

# Rolette County Housing Authority

**To be eligible to receive housing assistance, the applicant must meet the following qualifications:**

- ✓ The gross annual income of the household must be at or below the limits set by HUD;
- ✓ Applicants must be a US citizen or an eligible immigrant;
- ✓ Applicants must meet the eligibility and/or tenant selection criteria established by the Rolette County Housing Authority;
- ✓ Applicants who have received housing assistance in the past are expected to have complied with their obligations, and any debt to a Housing Authority or housing assistance program must be paid in full before the application will be processed.
- ✓ All household members must meet the qualifications, not just the head of household;

**It is your responsibility to notify our office in writing if:**

- Your mailing address changes
- Your family composition or size changes
- Your household income changes
- You no longer wish to remain on our waiting list

**NOTE: If mail is returned to us because of an incorrect address, your application will be removed from our waiting list(s), and you will need to reapply. (If you have mail forwarding set up from the United States Postal Service, they will NOT forward the mail on to you)**

**After your application has been submitted:**

- Once your application has been completed in full, it will be added to our waiting list under the head of the household's name as of the date and time it was received in our office.
- Once your name reaches the top of our waiting list, you will be contacted via United States Postal Service mail regarding an eligibility interview. If you do not respond to a notice or a request for information on or before the date given in the notice, you will be removed from the waiting list.
- Upon completion of the eligibility interview, eligible applicants will be started on the appropriate track for our Public Housing Program.

**In order to attend the eligibility interview, you MUST have the following:**

*\*\*If you are unable to produce this information your eligibility interview will be asked to reschedule the interview once you have all of the items listed.*

- o Social Security cards for all members of the household
- o Photo IDs for all adults
- o Birth certificates for all members
- o Proof of income from the last 3 months (including but not limited to: pay stubs, Social Security statements, verification of child support, etc.)
- o *If applicable:* INS Documentation showing that all non-citizen household members have eligible immigration status. Visit [www.GrandForksHousingAuthority.org](http://www.GrandForksHousingAuthority.org) or call (701) 746-2545 for a list of acceptable INS documents.

**Income Eligibility:** A household's gross annual income must meet the limits set by HUD. For more information on the limits set for each program contact our office. Per Housing and Urban Development (HUD) regulations, 75% of new admissions must have income at or below 30% of median income and all new admissions must have income below 50% of median income.

Effective 04/18/2022

	1	2	3	4	5	6	7	8
VLI (50%)	32,600	37,250	41,900	<b>46,550</b>	50,300	54,000	57,750	61,450
ELI (30%)	19,600	22,400	25,200	<b>27,950</b>	32,470	37,190	41,910	46,630
LI (80%) *	52,150	59,600	67,050	<b>74,500</b>	80,500	86,450	92,400	98,350

\* 80% Income limit is only used to determine **Public Housing** eligibility only

**Family's Share of the Rent:** Paid monthly by the 10th of the month by the family to the PHA. The rent option will be selected annually by the family from the following options:

- ❖ Option 1: Flat Rent (Public Housing only)- This is the amount of tenant rent based on the market value of the unit as determined by RCHA, or;
- ❖ Option 2: Income-Based Rent - This is the highest of:
  - 30% of the family's monthly adjusted income; or
  - 10% of the family's monthly gross income.

**Eligibility and Tenant Selection Criteria:** Applicants for the public housing units are expected to meet the tenant selection criteria which are located in the Resident Selection and Assignment policies located in the Admission & Occupancy Administrative Plan, and can be viewed in our office. Rental and credit history will be reviewed. All applicants for housing assistance are screened for: involvement in criminal activity; unpaid debt involving a housing assistance program; previous compliance with tenant and family obligations; and involvement in use of illegal drugs and/or abuse of alcohol. *An applicant evicted from public housing, Section 8, or any HUD housing program for drug-related criminal activity are ineligible for admission to public housing for a three (3) year period beginning on the date of such eviction.*

**Order of Selection:** The RCHA selects applicants from the waiting list in accordance with the date and time the completed application is received in the office and in accordance with income targeting requirements. Separate waiting lists will be maintained for each community serviced by the Housing Authority.

**Occupancy by over-income families:** RCHA may rent a unit in public housing to an over-income family if:

- ❖ There are no eligible families on the waiting list; or
- ❖ There are no eligible families applying for assistance in that month;
- ❖ The Housing Agency publicizes in a local newspaper;
- ❖ The over-income family rents the unit on a month-to-month basis for the flat rent charge;
- ❖ The over-income family signs an agreement to vacate the unit when needed by an eligible family; and
- ❖ The Housing Agency gives the over-income family notice to vacate the unit when the unit is needed for an eligible family and this notice is given at least thirty days before the over-income family is to vacate.

