

PROCESS TO REQUEST A CHANGE IN HOUSEHOLD COMPOSITION

BMHA requires Public Housing tenants to report ALL changes in household composition within ten (10) calendar days of occurrence. Failure to comply with this requirement may result in an eviction being filed against the tenant and/or retroactive rent charges.

MANDATORY DOCUMENTATION:

- Completed "Changed in Household Composition Request" (attached)

VERIFICATION, IF REPORTING A HOUSEHOLD COMPOSITION CHANGE DUE TO BIRTH, DEATH, COURT AWARDED CUSTODY, ADOPTION, FOSTER CARE:

- Birth Certificate
- Death Certificate
- Social Security Card
- Completed Declaration of 214 Status for each individual being added
- Court Awarded Custody Paperwork (if applicable)
- Adoption Paperwork (if applicable)
- Foster Care Documentation (if applicable)

VERIFICATION, IF REPORTING OTHER ADDITIONS TO THE HOUSEHOLD:

The tenant is required to report additions to the household, in writing, ten (10) days prior to the proposed move-in date, in order to receive BMHA approval. BMHA may deny the addition of any adult to the household for failure to pass BMHA's required background checks.

- Photo ID
- Birth Certificate
- Social Security Card
- Verification of all income
- Completed Declaration of 214 Status
- Completed General Release and HUD 9886 forms
- Completed L.E.A.D.S Release form
- Non-Economic Questionnaire

Your AMP Coordinator will schedule an appointment to approve the requested addition and complete the Lease Addendum.

REMOVING AN ADULT HOUSEHOLD MEMBER:

The tenant is required to complete an appointment with their AMP Coordinator to remove an adult household member. The Head of Household and the adult household member that is being removed must both attend this appointment to complete the required Lease Addendum. **NO CHANGES WILL BE MADE TO THE LEASE UNTIL THIS APPOINTMENT IS COMPLETED.**



CHANGE IN HOUSEHOLD COMPOSITION REQUEST

Head of Household: Last 4 of SSN#
Address: City:
Email Address: Phone:

MANDATORY ADDITIONS TO THE HOUSEHOLD (Please check all that apply):

- Birth
Adoption
Court-Awarded Custody
Foster-Care

1) Name: Relationship to Head of Household
Date of Birth SSN#
2) Name: Relationship to Head of Household
Date of Birth SSN#

Please attach a copy of the following for each person being added to the household: Birth certificate, Social Security Card, Declaration of 214 Status, and if applicable, court order custody and/or adoption paperwork and foster care documentation.

DISCRETIONARY ADDITIONS TO THE HOUSEHOLD (Please check all that apply):

BMHA MUST APPROVE THE REQUEST 10 DAYS PRIOR TO MOVE-IN

- Marriage
Adding Previously removed household member
Other

1) Name: Relationship to Head of Household
Date of Birth SSN#
2) Name: Relationship to Head of Household
Date of Birth SSN#

**Prior to approving the addition of the listed person above, BMHA will schedule an appointment with the Head of Household and the person listed. The person listed above must provide all documentation at this meeting. This appointment is mandatory prior to the addition of the new household member. No changes will be made until this appointment is completed.

REMOVING A MEMBER FROM THE HOUSEHOLD:

Name: Move Out Date:
New Address:

**Prior to approving the removal of an adult household member, the Head of Household and the person being remove are required to meet with their AMP Coordinator to complete the required Lease Addendum. No changes will be made until this appointment is completed.

By signing below, I have released information to BMEHA regarding my household composition. I am also certifying that the information provided regarding my household composition is true and accurate to the best of my knowledge. I understand that any false statements contained herein may result in an eviction being filed against me and/or retroactive rent charges.

Household member completing this form:
Signature Date:

5/8/2019

PERSONAL DECLARATION

If you are disabled/handicapped and need assistance in completing your declaration STOP HERE and ask one of the staff to assist you.

Head of household must complete this form. PLEASE PRINT AND READ CAREFULLY. You must use the correct legal name for each member of your household as it appears on the Social Security card. All adult members of the household must sign below, certifying the information pertaining to them.

