

### Application for Continued Occupancy

Please fill in all applicable blanks and answer all questions. If you need additional space, use a blank piece of paper and attach it to the application. **Case Manager's Name** \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_

Street Address: \_\_\_\_\_ (Unit) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I. Household Composition – List everyone who currently lives or will live in your household.**

First & Last Name	Sex (M, F)	Relation to Head	Race*	Ethnicity (Circle one)**
1.		Head		H NH
2.				H NH
3.				H NH
4.				H NH
5.				H NH
6.				H NH

\* Code for Race: 1 –White; 2- African American; 3-American Indian; 4-Asian; 5-Hawaiian/South Pacific

\*\* Code for Ethnicity: H-Hispanic or NH-Non-Hispanic

1. List any household member(s) 18 years or older who currently attends school full-time and the school \_\_\_\_\_ Does not apply: \_\_\_\_\_  
 the household member(s) attends: \_\_\_\_\_

2. List any household member(s) who is disabled: \_\_\_\_\_ Does not apply: \_\_\_\_\_

Will the disabled household member(s) require special accommodations due to their disability? Yes No

If yes, describe accommodation: \_\_\_\_\_

3. Do you have a child under the age of 6 who has been tested for lead and was found to have an elevated blood level? If yes, you will need to provide the LHA with a copy of the test results. Yes No

4. Has any household member ever been arrested or convicted of a crime (other than a traffic violation)? Yes No

If yes, please explain: \_\_\_\_\_



## II. Household Income

Complete each of the income sections below and provide income information for all household members. You will need to provide documentation to verify each type of income your household receives.

**1. Earned Income** – includes employment and wages of any kind (full-time, part-time, seasonal, self-employment, temporary employment, cash payment). If you work with a temp agency, list below and estimate your pay.

**Do you or any household member receive any earned income? Yes No**

**Verification** – Provide two (2) consecutive paystubs, a payroll print-out/summary, or employer letter; for self-employment: provide a copy of your most recent tax return (e.g. 1040, 1040A).

Household Member Name	Employer/Source Information		Amount (\$)/year
	Name:	Phone:	
		Fax:	
	Address:		
	Name:	Phone:	
		Fax:	
	Address:		
	Name:	Phone:	
		Fax:	
	Address:		
	Name:	Phone:	
		Fax:	
	Address:		

## 2. Benefit Income

**Does any household member receive:**

- a. Disability/Worker's Compensation? **Yes No**      c. Food Stamps/Welfare? **Yes No**  
 b. Social Security or SSI? **Yes No**      d. Unemployment? **Yes No**

**Verification:** Provide an award letter or print-out with current benefit amount.

Household Member Name	Income Type	Amount (\$)	Frequency

## 3. Other Income

**Does any household member receive:**

- a. Alimony/Child Support **Yes No**      c. Pension/Retirement? **Yes No**  
 Case number: \_\_\_\_\_  
 b. Cash or help paying bills from friends/family? **Yes No**      d. Foster Care/Adoption Assistance? **Yes No**  
 e. Other Income? **Yes No**

**Verification:** Provide a statement/award letter/print-out to show how much you currently receive.

Household Member Name	Source	Source Address & Phone Number	Amount (\$)	Frequency



### III. Assets

Do you or any household member have?		If yes, provide current balance and/or amount of income expected to receive from each source.
Checking	Yes No	
Savings/Certificate of Deposit (CD)	Yes No	
Retirement Acct (for example, 401K, 403B)	Yes No	
Life Insurance Policy	Yes No	
Stocks or Bonds	Yes No	
Real Estate	Yes No	
Other Assets	Yes No	

If you answered "Yes" to any of the above, please provide more information about the asset(s) below:

Household Member Name	Source	Source Address	Cash Value(\$)*	Interest Rate

Have you or any household member given away or sold assets (including cash) for less than full value in the last two years? Yes No

If yes, what was the asset? \_\_\_\_\_

What was the value of the asset? \_\_\_\_\_ How much did you receive for the sale of the asset? \_\_\_\_\_

### IV. Child Care Expenses

**Note: Complete Section IV ONLY IF there are children 12 years or younger in the household.**

In order to be counted as a deduction the child care must allow an adult member of the household to work, go to school, or search for a job.

Do you have any child care expenses that are not reimbursed by someone outside your household? Yes No

**Verification:** Provide a bill from your childcare provider or a printout from a government agency that shows your current contribution.

