

## Things Applicant needs to turn into the Housing Authority with application.

- All birth certificates for everyone in the household.
- All Social Security Cards for everyone in the household.
- Picture ID for everyone over the age of 18.
- Proof of income. If you receive Social Security or SSI, bring us your reward letter, if you work, bring in 2-3 check stubs, if you get child support, bring in a printout of that, and if you receive unemployment bring that as well.
- If you are a full-time student or there is someone 18 or older bring proof they are in school.
- We will run your background check with the 911 center.
- Fill out the application completely. We will not accept it if it is not filled out all the way. You must have all documents. We will not accept your application unless everything is completed.



Ashburn Housing Authority  
200 Perry Drive Office 412  
Ashburn GA 31714  
(229) 567-4668 (office)  
(229) 213-6000 (fax)

As a tenant with the Ashburn Housing Authority, you now have the opportunity to go to our new website and do many things as listed below:

- 1) Check your rent amount.
- 2) Do your recertification online.
- 3) Update your income (incase of loss of job or anytime of income change)
- 4) Change in contact information.
- 5) Request a maintenance work order once a day.
- 6) Many other great things.

All you must do is go online to [www.ashburnhousing.org](http://www.ashburnhousing.org), click on [Apply & Resident Portal](#). Once you do that it will take you to a new page. Then register for your account and then it will attach you to your housing authority account. From there it will guide you through it. There on out you will always have your account.

If you need help or have any questions, please feel free to contact Ashley Wynn, Property Manager and she will be glad to assist in any way she can. We really hope you take the opportunity that the website is giving you.

Thank you,  
Housing Authority Management  
Housing Department



Ashburn Housing Authority  
200 Perry Drive Office 412  
Ashburn GA 31714  
(229) 567-4668 (office)  
(229) 213-6000 (fax)

As a new applicant, you have the option to go online and fill out your application. All you will need to do is:

1. Go to [www.ashburnhousing.org](http://www.ashburnhousing.org)
2. Click on [Apply & Resident Portal](#)
3. Once you click the link it will take you to another page where you will see a link that says [apply now for housing](#). (you will then click that link)
4. You will follow the prompts till the end. Once you complete that you will be able to create an account so that you can check your number on the waiting list, the status of your application, and update your information on your account.

After you complete this we will get notification that you have completed an application and we will then print it off and call you with an appointment to come in with all your documents or you can email, whichever we see fit.

We hope you take the opportunity to look at our new website. If you have any questions or concerns, please contact Adrienne Hope with the housing department.

Adrienne's contact information: [ahope.aha@outlook.com](mailto:ahope.aha@outlook.com)  
Work Cell: 229-313-3492  
Office: 229-567-4668

Thank you,  
Adrienne Hope  
Property Manager



Ashburn  
Housing  
Authority

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200 Perry Dr. Office 412  
Ashburn GA 31714

Housing Services Division  
229-567-4668(Phone)  
229-567-0060 (Fax)

**Date:** \_\_\_\_\_

Dear Applicant:

Based on information furnished by you when you completed an application on the above date for an apartment in one of our developments, you are apparently eligible for admission. However, all information furnished will be verified prior to admission. Also, your past record as a tenant, your rent-paying habits, and other factors which help us determine whether or not you may have adverse on the health and safety of other tenants will be investigated.

At this time, we cannot tell you exactly when we will have an apartment available. Considering past experience and percentage of turnover, we might be able to help you in about 6-24 months. In order for us to maintain a current application on file, you are required to contact this office due to any changes including the following: address/phone number change, increase/decrease to income or household total. If you fail to do this, your application will be placed in an inactive file. Should you become interested in housing at a later date, a new application must be processed.

Sincerely,

\_\_\_\_\_  
Housing Authority Representative

I hereby acknowledge receipt of this notice.

\_\_\_\_\_  
**Signature of Applicant**



ASHBURN  
HOUSING  
AUTHORITY

200 PERRY DR. OFFICE 412  
ASHBURN GA 31714  
PHONE (229) 567-4668

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In order for the Housing Authority to determine your need for housing and the appropriate size unit for your family, the following item must be completed and/or submitted when your application interview is held.

1. Certified birth certificates of all members of the household including head of household and spouse.
2. Proof of income and verification of family assets of all family members.
3. Social Security Cards for all family members of the household.
4. Criminal history background check from the 911 office.

WARNING!!!!!! Title 18, Section 1001 of the United States Code states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to and Department or Agency of the United States or the Department of Housing and Urban Development.

WARNING!!!!!! The official Code of Georgia, Section 16-19-55, as amended, states that a person is guilty of a misdemeanor for fraudulently obtaining or attempting to obtain Public Housing or a reduction in public rent.