HEAD OF HOUSEHOLD _____
 STREET ADDRESS _____ PHONE NO. _____
 CITY/STATE/ZIP _____ OTHER PHONE NO. _____

PLEASE PROVIDE THE FOLLOWING INFORMATION. FAILURE TO COMPLETE THE DECLARATION IN DETAIL MAY CAUSE YOU TO BE DETERMINED INELIGIBLE AND/OR LEASE TO BE TERMINATED.

PLEASE LIST ALL PERSONS WHO WILL BE RESIDING IN YOUR HOUSEHOLD - HEAD OF HOUSEHOLD LISTED FIRST:

FULL NAME - FIRST M.I. LAST	RELATIONSHIP	SEX	SOCIAL SEC #	DATE OF BIRTH	AGE	CITY/STATE OF BIRTH
1						
2						
3						
4						
5						
6						
7						
8						
9						

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS BY CIRCLING YES OR NO:

YES/NO Does anyone live with you now who is not listed above? If yes please explain _____

YES/NO Are there any changes in your income or household? If yes, please explain _____

YES/NO Have you or any household member sold or given away any real estate property or assets in the past 2 years? If yes, please explain _____

YES/NO Have you or any household member been convicted for any drug-related or violent criminal activity within the past twelve months? If yes, please explain _____

YES/NO Is any member of your household employed full time, part time, or seasonally? If yes, who? _____

YES/NO Does any member of your household expect to work for any period during the next 12 months? If yes, who? _____

YES/NO Is any member of your household on leave of absence from work due to lay off, medical, or military leave? If yes, who? _____

YES/NO Does any member of your household work for someone who pays in cash? If yes, who? _____

YES/NO Does any member of your household now receive or expect to receive unemployment benefits? If yes, who? _____

YES/NO Does any member of your household now receive child support? If yes, who and in what county? _____

YES/NO Does any member of your household have a child support order that is not being paid? If yes, who and in what county? _____

YES/NO Does any member of your household receive or expect to receive assistance from Jobs & Family Services? If yes, who? _____

YES/NO Does any member of your household receive alimony? If yes, who? _____

YES/NO Does any member of your household receive or expect to receive Social Security or SSI? If yes, who? _____

YES/NO Does any member of your household receive income from a pension or an annuity? If yes, who? _____

YES/NO Does any member of your household receive regular cash contributions from an individual or an agency? If yes, who? _____

YES/NO Does any member of your household receive income from assets including interest on checking or savings accounts? Interest or dividends from certificates of deposit, stocks or bonds, income from rental property? If yes, who? _____

LIST ALL CHECKING AND SAVINGS ACCOUNTS INCLUDING IRA, KEOUGH ACCOUNTS AND CERTIFICATES OF DEPOSIT, OF ALL HOUSEHOLD MEMBERS, INCLUDING AMOUNTS DISPOSED OF DURING THE PAST TWO YEARS:

FAMILY MEMBER	BANK NAME	ACCOUNT NUMBER	BALANCE

FOR EACH TYPE OF INCOME THAT YOUR HOUSEHOLD RECEIVES, GIVE THE SOURCE OF INCOME AND THE AMOUNT OF INCOME RECEIVED:

FAMILY MEMBER	SOURCE OF INCOME / EMPLOYER	WEEKLY	BI-WEEKLY	MONTHLY, ETC.

FOR EACH TYPE OF EMPLOYMENT LIST THE FOLLOWING INFORMATION:

EMPLOYER	COMPLETE ADDRESS	CONTACT PERSON	PHONE #	FAX #

YES/NO Do you pay for childcare which allows you or another family member to work or go to school? If yes, give name, address and telephone number of child care provider and the weekly amount you pay _____

YES/NO Do you pay for a care attendant or for any equipment for any disabled/handicapped member of the family necessary to permit that person or someone else in the family to work? If yes, please explain _____

YES/NO Do you have any medical bill(s), prescriptions, medical insurance, or a medical spend down with Jobs & Family Services you are paying for an ELDERLY OR DISABLED member in your household? If yes, please explain _____

YES/NO Do you wish to declare that you or someone in your household is disabled? If yes, please explain who and see your Housing Coordinator for verification process _____

YES/NO List members of your household who are the age of 18 or older and a full time student. Please list the household members name and the name of the school they attend _____

CERTIFICATION

I/WE certify that the above information is true to the best of my knowledge and belief. I/WE understand that the above information is being collected to determine the continuation of eligibility. I/WE authorize the program to verify all information provided on this declaration and to release information to appropriate Federal, State, or local agencies.

