

[illegible]



Office 334.347.2538  
Fax 334.347.0133  
TDD/TTY 800.548.2546  
or 711

300 Mildred Street  
Enterprise, AL 36330

EnterpriseHousing.org



**Shana B. Demby, Executive Director**  
sdemby@enterprisehousing.org

**Board of Commissioners:** Alfred Townsend, Chair  
Richard Dunn | Calvin Garth | Julian LeCompte | Shay Howell

## Application for Housing

### Information About the Income of Members of the Family

Income includes money or contributions from any and all sources paid to or on behalf of a family member.

List the sources and amounts of all income (money) expected for the coming

12 months for all family members from any and all sources.

Family Member Name	Income Source	Income Amount	Frequency
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

**WARNING:** Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States and shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

\_\_\_\_\_  
Signature of the Household

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-head

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Application received on \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_:\_\_\_\_ AM ☐ PM

EHA Representative \_\_\_\_\_



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## Consent

I consent to allow HUD or the EHA to request and obtain income information from the sources listed in this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HA's that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first addition, I must be given an opportunity to contest those determinations.

## Signatures

\_\_\_\_\_  
**Head of Household**

**SSN (if any) of Head of Household** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_\_  
**Spouse**

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

\_\_\_\_\_  
**Other Family Member Over 18**

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

\_\_\_\_\_  
**Other Family Member Over 18**

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

\_\_\_\_\_  
**Other Family Member Over 18**

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

\_\_\_\_\_  
**Other Family Member Over 18**

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

## Privacy Act Notice

**Authority:** The Department of Housing and Urban (HUD) is authorized to collect this information by the U.S. Housing Act of 1973 (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 requires applicants and participants to submit the Social Security Number of each household member who is six years 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 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, 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 EHA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the SS numbers of all household members 6 years and older is mandatory, and not providing the SS Numbers will affect your eligibility.

# Warning

**We want you to understand our Housing Programs and ask that you read and sign this page to acknowledge that you understand what it means to be assisted by the**

**Enterprise Housing Authority.**

Misrepresentation is considered a serious violation of our requirements and will cause you to be considered ineligible for Housing Assistance or be terminated from your Housing Assistance. If it is found that an applicant or tenant has misrepresented the facts upon which his/her rent is based so that he/she is paying less than should be paid, the dwelling lease and/or housing assistance will be terminated. In addition, the applicant/tenant will be subject to civil and criminal penalties under State and/or Federal Law.

Applicant/Tenant is advised that Alabama law in part defines Public Assistance Fraud and the penalties as follows – Public assistance means money or property provided directly or indirectly to eligible persons through programs of the federal government, the state, or any political subdivision thereof, including any program administered by a public housing authority. It shall be unlawful for an individual or business entity to knowingly do any of the following: (1) Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose a material fact used in making a determination as to the qualification of the person to receive public assistance. (2) Fail to disclose a change in circumstances in order to obtain or continue to receive any public assistance to which he or she is not entitled or in an amount larger than that to which he or she is entitled. (3) Aid and abet another person in the commission of the prohibitions enumerated in subdivision (1) and (2) or in any way receive, attempt to receive, or aid and abet in the receipt of unauthorized payments or other unauthorized payments or other unauthorized public assistance or authorization or identification to obtain public assistance. In addition to any other penalty provided by law, an individual or business entity that violates this section in an aggregate value of two hundred dollars (\$200) or more shall be guilty of a Class C felony. OR an individual or business entity that violates this section in an amount less than the aggregate value of two hundred dollars (\$200) shall be guilty of a Class A misdemeanor. Three (3) or more violations of this section shall establish a rebuttable presumption that the individual knowingly violated this section (13A-9-150, Code of Alabama, 1975).

## **Most Common Reasons people are determined Ineligible for Public Housing Assistance Programs:**

1. Not disclosing an arrest/police record. Only violent criminal offenses, sexual offenses, or drug activity makes you ineligible but if you have an arrest and you do not tell us we can make you ineligible for not disclosing information.
2. Criminal History
3. Being Over-income
4. Bad Credit/Landlord References

## **Most Common Reasons people are Terminated from Public Housing Programs**

We never want to terminate a family from our Public Housing Programs but there are rules to follow to participate in our programs and we must enforce those rules. The following list includes the most common problems in our programs. Not complying with the Lease or Housing Voucher will cause you to lose your home.