**REASONABLE ACCOMMODATIONS:** The RCHA will make reasonable accommodation upon receipt of a request from a person with a disability to assure that all persons have equal and full access to the Rolette County Housing Authority, Public Housing Program, and all services available. Persons with limited English proficiency should inform Housing Authority personnel, who will take reasonable and appropriate action to provide information about housing programs in a manner that they can understand. An applicant who has been a victim of domestic violence, dating violence or stalking will not be denied housing assistance if the applicant is otherwise qualified.

Date Received:	Time Received:
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**APPLICATION FOR HOUSING ASSISTANCE**

Rolette County Housing Authority

*This packet must be completed and in a legible manner. Please complete in black or blue ink.*

**Select Property and Program you wish to apply for.**

- Public Housing** Homes owned and operated by Rolette County HA. Rent is based on 30% of the household's gross annual income
  - PRAIRIE HOMES APARTMENTS (Rolette) 40 One(1), two(2), three(3) bedroom apartment homes. Laundry facilities and units are cable-ready.
  - FAMILY UNITS (Dunseith) 28 Two(2) and Three(3) bedroom single family homes. Individual laundry hookups and yard.
  
- Section 8 Vouchers** Housing Assistance (HAP)

**1. APPLICANT & HOUSEHOLD MEMBERS**

Head of Household Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_  
 Street: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Apartment/Unit #: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_

How do you want to communicate with you?  
 \_\_\_\_\_ Orally \_\_\_\_\_ Sign Language \_\_\_\_\_ Interpreter, What language? \_\_\_\_\_

How did you hear about programs and services? \_\_\_\_\_

*You must use the correct legal name for each member of your household as it appears on your social security card.*

Name (First, Middle, Last)	Relationship to Head	Date of Birth	Gender (M/F)	Social Security #	Employment Status/School
1.	<b>Head</b>				
2.					
3.					
4.					
5.					
6.					
7.					

Do you anticipate any changes in the size of your family in the next 12 months? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

In accordance with HUD guidelines, NCPH is required to collect the following data in the following categories. While you are not required to give us this information, you MUST check "Decline to Report" in each section if other boxes are left blank. Your application will not be considered complete if any sections are left blank.

What is your race?

- White
- Black
- American Indian/Native Alaskan
- Asian/Pacific Islander
- Decline to Respond

4. What is your ethnicity?

- Hispanic
- Not Hispanic
- Decline to Respond

Are all members of the household U.S. Citizens or Nationals?  Yes  No

Are you a family with children under the age of 18?  Yes  No  Decline to respond

Do any adult members have physical custody of minors included in the household 50% or more of the year?

Yes  No

If No, who is custody shared with and what percentage of the year do the children live in your household?

\_\_\_\_\_

If you have children living in your household, do they have parents NOT living in the same household?

Yes  No  Not applicable

If yes, Please list the name and address of the absent parent(s) \_\_\_\_\_

Will you be requesting a reasonable accommodation (Such as a need for a companion/service animal, accessible unit, etc)? If yes, please list the name and address of qualified professional: \_\_\_\_\_

\_\_\_\_\_

Have you or anyone in your household ever used a name (previous marriage(s) or maiden name) other than the one you listed above?  Yes  No

If yes, what name(s)? \_\_\_\_\_

Have you or anyone in your household ever used a Social Security number other than the one you listed above?

Yes  No

If yes, what number(s)? \_\_\_\_\_

Has anyone in your household **EVER** received any type of housing assistance? (Ex: Section 8 Housing Choice Voucher or Project-Based Housing, Public Housing, etc.)  Yes  No

If yes, list the name, address & phone number of the Housing Authority/Agency administering the program, the address where you lived, and the dates of residency: \_\_\_\_\_

\_\_\_\_\_

If you had housing assistance in the past, did you end your participation and/or move out in compliance with your lease and family responsibilities?  Yes  No  Not Applicable,

If no, list when it occurred, explain the circumstance, and give the name and address of the Housing Authority or owner: \_\_\_\_\_

\_\_\_\_\_

Has anyone in the household ever been evicted?  Yes  No

If yes, please give date and address of eviction, landlord's name and address, and reason(s) for eviction: \_\_\_\_\_

\_\_\_\_\_

Does anyone in your household owe money to a Housing Authority or landlord?  Yes  No

If yes, please give landlord's name and address, and reason(s) for eviction: \_\_\_\_\_

\_\_\_\_\_

Is anyone in the household enrolled as a full time college student?  Yes  No

**2. INCOME (Changes in income may affect selection date & eligibility)**

Report ALL current income received by ALL household members. When listing wages from employment include **HOURLY RATE & HOURS** worked per week (Ex: Wage \$8.00 X 40 hours per week). Please list **GROSS INCOME** (before deductions).

