

*For Agency Use Only:*

Program:  CowlCo  PacCo  
 Sylvester  NEDs  
 EaglePointe  ModRehab

Preference (s) \_\_\_\_\_ Input # \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_  
 LHA Staff Approval: \_\_\_\_\_

**Longview Housing Authority**  
 1207 Commerce Ave., Longview WA 98632  
 1-360-423-0140 or 1-800-613-4993 in Washington  
 TDD 1-800-833-6388 www.longviewha.org

# Pre-application for Tenant Eligibility

Longview Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, or familial status.

1. HEAD OF HOUSEHOLD (please print): \_\_\_\_\_ PHONE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

2. HOUSEHOLD COMPOSITION: (List ALL family members who will reside with Head of Household).

Name (First, Middle Initial, Last)	Relationship	Birthdate	City, State, County of Birth	Sex	Social Security #
	Self				

3. FAMILY STATUS: ☞ *Your response to this question is VOLUNTARY* ☜. Please **circle the correct response**:

1. Is the Head of Household or Spouse 62 years of age or older? yes    no
2. Is the Head of Household or Spouse Disabled or Handicapped? yes    no

4. WAITING LIST: Please **check** which waiting list you wish to be placed on (*you may apply for more than one list*):

- Section 8 Voucher for Longview and unincorporated areas of Cowlitz County and Wahkiakum County
- Section 8 Voucher, Pacific County
- Section 8 Voucher, Non-elderly, Disabled (**household consisting of 1 to 4 that qualify for zero, 1 or 2 bedroom only, under 62 years of age ONLY**)
- Moderate Rehabilitation Program (Mod-Rehab) for households **consisting of 2 to 4 persons that qualify for 2 bedrooms**. This is project based, 2 bedroom apartments in Longview.
- Sylvester Apartments (**Longview, 62 or older only**)
- Eagle Pointe Village (**Cathlamet, 62 or older only**)

Eagle Pointe Village (Cathlamet, 62 or older only)

5. INCOME: (List all sources of income for all family members who will reside with head of household while assisted i.e. full or part time employment, welfare (TANF or General Assistance), social security, SSI, disability, pensions, unemployment, babysitting, alimony, child support, loans, scholarships, grants, etc.) Attach additional sheet if necessary.

Income Source	Total Monthly

6. ASSETS: Please list all bank accounts (checking, savings, IRA's, Keough Accounts, Certificates of Deposit), stocks, bonds, real estate (land, residence or rental property) or Real Estate Contracts:

Type of Asset	Name of Bank	Account #	Value

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- ♦ Do you own real estate? Yes    no
- ♦ Do you own, or are you purchasing a mobile home, manufactured home or any other form of Real Estate? yes    no  
 If yes, please list \_\_\_\_\_

7. OTHER:

1. Have you ever participated on a rental assistance program? yes    no  
 If yes, where and when? \_\_\_\_\_
2. If you presently owe money to any Housing Authority or Housing Agency? yes    no

Please list the Agency and balance owed. \_\_\_\_\_ **WARNING: FAILURE TO REPORT AN OUTSTANDING DEBT TO A PUBLIC HOUSING AGENCY WILL RESULT IN DENIAL OF ELIGIBILITY, TERMINATION FROM ASSISTANCE AND DENIAL OF FUTURE BENEFITS.**

3. Have you or any family member been convicted of a crime Involving controlled substances (illegal drugs) or violence? yes    no  
 If you answered yes, please list crimes and date of convictions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Are you or anyone expected to live with you presently registered as a sex offender? yes    no  
 If yes, please list name of family member and locality where registered.  
 \_\_\_\_\_

**A criminal background check may be performed on each adult expected to participate in any Section 8 rent assistance program.** Federal Regulations prevent Longview Housing Authority from providing rent assistance to any person that has been evicted from Public Housing for manufacturing or production of methamphetamine. Persons convicted of any crime involving any controlled substance or violent criminal activity may also be prevented from participating on a Section 8 rent assistance program. **Persons that are subject to a lifetime sex offender registration requirement are prohibited from receiving Section 8 rent assistance.** I have read and understand I may be subject to a criminal background check prior to receiving any rent assistance with the Longview Housing Authority. \_\_\_\_\_ (please initial)

8. APPLICANT VERIFICATION

I acknowledge I am required to **immediately** advise the Longview Housing Authority of any change of address, phone number and/or family status while waiting for assistance. At such time I will document the date, time and the name of the person with whom I gave this information to. Periodically the Longview Housing Authority purges its waiting list. Keeping a record of notifications may eliminate the possibility of being removed from the waiting list. ☞☞  
APPLICANT (initial that you understand your responsibility) \_\_\_\_\_

→

Applicant Signature

Date

→

Co-applicant Signature

Date

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.**

# 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)

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

LONGVIEW HOUSING AUTHORITY  
1207 COMMERCE AVE  
LONGVIEW WA 98632

**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.