with disabilities who need assistance completing this preliminary application may request reasonable accommodation under the LDCHA Reasonable Accommodation Policy. A reasonable accommodation request form can be obtained from the LDCHA offices at 1600 Haskell Avenue or 1700 Massachusetts. Contact the housing authority at 785-842-8110 if you need more information about applying for housing assistance.

NOTE TO APPLICANT: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll – Free Hot Line (800) 424 – 8590.

## LDCHA Resource Page

Visit Us on the web at [WWW.Ldcha.org](http://WWW.Ldcha.org) for more information about the housing authority. The following is a list of other community resources.

**BALLARD COMMUNITY CENTER 842-0729** Child care, emergency food, utility assistance and other assistance.

**ECKAN 841-3357** Assistance with rent and utilities, home weatherization, food pantry, clothing, seasonal gift baskets, and referrals to other services and assistance sources in the county.

**SRS 832-3700** Adult and Child in Need of Care services, and Adult and Child Protective Services, income assistance, food stamps and medical cards, child support enforcement, job training and assistance, and income eligible child care.

**THE LEO CENTER 832-1845** A collective of service providers, including the Heartland Medical Clinic, the Lawrence Association of Evangelicals Food Pantry, Marriage and Family Counselors (for Christ centered therapy), and Continuing Education classes including, parenting, job readiness, vocational training and Christian 12-Step programs.

**PELATHE CENTER OF LAWRENCE 841-7202** A multicultural social service agency offering services to enhance and protect family unity. Legal aid, emergency assistance, counseling, crisis intervention, support groups, youth development, social outreach, food pantry and transitional housing.

**PENN HOUSE 842-0440** Services for low-income families including: clothing, emergency medical and food needs, utilities, household and furniture items and a stress support group.

**SALVATION ARMY 843-4188** Crisis intervention services, emergency food, clothing, referral and advocacy, overnight shelter for homeless individuals. A light meal is served and shower and laundry facilities are available. A Feeding Program provides well-balanced nutritional meals to homeless and low income individuals and families. The Vision USA program provides assistance with eye exams and glasses, as well as limited assistance with prescription medication.

**HEADQUARTERS 841-2345 24 hour hotline.** Answers to questions about personal concerns, information about helping services, and referral and assistance contacting those services. Individuals needing help but who are unsure where to begin are encouraged to contact the center.

**BERT NASH MENTAL HEALTH CENTER 843-9192** Homeless Outreach Specialist to assist people with mental illness in locating housing or transitional housing, free and confidential mental health crisis line. Outpatient mental health services for children, adolescents and adults: therapy, psychological testing, screening, attendant care, crisis intervention, evaluations, referrals and educational program

**COMMUNITY DROP-IN CENTER 832-8864** A place for homeless people to drop in and relax, read the paper, have snacks and socialize. A goal of the center is assisting individuals with obtaining employment and housing. M-F 8:30-noon

**JUBILEE CAFE 843-8202** Provides breakfast in the parish hall of Trinity Episcopal Church. Volunteers take orders from the day's menu and serve participants. Tues. & Fri. 7-8:15 am

**L.I.N.K. FIRST CHRISTIAN CHURCH 331-3663** Free, hot lunch. Tue, Thurs. Sat. and Sun. 1:30-2:30 pm

**WOMEN'S TRANSITIONAL CARE SERVICES 843-3333** An emergency shelter for women and their children who are in abusive situations. The location is confidential, so an advocate meets with clients and transports them to the shelter. Once at the shelter, clients may participate in counseling and support groups for both them and their children. There is a thirty day limit on shelter stay, but extensions may be requested.

**CATHOLIC COMMUNITY SERVICES, INC. 841-0307** Counseling: marital, family, individual (children and adults) on a sliding payment scale.

**ALCOHOLICS ANONYMOUS 842-0110** Assistance through mutual support and fellowship for those who desire to stop drinking and/or maintain sobriety.

**DCCCA 841-4138** Outpatient intervention, assessment and treatment for individuals and families where the abuse of alcohol and other drugs has become a problem; individual and group options are available. Court evaluations for DUI, criminal charges and child custody disputes. Support groups for recovering individuals and their families are offered.

**FIRST STEP HOUSE 843-9262** A residential licensed drug treatment center providing reintegration services for women recovering from chemical dependency. Call for admissions details.

**HEARTHSTONE 749-5409** A residential center providing reintegration services for men recovering from chemical dependency. Call for admissions details.