1. Not paying rent when it is due
2. Electricity being disconnected because you did not pay your bill
3. Allowing people not listed on your lease to
  - a. Move in with you or “Stay” with you
  - b. Tell people (especially the police) that they live at your address; Use your address as their mailing address
4. Causing a disturbance in the neighborhood (you, your family or your guest)
5. Tearing up the property – building or yards

**Please sign to indicate you have read and understand this page:**

---

Signature

---

Date



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**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

### ENTERPRISE HOUSING AUTHORITY

**Requires the following items at the time you submit your Initial application.**

- ☐ **Current State Issued Picture I.D.** for all adults 18 and older
- ☐ **Birth Certificates** for all residents
- ☐ **Social Security Cards/Numbers** for all residents
- ☐ **Proof of Income** for all residents
  - ☐ Wages
  - ☐ Food Stamps
  - ☐ Child Support
  - ☐ SSI or Social Security Benefits
  - ☐ Pensions, Retirement, VA Benefits
  - ☐ Unemployment
  - ☐ Divorce and Custody Decrees( as applicable )
- ☐ **Not Working**
  - ☐ In High School – **Report Card** for current school year
  - ☐ Enrolled in College – **Schedule on College Letterhead** for current semester
- ☐ **Orientation** (if not attended, name will be removed from waiting list)
- ☐ **Background Form Filled and Signed** by all adults 18 or older (included in application packet)
- ☐ **Background Returned:** Results \_\_\_\_\_

### EHA STAFF USE ONLY

#### 7 DAYS

(If all info is not provided within 7 days of admission of application, name will be removed from waiting list)

- ☐ **Completed**      ☐ **Not Completed, removed from waiting list, letter mailed, Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**All applicants have 7 days from the date of this application to provide all necessary documentation not provided when you turned in application. Failure to provide this information in the 7 day time period will result in the removal of your application from the EHA waiting list.**

**Please keep your address and phone numbers current with the EHA. If your address or phone number(s) change, you must call the Enterprise Housing Authority to update.**

Thank you for your cooperation  
Sincerely,

**Enterprise Housing Authority**

<b>Previous Assisted Housing History</b>					
<ul style="list-style-type: none"> <li>Have you ever <u>applied</u> for Public Housing or Section 8 Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?</li> <li>Have you ever <u>lived</u> in Public Housing or Section 8 Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?</li> <li>Do you owe money to any Public Housing Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount owed \$ _____</li> </ul>					
<p>If you or any member of your household has <b>ever</b> lived in Public Housing, Section 8 Housing or any housing where the rent was based on your income, you must disclose where and when you lived in this housing (<i>Name of agency, address of property leased, when you live there</i>). This information will be verified through the HUD database. <b>If you do not disclose</b> all previous housing history, your application will be considered <b>FRAUDULENT</b> and your application will not be approved for housing.</p>					
<b>Marital Status/History</b>					
<ul style="list-style-type: none"> <li>List Marital Status of the Head of Household:</li> <li>If not currently married, have you ever been married? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>If Divorced or Separated, do you have documentation to show custody of children? <input type="checkbox"/> Yes <input type="checkbox"/> No You will be asked to provide legal documentation that will verify this status.</li> <li>List all names used by the Head of Household and Spouse; maiden name first, then all previous married names:</li> </ul>					
<b>Automobiles that will be parked on a regular basis at the property you lease:</b>					
<ul style="list-style-type: none"> <li>List all vehicles owned or routinely used by household members:</li> </ul>					
Make/Model/Year:		Tag Number:		Name on Registration:	
Make/Model/Year:		Tag Number:		Name on Registration:	
<ul style="list-style-type: none"> <li>If there are minor children in the household with an absent parent, has child support been established? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of parent.</li> <li>Does anyone outside of your household regularly contribute to your household (<i>for example: cash, food, clothing, diapers, use of a car, pay some of your bills, etc.</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</li> </ul>					
<b>Assets: Does any household member</b>					
<ul style="list-style-type: none"> <li>Have any type of bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of bank and types of accounts (<i>checking, savings, Certificates of Deposit</i>)</li> <li>Own assets with a net value of more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>if Yes, attach description</i>)</li> <li>Has any family member sold or given away a home, real estate, or other assets in the past two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Does any family member currently own or ever owned any real estate, including land, houses, etc...? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>					
<b>DEDUCTABLE EXPENSES</b>					
<ul style="list-style-type: none"> <li>Do you pay for child-care (for children under age 13) so that family members can work or go to school? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>If yes, provide the name, address, phone number of childcare provider and the amount you pay for this service in the blocks below.</li> <li>Child-care expense paid to: (Name, Address, &amp; Phone)</li> <li>Do you receive assistance for Childcare from the Family Guidance Center? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Amount <u>YOU</u> Pay for childcare (out-of-pocket): \$_____ per _____ (week/month/etc.)</li> </ul>					
<b>Fill in section below on Medical Expense <u>only</u> if the Head of Household is 62 years old or older, or if you are disabled/handicapped, or if a family member is designated as handicapped/disabled by Social Security.</b>					
<p>If you are accepted to our program, you may claim a deduction for medical expense if you provide us with a signed statement from the provider or paid receipts to document what you pay out of pocket for medical cost. Medical cost includes prescription medication, fees paid to doctors, hospitals and/or dentists, cost of medical supplies including glasses, dentures, etc.</p>					
<ol style="list-style-type: none"> <li>Do you pay medical expenses above the amount of your insurance reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Are you making regular payments on an old medical bill? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$_____</li> <li>Do you pay for a care attendant or for any equipment for a family member that is disabled in order for that person or another family member to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe expense.</li> <li>Estimate the \$\$ amount you pay out of pocket per year for medical expenses not listed above: \$_____</li> </ol>					