I/WE understand that false statements or information will result in the termination of any assistance and are punishable under Federal Law. I also understand that all changes in income of any member of the household as well as any changes in the household members must be reported to the BMHA office, IN WRITING, IMMEDIATELY.

Head of Household _____ Date _____

Spouse/Other Adult _____ Date _____

Other Adult _____ Date _____

Other Adult _____ Date _____

I have reviewed this declaration with the applicant/resident and after review of all required documentation, have determined this applicant/resident to be eligible for Section 8 assistance.

BMHA Coordinator _____ Date _____

WARNING! TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

BUTLER METROPOLITAN HOUSING AUTHORITY

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

PHA Policy

The PHA will use the following local preferences and each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicant's place on the waiting list.

Please mark your housing situation/s in the box below:

- Veterans/Family of a Veteran** – The veteran or serviceman must reside in the household, be assigned to active duty or be deceased for the family to receive this preference. Point Value-1000
- Employed/Full Time Student** – Families whose head, spouse, co-head, or sole member is employed at least twenty hours per week or attending school full time in Butler County. Point Value-800
- Domestic Violence** – A family that includes a family member who is a victim of domestic violence, dating violence, sexual assault and/or stalking. Actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family must have occurred within the past sixty days or be of a continuing nature. The family must have been displaced as a result of fleeing violence in the home or they are currently living in a situation where they are being subjected to or victimized by violence in the home. The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval. Point Value-700
- Elderly/Disabled** – Families whose head, spouse, co-head, or sole member is disabled or has a family member who is disabled and their source of income reflects this disability or is verified disabled according to the HUD definition of disabled. To qualify for the elderly preference head, spouse or co-head must be 62 years of age or older. Point Value-600
- Homeless/Substandard** – Families who lack a fixed, regular and adequate nighttime residence that is a supervised shelter providing nighttime accommodations (including welfare hotels, congregate shelters and transitional housing), or an institution providing temporary residence intended to be institutionalized or a public or private place not ordinarily used as a sleeping accommodation for human beings. Point Value-500
- Residency** – Applicants who reside in Butler County or non-residents who work in Butler County or have been notified they have been hired to work a minimum of twenty hours per week or attend school full time in Butler County shall be determined as residents of the County. Verification of employment or school enrollment is required. Point Value-400

If two applicants have similar preferences, date and time of application will be deciding factor. Applicants can qualify for more than one preference.

I HAVE READ AND UNDERSTAND THE DEFINITIONS OF THE LISTED PREFERENCES AND HAVE MARKED THE PREFERENCE (OR NONE) THAT RELATES TO MY CURRENT HOUSING STATUS. I ALSO UNDERSTAND THAT I MUST PROVIDE PROPER VERIFICATION OF THE PREFERENCE THAT I HAVE CLAIMED IN ACCORDANCE WITH THE BMHA LEASING & OCCUPANCY POLICY.

DATE

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF HEAD OF HOUSEHOLD

EMPLOYMENT VERIFICATION

Employer: _____ Date: _____
 Address: _____ Employee: _____
 Phone: _____ Fax: _____ Acct. # _____
 Social Security #: _____

I do hereby authorize you to release the information requested below directly to the Butler Metropolitan Housing (BMHA) Leasing Department

Name: _____ Signature: _____
Print Name This consent form expires 15 months after SIGNED/Date