**LAWRENCE ALANO SOCIETY 841-1992** A place for people in recovery to relax, socialize and discuss recovery-related topics. Groups M-F at noon and 7 pm as well as weekends (hours vary).

**NARCOTICS ANONYMOUS 749-6631** Hot line support and referral services for individuals and families dealing with drug addiction.

**DOUGLAS COUNTY AIDS PROJECT 843-0040** Advocacy for those with HIV/AIDS in applying for benefits and programs, transportation, assistance with living needs and social interaction, emotional support, financial assistance for medical needs, case management, referrals, information and education.

**HASKELL INDIAN HEALTH CENTER 843-3750 2415** General Clinic: mental health, chemical abuse, and social services. Special clinics: well baby clinic, immunizations, vision screenings, diabetic clinic and eye appointments.

**HEALTH CARE ACCESS 841-5760** A primary care clinic. Referrals to dentists and assistance with purchase of medication may also be available.

**LAWRENCE-DOUGLAS CO. HEALTH DEPARTMENT 843-0721** Family planning clinic (including exams, birth control and pregnancy tests), diagnosis and treatment of sexually transmitted diseases, HIV antibody testing, HIV-AIDS education and counseling, vaccines, Well Baby clinics and special health screenings for the elderly.

**DOUGLAS CO. DENTAL CLINIC 312-7770** Patients must live in Douglas County and earn less than twice the poverty level. The clinic charges \$15 per visit and other costs are on a sliding scale.

**HEARTLAND COMMUNITY CLINIC 832-1845** Free discounted medical care, spiritual encouragement and social agency referrals to those in need without regard to socio-economic status, race, gender, age, religion, nationality or disability.

**BOYS AND GIRLS CLUB OF LAWRENCE 841-5672** Programs and activities in six Core Service Areas: Character and Leadership Development, Education and Career Development, Health and Life Skills, the Arts, Sports, Fitness and Recreation.

**DOUGLAS CO. CHILD DEVELOPMENT ASSOCIATION 842-9679** Referral services for providers, offers training for childcare providers and information about scholarships that are available for parents going back to school.

**EARLY CHILDHOOD EDUCATION 832-5962, ext.24** Lawrence Public Schools offer three programs: Parents as Teachers, Even Start Family Literacy and Readiness Preschool. Call for details about each program.

**MOTHER TO MOTHER 841-0838** Builds teams of moms who support each other by sharing goals, values and ideas about parenting and promoting growth in children. They also offer a support group for dads entitled, "Dad's Time."

**PARENT INFO LINE 841-2345** Operated through the Headquarters Counseling Center. They provide information and referrals to area agencies dealing with children and parenting issues.

**WOMEN INFANTS AND CHILDREN (WIC) 843-0721** Food, nutritional and health assistance to pregnant women and children under 5.

**COTTONWOOD, INC. 842-0550** A community based, non-profit organization with the mission of helping people with disabilities shape their own future. They provide residential services, work services, employment services/joblink, support services, retirement services and life enrichment services.

**FULL CITIZENSHIP 749-0603** Helps individuals with disabilities and their families to work toward a successful transition to independent life through job readiness training, job placement, post employment services and intensive case management.

**HEARTLAND WORKS 840-9675** Training and employment assistance.

**INDEPENDENCE, INC. 841-0333** Services for those with disabilities, including: advocacy, information and referrals, independent living skills training, peer counseling, benefits assistance, assistance technology, computer training, personal care attendant management, accessible housing program, community education, resource library and home and community based waiver services.

**TRINITY RESPITE CARE, INC. 842-3159** Respite and attendant care to individuals with disabilities and older adults.

**LAWRENCE WORKFORCE CENTER 840-9675** Office Training and Assessment Program, and Job Success program, intake interviews and assessments, computer, customer services and employment skills training, and employment assistance.

**EDUCATIONAL OPPORTUNITY CENTER 1-888-320-4097** Free assistance and information to adults who seek to enter or continue in an educational program beyond high school or the GED.

**LAWRENCE CONTINUING EDUCATION 832-5097** Classes including but not limited to, computer and foreign languages, swimming and private pilot ground school for those wishing to continue their education.

**ADULT LEARNING CENTER 832-5960, ext.12** GED classes and assessments, basic skills for employment and help with setting your educational goals.

**HABITAT FOR HUMANITY 832-0777** Develops communities with people in need by building and renovating houses.

**TENANTS TO HOMEOWNERS, INC. 842-5494** Affordable renovated, rehabilitated, or new housing to low to moderate income residents who do not otherwise qualify for a traditional home loans.