Household Member	Source of Income (Wages, SS, TANF)	List wages or Amount Received
Name:	Source/Employer:	\$ _____ X _____ hours per week Frequency:
Name:	Source/Employer:	\$ _____ X _____ hours per week Frequency:
Name:	Source/Employer:	\$ _____ X _____ hours per week Frequency:

Does anyone outside your household pay any of your bills or give you money? \_\_\_ Yes \_\_\_ No  
 If yes, Who (Name, address, relationship) \_\_\_\_\_  
 How much: \$ \_\_\_\_\_ (weekly/monthly/annually)

Is any of this income qualifying employment training program: \_\_\_ Yes \_\_\_ No

**List the dollar amount of your CURRENT monthly expenses**

Rent: \$ _____	Phone: \$ _____	Cell Phone: \$ _____	Medical: \$ _____	Credit Cards: \$ _____
Loan Payments (including student loans): \$ _____	Utilities: \$ _____	Care & Expenses: \$ _____		
Insurance: \$ _____	Childcare/Daycare: \$ _____	RX/Medication (Monthly): \$ _____	Other: \$ _____	

**3. ASSET INFORMATION**

Answer Yes or No and identify **ALL** assets of every household member. Use additional paper if needed.

Type of Asset	Yes	No	Account Holder	Name & Address of Financial Institution	Balance/Value
Checking Account				Name: Address:	\$
Savings Account				Name: Address:	\$
Other (IRA, CD, ect)				Name: Address:	\$

- Does anyone in the household own a car? \_\_\_ Yes \_\_\_ No  
 Model & Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_  
 Model & Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_
- Does anyone in the household own any Real Estate (house, land, mobile home, etc)? \_\_\_ Yes \_\_\_ No  
 If yes, please provide Address & type of Real Estate: \_\_\_\_\_  
 Market Value? \$ \_\_\_\_\_ Annual Tax: \$ \_\_\_\_\_  
 Current Mortgage Balance: \$ \_\_\_\_\_ Annual Income earned \$ \_\_\_\_\_
- Does anyone in the household own or hold any other property/asset as an investment? This does not include necessary items of personal property, interest in Indian Trust Land, and assets that are part of an active business operation? \_\_\_ Yes \_\_\_ No  
 If yes, please describe and give value: \_\_\_\_\_
- Has anyone in the household disposed of any property or asset in the past two years for less than fair market value? \_\_\_ Yes \_\_\_ No  
 If yes, please list type of asset, when it was sold and the value: \_\_\_\_\_
- Does anyone in the household receive income from rental property? \_\_\_ Yes \_\_\_ No  
 If yes, please list Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ (Month/Year)

**4. Criminal Background - Use additional paper if necessary.**

The Department of Housing and Urban Development has developed a Zero Tolerance Policy regarding criminal activity. A family may be denied or terminated from the Housing Assistance Program if a member has been involved in any type of criminal activity or abuse of alcohol, which may threaten the health, safety or right to peaceful enjoyment of other residents or persons in the vicinity. Giving the Housing Authority false, incomplete or inaccurate information is considered fraud. Assistance can be denied or terminated and penalties may apply including loss or denial of housing assistance, repayment of overpaid assistance, fines up to \$10,000, and imprisonment up to five years.