Provider Name, Address & Phone Number	Name(s) of Child(ren)	Name of Person enabled to attend work, school, or job search	Activity Enabled (work, school, or job search)	Cost (\$)	Frequency



## V. Medical Expenses

**Note: Complete Section V ONLY IF the head of household, co-head, or spouse is disabled or at least 62 years old.**

Do you or any household member have any of the following medical expenses?		Amount of Expense (\$)	Frequency of Expense	Estimated Annual Amount (\$)
Prescriptions	Yes No			
Doctors bills/co-pays	Yes No			
Insurance Premiums	Yes No			
Hospital bills	Yes No			
Other: _____	Yes No			

**Verification:** Provide any printouts or receipts that you have to support the amount of medical expenses you have on an annual basis.

## VI. Disability Expenses

**Note: Complete Section VI ONLY IF one or more household members is disabled.**

Do you have any expenses for the care of a disabled household member that enable any member of the household to work (for example, care attendant, auxiliary apparatus or service animal)? Yes No

**Verification:** Provide bills or printouts showing how much you pay and how frequently.

Describe Expense	Estimated Annual Amount (\$)	Who is enabled to work?

**WARNING! Title 18, Section 1001 of the United States Code:** Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully— (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.

**I do hereby swear and attest that all of the information above about my household is true and correct.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co-Head/Other Adult (18 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult (18 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult (18 years or older)

\_\_\_\_\_  
Date

**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)	
Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent	Assist with Recertification Process Change in lease terms Change in house rules Other: _____
<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.

**ZERO INCOME AFFIDAVIT**

**Names of Applicable Adult Household Members:** 1: \_\_\_\_\_  
2: \_\_\_\_\_  
3: \_\_\_\_\_  
4: \_\_\_\_\_

I hereby certify that I do not receive income from any of the following sources:

- A. Wages from employment (including commissions, tips, bonuses, etc.);
- B. Income from the operation of a business;
- C. Rental income from real or personal property;
- D. Interests or dividends from assets;
- E. Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
- F. Unemployment or disability payments;
- G. Public assistance payments;
- H. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- I. Sales from self-employed resources;
- J. Any other source not named above.

I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next thirty (30) days.

I have answered these questions truthfully to the best of my ability.

**Signatures:**

_____	_____
Head of Household	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

# 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)

**LOUISIANA HOUSING AUTHORITY**  
**Project Based Voucher Program**  
**1690 North Blvd**  
**Baton Rouge, LA 70802**

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(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	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.

## **Louisiana Permanent Supportive Housing Project Based Voucher Program Family Obligations**

Under the terms of the Project Based Voucher Program the family shall:

1. Supply all documentation as Louisiana Housing Authority determines to be necessary in the administration of the program;
2. Allow Louisiana Housing Authority (LHA) or its contractors to inspect the unit at reasonable times and after reasonable notice. The family must allow the Owner / landlord access to make repairs;
3. Notify Louisiana Housing Authority, in writing, at least sixty (60) days before vacating the dwelling unit as well as providing Louisiana Housing Authority with a copy of the notice to vacate the unit submitted to the owner;
4. Use the unit only for residence by the family and the unit must serve as the family's principal place of residence. The family shall not assign the lease or transfer the unit;
5. Shall not receive PBV housing assistance while residing in a unit owned by a parent, grandchild, sister, brother, or any member of the family, unless Louisiana Housing Authority has determined that approving the unit would provide a reasonable accommodation for a family member who is a person with a disability;
6. Avoid creating a violation of Housing Quality Standards (HQS) by:
  - a. Paying for utility bills for which the head of household is responsible
  - b. Allowing the owner / landlord access to the unit to make repairs
  - c. Providing and maintaining any appliances the owner is not required to provide
  - d. Not damaging or allowing any family member or guest to damage the unit or common areas
7. The family must also correct, within 24 hours, any life-threatening breach of Housing Quality Standards (HQS) it has caused, and any other violations within the time frame specified by Louisiana Housing Authority.
8. The family and their guest(s) shall not:
  - a. Commit serious or repeated violations of the lease
  - b. Own or have any legal interest in the dwelling unit
  - c. Commit any fraud, bribery, or any other corrupt criminal act in connection with the Project Based Voucher Program

- d. Receive assistance under the Project Based Voucher Program while occupying, or receiving assistance for occupancy of, any other unit assisted under any Federal housing assistance program including any subsidy program
  - e. Engage in any drug-related criminal activity, violent criminal activity or illegally possess weapons
  - f. Engage in the use of illegal drugs or abuse of alcohol that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises
  - g. Engage in or threaten abuse or violent behavior toward Louisiana Housing Authority or Local Lead Agency personnel
  - h. Damage the unit or premises (other than damages from ordinary wear and tear) or permit any guest to damage the unit or premises
9. The family shall report to Louisiana Housing Authority any absence of the entire household (all family members) of more than thirty (30) days. In no case may a participant be absent from a unit for more than 180 days. If the family leaves the household for more than 180 days for a reason other than medical need, the unit will not be considered the family's principal place of residence and the family's assistance shall be terminated.

Signature of Family Representative:

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Date

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