**HOUSING AND CREDIT COUNSELING INC. 749-4224** A private, non-profit community service agency for people who need help with money problems.

**NEIGHBORHOOD RESOURCES OFFICE 832-3100** Building inspections of rental property.

**LEGAL AID OF DOUGLAS COUNTY 864-5564** Free legal services to Douglas County residents who qualify, including: domestic relations (divorce, child custody), landlord/tenant relations, juvenile and misdemeanors.

Revised 4/07/04

Office use only:  Return to Applicant – Not Complete.  Route for Waiting List Processing. Staff: \_\_\_\_\_  
 Procession Information: Date/Time: \_\_\_\_\_ Record ID #: \_\_\_\_\_

# LDCHA PRELIMINARY APPLICATION and PERSONAL DECLARATION

PRINT OR TYPE WITH INK – FILL IN ALL BLANKS – SIGN AND DATE BACK OF FORM

MARK ALL WAITING LISTS YOU WANT TO APPLY FOR

GENERAL HOUSING: LDCHA family rental units and/or voucher assistance to rent from private landlords.

### SENIOR HOUSING

Babcock Place: Studio, 1 bedroom and 2 bedroom units. Must be over age 50 to apply.

Peterson Acres: 1 bedroom units. Must be over age 50 to apply.

Clinton Place Apartments: 1 bedroom units. Must Be Age 62 or Over To Apply.

### TRANSITIONAL HOUSING

HOMELESS TRANSITIONAL HOUSING. Requires certification of homelessness from a shelter or support service agency.

BERT NASH CSS TRANSITIONAL HOUSING. Requires referral by the Bert Nash CSS program.

Applicants are considered for housing without regard to race, sex, religion, color, national origin, age, ancestry, marital status, sexual orientation and/or disability. To help us comply with Federal, State and local record keeping and reporting requirements, please provide the information requested for each household member. This information is needed for statistical purposes. Thank you.

### Head of Household Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone/e-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_

Sex	Race	Ethnicity	Marital Status	Citizenship

Race: White; Black/African American; American Indian/Alaskan Native; Asian; Native Hawaiian/Pacific Islander; Mixed Ethnicity: Hispanic/Latino; Not Hispanic/Latino

If not a U.S. citizen, Immigration status and Alien Registration Number: \_\_\_\_\_

Require wheelchair or other accessibility features:  Yes  No

Require live-in attendant care:  Yes  No Attendant's Name: \_\_\_\_\_

### Spouse/Other Adult:

Name: \_\_\_\_\_ Relation to Head of Household: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_

Sex	Race	Ethnicity	Marital Status	Citizenship

If not a U.S. citizen, Immigration status and Alien Registration Number: \_\_\_\_\_

Require wheelchair or other accessibility features:  Yes  No

Require live-in attendant care:  Yes  No Attendant's Name: \_\_\_\_\_

### Other Household Members – (Attach additional page if needed):

Name – Last, First, Middle	Sex	Relation to Head of Household	Race	Ethnicity	Social Security Number	Date of Birth	Place of Birth

Name & Address of parents not listed above for each minor in the household:

Race: White; Black/African American; American Indian/Alaskan Native; Asian; Native Hawaiian/Pacific Islander; Mixed Ethnicity: Hispanic/Latino; Not Hispanic/Latino

## Sources of Income

For all people in the household, list each type of income, the address of the source of the income, and the monthly gross amount before any deductions. Income is money from any source received in the form of checks, cash, or credit toward an account.

SOURCE/TYPE OF INCOME	HOUSEHOLD MEMBER PAID	NAME & ADDRESS OF SOURCE (STREET/CITY/STATE)	MONTHLY AMOUNT
Employment Income			
Unemployment Benefits			
Worker's Compensation			
Child Support/Alimony			
TANF/General Assistance			
Social Security/ SSI			
Pension/Annuity/VA Benefits			
Cash Contributions			
Interest/Dividend Income			
Tribal Allotments/Payments			
Student Financial Aid			
Assets Checking Accounts, Savings Accounts, Certificates of Deposit, Money Market, IRA's, Annuity or Investments			

Has any household member disposed of any asset or property for less than fair market value during the past two years?