Application Signature of Acknowledgement: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Notary)

\_\_\_\_\_  
(Date)



APPLICATION FOR RESIDENCY  
 Housing Authority of the City Ashburn  
 200 Perry Dr. Office 412  
 Ashburn Ga 31714 (229) 567-4668

Office Use Only	
Date:	_____
Time:	_____
Background Check:	_____
Birth Certificate:	_____
ID:	_____
Social Security Card:	_____
Sex Offender Check:	_____
EIV Requirements:	_____

This is an application for residency in the apartment complex entered above. Please complete this application (please print) and return to the on-site manager. All completed applications are listed in order of date/time received. Applications will not be taken incomplete.

Applicant Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (State/Zip)

Number of Bedroom in current residence \_\_\_\_\_.

Do you own \_\_\_\_\_ or \_\_\_\_\_ rent? If rent, amount of current monthly rent paid \$\_\_\_\_\_.

If you own, amount of current monthly mortgage payment \$\_\_\_\_\_. Number of people in your current household? \_\_\_\_\_

List current landlord information: Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Previous landlords Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Check utilities paid by you and enter average monthly payments:

- |                |     |          |          |     |          |
|----------------|-----|----------|----------|-----|----------|
| 1. Electricity | ___ | \$ _____ | 5. Other | ___ | \$ _____ |
| 2. Gas         | ___ | \$ _____ |          |     |          |
| 3. Water/Sewer | ___ | \$ _____ |          |     |          |
| 4. Garbage     | ___ | \$ _____ |          |     |          |

Size / Type Unit: One-Bedroom \_\_\_ Two-Bedroom \_\_\_ Three- Bedroom \_\_\_ Four- Bedroom \_\_\_ Handicap \_\_\_

Elderly Village \_\_\_

Ashburn Housing Authority is an Equal Housing Opportunity company and manages apartment complexes in compliance with 504 and Fair Housing Regulations.

Any applicants needing assistance in completing this application will be accommodated.



**HOUSEHOLD INFORMATION**



**LIST ALL HOUSEHOLD MEMBERS WHO WILL LIVE IN THE APPLIED FOR APARTMENT (Fill out all areas completely.)**

(List yourself on Line 1):

NAME STUDENT	RELATIONSHIP	BIRTHDATE	AGE	SOCIAL SECURITY	DISABLED
1. _____	TO APPLICANT	_____	_____	_____	Y/N
2. _____	_____	_____	_____	_____	Y/N
3. _____	_____	_____	_____	_____	Y/N
4. _____	_____	_____	_____	_____	Y/N
5. _____	_____	_____	_____	_____	Y/N
6. _____	_____	_____	_____	_____	Y/N



**ARE YOU (OR CO-TENANT) NOW A STUDENT IN POST-SECONDARY EDUCATION OR WILL YOU (OR CO-TENANT) BECOME A STUDENT WITHIN THE NEXT 12 MONTHS? \_\_\_\_\_ Yes \_\_\_\_\_ No**

IF YES, NAME OF SCHOOL \_\_\_\_\_ Number of hours \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

*(All adult students need to make sure to bring in proof that they are attending school.)*

**PERSONAL REFERENCES (NOT RELATED TO APPLICANT) PROVIDE THREE (3)**

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



**HOUSEHOLD INCOME (LIST ALL SOURCES):**

**FAMILY MEMBER NAME**

**SOURCE OF INCOME**

**MONTHLY AMOUNT(GROSS)**

\_\_\_\_\_  
\_\_\_\_\_

A. Social Security Benefits  
Social Security Benefits

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

\_\_\_\_\_

B. Pension  
Source of Pension(s) \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

C. Veteran's Benefits

\$ \_\_\_\_\_

\_\_\_\_\_

D. SSI Benefits (Disability)  
SSI Benefits (Disability)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

\_\_\_\_\_

E. Unemployment Comp.  
Unemployment Comp.

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

\_\_\_\_\_

F. AFDC/TANF

\$ \_\_\_\_\_

\_\_\_\_\_

G. Gross Wages  
Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

H. Full-Time Student Income  
(18 years & older)

\$ \_\_\_\_\_

\_\_\_\_\_

I. Other income  
Source Type: \_\_\_\_\_  
(Any income not noted above including monetary gifts,  
From relatives, child support, alimony, etc.)

\$ \_\_\_\_\_

Total Monthly Income: = \_\_\_\_\_

TOTAL MONTHLY AMOUNT \$ \_\_\_\_\_ X 12 EQUALS TOTAL GROSS ANNUAL AMOUNT OF \$ \_\_\_\_\_.