Have you or anyone in your household **EVER** been convicted of or involved with the use, possession, production or distribution of a controlled or illegal drug?  Yes  NO

If yes, explain: *Who?* \_\_\_\_\_  
*When?* \_\_\_\_\_  
*Where?* \_\_\_\_\_  
*Charges?* \_\_\_\_\_  
*Conviction/Sentence?* \_\_\_\_\_

Has anyone in your household **EVER** been involved in **ANY** type of criminal activity not specifically identified in their entire life (**including misdemeanors or felony charges**)?  Yes  NO

If yes, explain: *Who?* \_\_\_\_\_  
*When?* \_\_\_\_\_  
*Where?* \_\_\_\_\_  
*Charges?* \_\_\_\_\_  
*Conviction/Sentence?* \_\_\_\_\_

Is any member of the household currently registered as a sex offender or subject to registration in any state?  Yes  NO

If yes, explain: *Who?* \_\_\_\_\_  
*When?* \_\_\_\_\_  
*Where?* \_\_\_\_\_  
*Charges?* \_\_\_\_\_  
*Conviction/Sentence?* \_\_\_\_\_

Has anyone in the household **EVER** been involved in fraudulent activity against any government agency?  Yes  NO

If yes, explain: *Who?* \_\_\_\_\_  
*When?* \_\_\_\_\_  
*Where?* \_\_\_\_\_  
*Charges?* \_\_\_\_\_  
*Conviction/Sentence?* \_\_\_\_\_

I understand that if any member of my household owes money to any federally funded housing agency, I will be denied assistance until the debt has been paid. I also understand that if any member of my household has engaged in illegal narcotic activity, gang-related activity, violent criminal activity, has been evicted/terminated from a federally funded housing program for these activities (including material misrepresentation/program violations) within the last three (3) years before the date that the family is selected for possible participation in one of RCHA's programs, the family will be denied assistance.

**X** \_\_\_\_\_  
 Head of Household Date

**X** \_\_\_\_\_  
 Spouse/Co-head Date

**X** \_\_\_\_\_  
 Adult Date

**X** \_\_\_\_\_  
 Adult Date

**5. Residence History**

All prospective tenants applying for any service through Rolette County Housing Authority are required to give authorisation for the release of all information, including private/nonpublic information, from previous landlords, management companies and governmental agencies (including law enforcement agencies) concerning the applicant's rental history and any and all information maintained by law enforcement agencies, including but not limited to criminal history.

Provide the landlord's name, address and phone number starting with your current address followed by your previous landlords for the past 5 year period. Each listing must include your home address and dates you lived there. If an applicant does not have any rental history, they must submit TWO references from non-relative professionals. Failure to provide complete and accurate information may delay the processing of your application.

Dates of Residency	Applicant's Address	Landlord/Friend/Family Information
Start: End: CURRENT		Name: Address: Telephone #:
Start: End:		Name: Address: Telephone #:
Start: End:		Name: Address: Telephone #:

I/We hereby authorize the Rolette County Housing Authority to obtain any and all information pertaining to my rental history from former management companies or landlords whose properties I have resided in during the last five (5) years and any and all information including private/nonpublic information, maintained by law enforcement agencies including but not limited to my criminal history for the purpose of review my rental applicants.

**6. Credit Report Request**

Our tenant selection policy obliges us to verify certain information about all members of households living in or applying for admission to our housing communities. To comply with this requirement, please supply credit information (if any) on the person listed below. Thank you for your prompt response.

Head of household

Last/First/Middle Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Current address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Former Address: \_\_\_\_\_ Present Employer: \_\_\_\_\_

**Spouse or Other Adult Household Member**

Last/First/Middle Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Current address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Former Address: \_\_\_\_\_ Present Employer: \_\_\_\_\_

I/We authorize RCHA to obtain credit information about me or another adult that is pertinent to eligibility for participation in our assessed housing programs.

\_\_\_\_\_  \_\_\_\_\_  
 Head of Household Date Spouse/Co-head Date  
 \_\_\_\_\_  \_\_\_\_\_  
 Adult Date Adult Date

**7. Know Your Responsibilities**

- Provide any information that the Housing Authority or HUD determines necessary in the administration of the program including evidence of citizenship or eligible immigration status. All information must be true and complete.
- Disclose and verify Social Security numbers.
- Sign and submit consent forms for obtaining information.
- Allow the Housing Authority to inspect the unit at reasonable times and after reasonable notice.
- Use the assisted unit for residence by the family. (The unit must be the family's primary and only residence.)
- Promptly notify the Housing Authority of the birth, adoption or court-awarded custody of a child or the placement of a foster child in the house.
- Notify the Housing Authority of the addition of a live-in aide to reside in the unit.
- Request the landlord to approve any additional family member as an occupant of the unit. Additional members must meet the same eligibility requirements.
- Promptly notify the Housing Authority if any member of the household no longer resides in the unit.
- Supply any information or certification requested by the Housing Authority to verify that the family is living in the unit.
- Promptly notify the Housing Authority of absence from the unit and supply any information or certification requested by the Housing Authority relating to family absence for the unit.
- Not commit any violations of the lease.
- Give the Housing Authority a notice to vacate the unit 30 days.
- Pay for any excessive utility costs.
- Keep the unit in a clean and safe condition, dispose of waste properly, and avoid damage to the unit.
- Any member of the family or its guests must not engage in drug-related criminal activity or violent criminal activity. "Drug related criminal activity" includes both drug trafficking and illegal use or possession of drugs. "Violent criminal activity" refers to criminal use of physical force against a person or property.