BMHA LEASING REPRESENTATIVE _____ EMAIL _____ Phone: (513) 896-4411 EXT. _____
 Fax: (513) 868-5290

***** FOLLOWING TO BE COMPLETED BY EMPLOYER ONLY*****

Employer needs to furnish the following information

MY SIGNATURE BELOW INDICATES THAT THE INFORMATION BEING PROVIDED IS CORRECT

SIGNATURE: _____ DATE: _____
 TITLE: _____ PHONE#: _____

EMPLOYER NEEDS TO COMPLETE - WORK SCHEDULE

DATE STARTED:	DATE STOPPED:
NUMBER OF HOURS WORKED PER PAY PERIOD	TOTAL AMOUNT PAID BY EMPLOYEE PER PAY PERIOD FOR HEALTH INSURANCE. (MEDICAL, DENTAL, VISION)
RATE PER HOUR: \$	PAID (CIRCLE ONE) DAILY, WEEKLY, BI-WEEKLY, SEMI-MONTHLY, MONTHLY
AVERAGE TIPS OR COMMISSION PER PAY: \$	YEAR TO DATE EARNINGS: \$
CURRENT AVERAGE WAGES/SALARY: \$	

EMPLOYMENT INFORMATION MUST BE COMPLETED BY EMPLOYER (PLEASE COMPLETE ALL THAT APPLY)

CURRENTLY EMPLOYED: YES NO (PLEASE CIRCLE)	NO LONGER EMPLOYED EFFECTIVE:
BETWEEN ASSIGNMENTS AS OF:	REASON:
LAI D OFF ON:	DATE & AMOUNT OF FINAL PAY:
	ON LEAVE OF ABSENCE SINCE:
	PAID OR UNPAID?

EMPLOYER PLEASE PROVIDE PAY INFORMATION (LAST 6 (SIX) GROSS AMOUNTS AND PAY DATES)

DATE RECEIVED	GROSS \$ AMOUNT	DATE RECEIVED	GROSS \$ AMOUNT
1.		4.	
2.		5.	
3.		6.	



JOB AND FAMILY SERVICES BENEFITS SELF DECLARATION

I wish to self-certify my benefits received from JOB AND FAMILY SERVICES as follows:

ALL QUESTIONS MUST HAVE AN ANSWER

I receive my benefits through _____ County. In the state of _____.

I receive CASH ASSISTANCE (OWF, TANF, DFA, etc.) [] No [] Yes -- monthly amount \$ _____

My CASH ASSISTANCE (OWF, TANF, DFA, etc.) was sanctioned [] No [] Yes. Date sanction began _____
Length of sanction _____.

I receive FOOD STAMPS [] No [] Yes -- monthly amount \$ _____.

I receive a DAYCARE VOUCHER [] No [] Yes My monthly co-pay is \$ _____.

Do not sign until in the presence of a Notary.

Signature Head of Household

Date

Signature Co-Head of Household

Date

Signature Other Adult

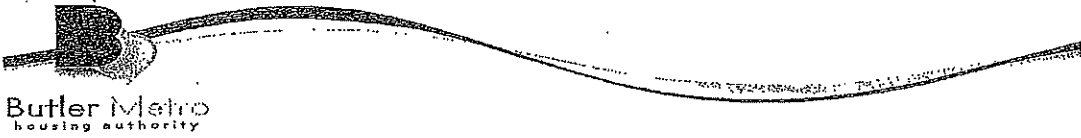
Date

State of Ohio -- County of Butler

The foregoing instrument was acknowledged before me this _____ day of _____ 20_____

by _____ My commission expires _____

Notary Signature



CHILD SUPPORT VERIFICATION

Date: _____

Butler County CSEA : 887-3699
Child Support Agency: Clermont County CSEA: 1-513-732-7444
Warren County CSEA: 1-513-695-2969
Hamilton County CSEA: 946-2396

This is to request information on child support order(s) for the following:

RE: _____

SSN: _____

Address: _____

Resident #: _____

Please provide proof of any orders with payment history for the LAST YEAR.



If there is an order with no payment being received, please check below verifying the attempt to collect in one of the following ways.

Statement that collection has been attempted by the court.

Child Support Bureau

Legal Guardian or Parent

Date action was initiated: _____

Child Support Representative

Date

I hereby approve the release of the requested information: _____
Resident Signature

BUTLER METRO HOUSING AUTHORITY
4110 HAMILTON MIDDLETOWN RD.
HAMILTON, OHIO 45011

Phone: (513) 896-4411 Fax: (513) 868-5290

APPLICANT/TENANT CERTIFICATION FOR CHILD CARE EXPENSES

Childcare provider: _____

Childcare address: _____

Childcare phone: _____ Childcare fax: _____

Tenant Name: _____

Tenant Address: _____

Tenant City/State/Zip: _____

Butler Metro Housing Authority is a federally-funded agency assisting qualified families with rent subsidies. The above person is an applicant for, or participant in a federally assisted housing program operated by Butler Metro Housing Authority. All income expenses reported to the Authority must be verified in writing to determine his/her eligibility and rent payment.