Do you anticipate any income changes in the next 12 months? Yes No





Program Information

Answer all questions below.



1. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, fire, or government action? \_\_\_ Yes \_\_\_ No  
If Yes, Explain: \_\_\_\_\_
2. Is your present residence classified as "Condemned or Substandard?" \_\_\_ Yes \_\_\_ No  
If Yes, Explain: \_\_\_\_\_
3. Is any adult family member displaced by domestic violence? \_\_\_ Yes \_\_\_ No  
If Yes, Explain: \_\_\_\_\_
4. Are you applying for status as an "Elderly Household" where the tenant / co-tenant is 62 or older, handicapped, or disabled? \_\_\_ Yes \_\_\_ No
5. Would anyone in your household benefit from unit modified for wheelchair or other handicapped access? \_\_\_ Yes \_\_\_ No  
If so, would you like to request an adapted unit? \_\_\_ Yes \_\_\_ No
6. Do you have any past due or old utility bills? \_\_\_ Yes \_\_\_ No If yes, please describe and give amount owed: \_\_\_\_\_
7. Are you now, or have you ever lived in a rental complex financed or subsidized by the federal Government? \_\_\_ Yes \_\_\_ No If so, have you ever been evicted? \_\_\_ Yes \_\_\_ No  
If so, Explain: \_\_\_\_\_  
Where: \_\_\_\_\_ When: \_\_\_\_\_  
Reason: \_\_\_\_\_
8. Have you, co-tenant, or any household member ever been convicted of a felony?  
\_\_\_ Yes \_\_\_ No  
If Yes, Explain: \_\_\_\_\_
9. Have you, co-tenant, or any household member ever been convicted of the sale, distribution, or use of illegal substances? \_\_\_ Yes \_\_\_ No
10. Do you own any pets? \_\_\_ Yes \_\_\_ No If yes, describe:  
\_\_\_\_\_  
(Pet fee us required. Pet deposit is \$300.00. Pet must be under 20 lbs. and only 1 animal per unit.
11. Do you anticipate any changes in your family composition?  
\_\_\_\_\_
12. Is any household member subject to sex offender registration in ANY state(s)?  
\_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_
13. Please list all states in which you have ever lived:  
\_\_\_\_\_
14. Do you or anyone in your household smoke? \_\_\_ Yes \_\_\_ No ( Do understand that this is a smoke free facility and smoke free property before you continue.)



## Certification of Understanding

"I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that the unit applied for will be my/our permanent residence. I/We understand I/We must pay a "security deposit" prior to move-in. I/We understand that eligibility for this housing will be based on income limits set by USDA-Rural Development regulations or the Federal Tax Credit Program, and tenant eligibility standards set by Ashburn Housing Authority.

"I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy."

Signature:

\_\_\_\_\_

Applicant/Tenant

\_\_\_\_\_

Co-Applicant/Co-Tenant

\_\_\_\_\_

Date

\_\_\_\_\_

Date





**AUTHORIZATION FOR BACKGROUND CHECK**

"I/We do hereby grant authority to Ashburn Housing Authority (AHA) and its staff/authorized agent to contact any agencies, local police departments, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary for completion of my/our application for residency in developments managed by AHA. I/We further authorize AHA to verify all information contained in this application."

Signature:

\_\_\_\_\_

\_\_\_\_\_

**Applicant/ Tenant**

Co-Applicant/ Co-Tenant

\_\_\_\_\_

\_\_\_\_\_

**Date**

Date

*The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.*

Ethnicity:

\_\_\_\_\_ *Hispanic or Latino*

\_\_\_\_\_ *Not Hispanic or Latino*

Race: (Mark one or more)

\_\_\_\_\_ *American Indian/Alaska Native*

\_\_\_\_\_ *Asian*

\_\_\_\_\_ *Black or African American*

\_\_\_\_\_ *Native Hawaiian or Other Pacific Islander*

\_\_\_\_\_ *White*

Gender:

\_\_\_\_\_ *Female*

\_\_\_\_\_ *Male*

\_\_\_\_\_ *I choose not to answer.*

*"This institution is an equal opportunity provider and employer."*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."*



# 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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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)

Ashburn Housing Authority  
200 Perry Dr. Office 412  
Ashburn GA 31714  
(229) 567-4668 (Phone)  
(229) 231-6000 (Fax)

**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(I)(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.



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

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD’s record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:**