YES  NO If YES, please briefly describe: \_\_\_\_\_

### PLEASE answer YES or NO to the following questions:

1. Has ANY household member been arrested? YES  NO
2. Is ANY household member on any State's Sexual Predator List? YES  NO
3. Has ANY household member been convicted of manufacture or sale of methamphetamine? YES  NO

If you answered YES to any of the above questions, please explain here by giving question number, date, charges, location, name of federal housing provider.);

(Examples: #1 12/01/1998 DUI Lawrence, KS, #3 12/15/2003 Topeka, KS Topeka Housing Authority)

Has ANY household member ever lived in any type of federally subsidized housing?  YES  NO If YES, list below:

Former Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Housing Authority/Agency's Name: \_\_\_\_\_ Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_

Does ANY member owe a debt to this housing program?  YES;  NO. If YES, have arrangements been made to pay it back?  YES  NO

### CERTIFICATION (All adults must sign)

I/we certify that the information given to the Lawrence-Douglas Housing Authority on this Preliminary Application is accurate and complete to the best of my/our knowledge. I/we understand that false statements or information is punishable under Federal Law and is grounds for denial of eligibility, termination of housing assistance and termination of tenancy. Under of penalty of perjury I/we do hereby certify to the information provided in this Certification of Eligibility and Personal Declaration of Information.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_

**Please go over this form and be sure it is filled in completely. Incomplete Preliminary Applications will not be processed.**

How Did You Hear About LDCHA? \_\_\_\_\_

All correspondence will be sent to the applicant head of household at the mailing address provided unless a written authorization signed by the applicant is submitted to the LDCHA allowing communication with another person or agency on behalf of the applicant.

# 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

PHA requesting release of Information; **(cross out space if none)**  
(Full address, name of contact person and date)

**LAWRENCE-DOUGLAS COUNTY HOUSING AUTHORITY**  
**1600 HASKELL AVE.**  
**LAWRENCE, KANSAS 66044**

IHA requesting release of Information; **(cross out space if none)**  
(Full address, name of contact person and date)

xx xx  
xx xx  
xx xx  
xx xx  
xx xx

**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 the 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 Certification  
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 wage and self employment information and payments of retirement income as referenced at Section 6103(1)(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 [TENANTNAME]	Date		
[FMHSSN]			
_____		_____	_____
Social Security Number(if any of Head of Household)		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse [FMSFNAME] [FMSMINITIAL] [FMSLNAME]	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 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 effect 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 purpose 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.

**LAWRENCE-DOUGLAS COUNTY HOUSING AUTHORITY**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**ALL ADULTS (18 & OVER) LIVING IN THE RENTAL UNIT MUST READ & SIGN THIS FORM**

**PURPOSE**

The Lawrence-Douglas County Housing Authority (LDCHA), hereinafter referred to as "housing authority", may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

**AUTHORIZATION**

I/we authorize the release of any information, including documentation and other materials, necessary to verify eligibility for or participation under any housing assistance program administered by the housing authority.

I/we authorize the housing authority to obtain information about me or my family that is pertinent to the determination of my eligibility for or participation in assisted housing programs, my level of benefits and verification of the true circumstances concerning myself and all members of my household.

I/we agree that photocopies of this authorization may be used for the purpose stated herein.

**INQUIRIES MAY BE MADE ABOUT**

- |   |  |
|---|--|
| Child Care Expenses                           | Family Composition                       |
| Handicapped Assistance Expenses               | Social Security Numbers                  |
| Credit History                                | Employment, Income, Pensions and Assets  |
| Identity and Marital Status                   | Employment Services                      |
| Criminal History and Activity                 | Residences and Rental History            |
| Law Enforcement Records                       | Federal, State, Tribal or Local Benefits |
| Probationary Records                          | Community Support Assistance             |
| Medical Expenses                              | Welfare Services                         |
| Educational, vocational and training services | Social Services                          |

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE**

- |  |  |
|--|--|
| Banks and Other Financial Institutions       | Providers of:                            |
| Local/State/Federal Courts                   | Alimony                                  |
| Local/State/Federal Law Enforcement Agencies | Child Care                               |
| Credit Bureaus                               | Child Support                            |
| Employers, Past and Present                  | Credit                                   |
| Schools and Colleges                         | Disability and/or Handicapped Assistance |
| Landlords                                    | Medical Care/Services                    |
| Local Community Social Service Agencies      | Pensions/Annuities                       |
| Utility Companies                            | Mental Health Services                   |
| State Welfare Agencies                       | Substance Abuse Treatment                |

**CONDITIONS**

I/we agree that permission to release information for the purposes stated above will remain in effect as long as I/we remain a participant in LDCHA housing programs or a resident in a LDCHA rental unit. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/we understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated.

I/we voluntarily waive all right of recourse and release each such person from liability for providing information to the LDCHA.

PRINT NAME: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SOC SEC. # \_\_\_\_\_

SOC SEC. # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.