Please complete the lower section of this form and return it to Butler Metro Housing Authority 4110 Hamilton Middletown Rd. Hamilton, Ohio 45011 or by fax at (513) 896-9381.

Number of children in childcare: _____

Average hours per week childcare is provided: _____

Weekly/monthly amount paid for childcare by tenant: _____

I DO HEREBY AUTHORIZE THE RELEASE OF ALL INFORMATION REQUESTED BY BUTLER METRO HOUSING AUTHORITY FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY FOR HOUSING ASSISTANCE.

Tenant signature: _____ SEE ATTACHED RELEASE

Sworn to before me and signed in my presence this _____ Day of _____ 20____.

Notary Signature _____

Authorization for the Release of Information/ Privacy Act Notice

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

OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2017

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

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

HA 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

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.

Originals retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (07/14)

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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (07/14)



GENERAL RELEASE FORM

I hereby authorize/direct The Hamilton/Middletown Police Department, or any other Federal, state, or local agency, organization, business, or individual, to release any information needed to determine my eligibility for housing or continued occupancy with Butler Metropolitan Housing Authority.

Por la presente autorizo directa el Departamento de policia de Hamilton/Middletown, o cualquier otro Federal, estado, o agencia, organizaci3n, negocio o individuo, para liberar cualquier informaci3n necesaria para determinar mi elegibilidad para uso de vivienda o continuar con Autoridad de vivienda metropolitana de Butler.

I authorize you to release as applicable, any credit, financial, employment information relating to my previous housing tenancy, credit information, my personal or family's conduct including criminal records or drug abuse. This information is to be used solely by Butler Metropolitan Housing Authority to determine whether or not I qualify as an applicant or for continued occupancy as a resident. It will not be disclosed outside the agency without my consent, but may be viewed by authorized employees or representatives of the U.S. Department of HUD, as applicable.

Autorizo a soltar segun sea el caso, cr3dito, financiera, empleo informaci3n relacionada con mi anterior tenencia de la vivienda, informaci3n de cr3dito, mi personal o conducta de la familia como antecedentes penales o abuso de drogas. Esta informaci3n debe ser utilizado unicamente por la autoridad de vivienda metropolitana de Butler para determinar si o no calificar como un candidato para ocupaci3n continua como residente. No ser3 revelada fuera de la agencia sin mi consentimiento, pero puede ser visto por los empleados autorizados o representantes de los Estados Unidos Departamento de HUD, segun sea el caso.

I understand, depending on Butler Metropolitan Housing Authority's policies and requirements, that verification of information for household or may be required. I agree that a photocopy of this authorization may be used for the purposes stated above.

I entender, segun de Butler metropolitana autoridad de vivienda las pol3ticas y requisitos, esa verificaci3n de la informaci3n para el hogar o puede ser necesario. Estoy de acuerdo que una fotocopia de esta autorizaci3n puede utilizarse para los fines indicados anteriormente.

Signature Head of Household

Date

Signature Co-Head/Other Adult

Date

Signature Other Adult

Date

Signature Other Adult

Date



RELEASE OF INFORMATION

I have authorized the BUTLER METROPOLITAN HOUSING AUTHORITY to obtain information from you regarding: NATIONAL CRIMINAL BACKGROUND CHECK

I hereby release:

(LEADS) LAW ENFORCEMENT AUTOMATED DATA SYSTEM

P.O. BOX 182075 COLUMBUS, OH 43218-2075

Its officers, agents or employees from any and all liability for damages of whatsoever kind or nature whether caused by negligence or otherwise which may at any time result to me by reason of compliance with the above-mentioned inquiry which may include the answering of specific questions and the giving of any other information concerning my record.