**Signature**

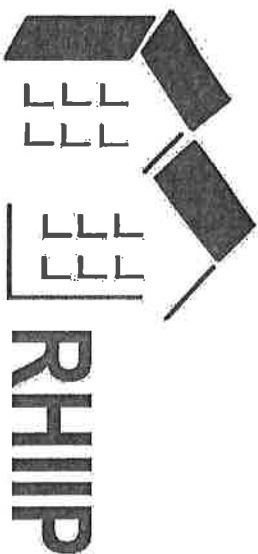
**Date**

**Printed Name**



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

## *What You Should Know About EIV*

### A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

#### What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

#### What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

#### What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

**Note:** *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

#### What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.



Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

### What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

### What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

#### **Debts owed to PHAs and termination information**

reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

### Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/eiv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Exhibit 3-5: Sample Citizenship Declaration**

INSTRUCTIONS: Complete this Declaration 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 DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter 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)

INSTRUCTIONS: Complete the Declaration below by printing or by 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 \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. 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.

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

Check here if adult signed for a child: \_\_\_\_\_

FEDERAL PRIVACY ACT NOTICE  
FOR THE

Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation, and the Public and Indian Housing Programs

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD uses 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 furnished. HUD or public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. 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 information requested by the public housing agency/Indian housing authority, including all social security numbers you, and all other household members age(6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will effect your eligibility. Failure to provide any of the requested information may result in a delay or rejection or your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

I read the Federal Privacy Act Notice on \_\_\_\_\_  
**DATE**

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**SIGNATURE OF HEAD OF HOUSEHOLD OR SPOUSE**



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

form HUD-1141  
(12/2005)

**LEASE ADDENDUM**

**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

TENANT	LANDLORD ASHBURN HOUSING AUTHORITY	UNIT NO. & ADDRESS
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

**Purpose of the Addendum**

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

**Conflicts with Other Provisions of the Lease**

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

**Term of the Lease Addendum**

The effective date of this Lease Addendum is \_\_\_\_\_. This Lease Addendum shall continue to be in effect until the Lease is terminated.

**VAWA Protections**

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

\_\_\_\_\_  
Tenant/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

# Background Check Release / Tenant Screen

**APPLICANT** Complete the following information as accurately as possible. (Please Print Clearly.)

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ D.L. #: \_\_\_\_\_ State: \_\_\_\_\_

\*Birth date: \_\_\_\_\_ \*Sex: \_\_\_\_\_ \*Race: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous names (maiden / marriage etc.): \_\_\_\_\_ Date Changed: \_\_\_\_\_  
(Attach additional sheet, if necessary. \_\_\_\_\_ Date Changed: \_\_\_\_\_

**Addresses** (List past seven years beginning with your current address. Include street, city, state, zip code, county and dates of residence. Attach additional sheet, if necessary.)

1. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

2. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

How long has applicant lived in state: \_\_\_\_\_

Current Landlord Name: \_\_\_\_\_ Complex Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Complex Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How Long: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: \_\_\_\_\_ Ckg / Svgs Acct #: \_\_\_\_\_  
(Please Circle One)

## DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

In connection with my rental application, I authorize Ashburn Housing Authority (the "Company/Landlord") to order a "consumer report" (a background report) about me. The background check company who will be conducting such checks is TruDiligence, 3190 S. Wadsworth Blvd., Suite 260, Lakewood, CO 80227, (800) 580-0474, [www.trudiligence.com](http://www.trudiligence.com).

I acknowledge the background report may contain information concerning my character, general reputation, personal characteristics, mode of living, and credit history/standing. The types of information that may be ordered include, but are not limited to: social security number verification; criminal records check; verification of prior employment; and credit reports.

Selection criteria that may result in denial of my rental application includes: criminal history; previous rental history; credit history; or failure to provide accurate or complete information on the application form.

I agree the Company/Landlord may rely on this form to order background reports throughout my tenancy without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.



Signing this acknowledgment indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income, and rental history. If you do not meet the selection criteria, or if you provide inaccurate or incomplete information, your application may be rejected and your application fee, if any, will not be refunded.

California Applicants Only: Check this box if you would like a free copy of your background check report:

Washington State Applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*The information indicated by an (\*) will be used for background screening purposes only and will not be used as tenant selection criteria.

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize The Housing Authority of the City of Ashburn to conduct an inquiry for  
Agency/Company  
the purpose listed below and receive any Georgia and/or national criminal history record information  
as authorized by state and federal law.

Full Name (print)			
Address			
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

This authorization is valid for 30 days from date of signature.

I, [redacted], give consent to the above-named  
entity to perform periodic criminal history background checks for the duration of my employment or  
tenancy.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Purpose Code Used: (check only one)

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
X	E – Employment / Tenancy