X \_\_\_\_\_  
Head of Household                      Date

X \_\_\_\_\_  
Spouse/Co-head                      Date

X \_\_\_\_\_  
Adult                                      Date

X \_\_\_\_\_  
Adult                                      Date



**PRIVACY ACT NOTICE:** The Rolette County Housing Authority is authorized to collect this information by the Department of Housing and Urban Development (HUD) and the U. S. Housing Act of 1937, as amended, (42 U.S.C., 1437 et seq.); The Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify 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. You must provide all of the information requested including all Social Security numbers (SSNs) you and all other household members have and use. Giving the SSNs of all household members is mandatory, and not providing the SSNs will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**HOUSING AUTHORITY CERTIFICATION:** By signing this Form, you are indicating that you have read the above Privacy Act Notice and are agreeing with the applicable certification. Signing this form also indicates that you are aware of your obligation to provide proof of citizenship or acceptable INS documentation to prove you are a noncitizen with eligible immigration status. A list of acceptable INS documents is available at the Rolette Housing Authority.

**FALSE CLAIMS STATEMENTS:** Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, uses, or causes to be used, a false record to statement; or conspires to defraud the government by getting a false or fraudulent claim allowed or paid.

**All household members who are 18 years of age or older, head-of-household, spouse or co-head must sign this application. The completion of this application does not guarantee the applicant household's eligibility for the Voucher Program or approve tenancy in a Section 8 assisted property. By signing below, each individual certifies to the following: I understand that this is not a contract and does not obligate the Housing Authority or me. I certify that the information on this application is true, complete and accurate to the best of my knowledge. I understand that it is considered fraud to provide the Rolette County Housing Authority with false, incomplete or inaccurate information, and that penalties may apply if fraud is committed. I agree that the Rolette County Housing Authority may make inquiries to verify my income, assets, household composition and size, rental and credit history, and conduct a criminal background check of adults in my household for the purpose of verifying my eligibility for the Housing Assistance Program.**

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
*Interviewed by* Date

**AUTHORIZATION**

**For Release and Exchange of Information**

**PHA requesting release of information:**

Rolette County Housing Authority  
PO Box 567 Rolette, ND 58366  
PH: 701-246-3421

**CONSENT**

I authorize and direct the persons, agencies or organizations listed on this Authorization to release and exchange information with Rolette County Housing Authority as needed, for the purpose of determining my eligibility, level of benefits and/or continued participation in the Section 8 Housing Assistance Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the Rolette County Housing Authority to release information from my file about my rental history to HUD, credit bureaus, collection agencies, landlords and other PHAs. I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be exchanged. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and/or continued participation in a housing assistance program. Verifications, inquiries and exchange of information that may be requested, include but are not limited to:

Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Medical or Child Care Allowance, Credit and Criminal Activity, Compliance with Program Requirements and Obligations.

**PERSONS, GROUPS OR INDIVIDUALS THAT MAY BE ASKED TO SUPPLY INFORMATION**

Previous landlords (including Public Housing Agencies), Past and Present Employers, Veterans Administration, Welfare Agencies, Retirement Systems, Court and Post Offices, State Unemployment Agencies, Banks & other Financial Institutions, Schools and Colleges, Social Security Administration, Credit Providers and Credit Bureaus, Law Enforcement Agencies, Medical and Child Care Providers, Utility Companies, and Support and Alimony Providers.

**Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 verification 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 office or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) (h).**

**COMPUTER MATCHING NOTICE AND CONSENT**

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

**CONDITIONS**

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

**SIGNATURES**

<b>X</b> _____	_____	_____
<b>Head of Household</b>	<b>(Print Name)</b>	<b>Date</b>
<b>X</b> _____	_____	_____
<b>Spouse/Co-Head</b>	<b>(Print Name)</b>	<b>Date</b>
<b>X</b> _____	_____	_____
<b>Adult Member</b>	<b>(Print Name)</b>	<b>Date</b>