- Signature: _____
- Name: (PRINT) _____
- Address: _____
- City: _____
- State: _____
- Zip: _____
- Telephone No.: _____
- Date: _____

If a more extensive background check is required, applicant may be required to pay a fee

CITIZENSHIP DECLARATION FORM

Complete a separate form for each member of the household listed on the *Family Summary Sheet*.

Last Name _____

First Name _____

Relationship to
Head of Household _____ Sex _____ Date of Birth _____

Social Security No. _____ Alien Registration No. _____

Admission Number (if applicable) _____
(This is an 11-digit number found on INS Form I-94, Departure Record)

Nationality _____
(The foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth).

Save Verification No. _____
(to be entered by owner if and when received)

Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3.

DECLARATION

I, _____, hereby declare, under penalty of perjury that I am:

Ⓢ 1. A citizen or national of the United States.	
<i>If you checked this block, no further information is required. Sign and date below and forward this form to Win-field Village Cooperative, 425 Paddock Dr. West, Savoy, IL 61874. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.</i>	
<input checked="" type="checkbox"/> _____ Signature	<input checked="" type="checkbox"/> _____ Date
Check here if adult signed for a child: <input type="checkbox"/>	

(Form continues on reverse)

⑩ 2. A noncitizen with eligible immigration status in the category checked below:

- ⑩ (i)** A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).
- ⑩ (ii)** A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).
- ⑩ (iii)** A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)).

Signature

Date

Check if adult signed for a child:

REQUEST FOR EXTENSION (optional)

I hereby certify that I am a noncitizen with eligible immigration status, as noted above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be under-taken to obtain this evidence.

Signature

Date

Check if adult signed for a child:

⑩ 3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this form to Winfield Village Cooperative, 425 Paddock Dr. West, Savoy, IL 61874. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check if adult signed for a child:



BUTLER METROPOLITAN HOUSING AUTHORITY
NON-ECONOMIC CRITERIA QUESTIONNAIRE

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

- 1. How long have you lived at this address?
2. Have you ever been a resident of B.M.H.A. Public Housing or Section 8 program(s)?
3. If Yes, at what address?
4. Have you ever been a resident of any Section 8 or Public Housing Program anywhere in the United States?
5. Do you presently owe monies to any Section 8 or Public Housing Programs?
6. Have you ever been evicted?

PLEASE LIST YOUR LAST TWO (2) ADDRESSES

- 1. Street Address City/State/Zip
How long did you live at this address?
2. Street Address City/State/Zip
How long did you live at this address?

ARREST RECORD: A POLICE CHECK WILL BE PERFORMED
INCOMPLETE INFORMATION WILL BE TREATED AS FALSIFICATION

If our background check reveals that you have a criminal record, in order to process your application any further, you must agree to be fingerprinted by your local police department and your prints will be submitted to OBI & I in Columbus to complete the criminal background check.

Your ability to be housed depends on what, if anything, is revealed in the criminal background check.

If any family member has been found guilty of any crime including misdemeanors, other than traffic violations, list the member(s) and crime(s) even if they did not go to jail. If there have been no convictions mark "N/A".

Note

Please advise of any criminal history (misdemeanors and/or felonies) within the last 10 years.

Table with 2 columns: Family Member, Crime. Includes three rows for data entry.

MY SIGNATURE BELOW INDICATES THAT I UNDERSTAND THE INFORMATION CONTAINED
HEREIN WILL BE USED TO DETERMINE MY ELIGIBILITY FOR BUTLER METROPOLITAN HOUSING
AUTHORITY'S LOW RENT PROGRAM. I FURTHER UNDERSTAND THAT ALL MONIES OWED TO
BMHA MUST BE PAID BEFORE I CAN BE DEEMED ELIGIBLE BUT PAYMENT DOES NOT
GUARANTEE ELIGIBILITY.

Signature of Applicant/*firma del aplicante*

Date/*Fecha*

RESIDENT STATEMENT

I _____ request to have _____
LEASE HOLDER APPLICANT
added to my lease at _____
ADDRESS

RESIDENT SIGNATURE

DATE

I _____ request to be added to _____
APPLICANT LEASE HOLDER
lease at _____
ADDRESS

APPLICANT SIGNATURE

DATE