<b>Current Housing</b>									
Current Landlord:						Mailing Address:			
Present monthly rent:				Number of Bedrooms:				Number of People in Household?	
Electricity	\$	Water	\$	Gas	\$	Phone	\$	Cable TV	\$
How long have you lived at this address? Years _____ Months _____									
Do you owe any money to this landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, \$ _____ Are you being evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If you are not renting, what is your living situation (for example, are you living with someone?)									
List where you have lived for the past five (5) years. You may use the back of this page to list the City, State and the year you were at these locations.									
Have you or any other adult in this household ever committed or been accused of committing any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?  <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, which Agency:									
<b>If you or any member of your family has <u>ever</u> lived in Public Housing, Section 8 Housing or any housing where the rent was based on your income, you must disclose where and when (<i>Name of agency, address of property leased, when you lived there</i>). This information will be verified through the HUD database, if you do not disclose previous housing history, your application will be considered FRAUDULENT and your application will not be approved for housing.</b>									

**All applications are subject to a search of Police Records and clearance from prior assisted rent programs. To be eligible for any of our programs, you must disclose previous rental assistance and arrest history for all adults in the household.**

**Police records are checked on every family member over age 18 in each family applying for rental assistance. If you state that no one living in this household has ever been arrested and the Police Report or NCIC report shows an arrest, you have submitted a Fraudulent Application and your application may be rejected. You may also be subject to be denied the opportunity to apply again for housing for one to five years for submitting a fraudulent application. Any applicant may be subject to fingerprinting to clarify any NCIC reports of criminal history.**

*Under the Section 8 Program, you are ineligible for assistance based on your criminal history report only if you have been arrested for issues relating to drugs, sexual offenses, or violent criminal activity. However, if you have been arrested for other reasons, your NCIC report will indicate you have been arrested. Under the Public Housing Program, your complete criminal history is considered prior to accepting you into our program. Please answer the following questions.*

Has anyone living in this household been arrested on a charge related in any way to drugs, sexual offenses or violent criminal activity? ☐ Yes ☐ No      If you have questions concerning this issue, ask now!

- Has anyone living in this household ever been arrested for **any\*** reason? ☐ Yes ☐ No
- Has anyone living in this household ever been convicted of **any** crime? ☐ Yes ☐ No
- Has anyone living in this household ever been fingerprinted for any purpose? ☐ Yes ☐ No

Please explain any “yes” answers.

**\* If you have an NCIC record, it means you have been arrested and fingerprinted. If you do not disclose all arrests, your application may be rejected for not disclosing the information we need to determine your eligibility for our programs. If the arrest was while you or your family member was a juvenile, you do not have to disclose the reason for the arrest but simply state that the arrest happened to avoid confusion on arrest history. We run a criminal history report through a Nationwide database for applicants that have fingerprints in the NCIC database.**

**You may THINK your record has been expunged or your record removed, but your fingerprints are still on file and the NCIC will indicate “YES” there is a record. Disclose the arrest!**

**Please list below or attach an additional page to list any and all arrests for any member of this household. If NO arrest, write “None”**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Applicants for Public Housing are subject to reference checks for previous rental and credit history. Applicants for the Section 8 program are not subject to credit checks from this agency, but Section 8 Landlords are encouraged to seek references from prior landlords and/or credit references so they can determine if you have a history of taking care of rental property and paying your debts. Be sure you are prepared to offer these references to your prospective property owner.



### Certification by Applicant

As an applicant for rental assistance, I hereby certify that all information in this application is true, correct and complete. I understand that I am responsible for reporting **in person** at the Housing Authority office any changes to this application. Changes must be written on the application form and initialed to be accepted by the EHA. Public Housing Assistance offers are made by Phone, email and Mail – Be SURE you keep a current phone number, email address, and mailing address on file with this agency as long as you are interested in assistance.

I understand that this application is not a contract and in no way obligates the Enterprise Housing Authority. I also understand that I am responsible for providing additional information as required and that if I am not able to provide the requested information within ten (10) calendar days of the date of the request, this application shall be considered **VOID** and **filed inactive with no further notice**.

Applicant/Tenant is advised that Alabama law in part defines Public Assistance Fraud and the penalties as follows – Public assistance means money or property provided directly or indirectly to eligible persons through programs of the federal government, the state, or any political subdivision thereof, including any program administered by a public housing authority. It shall be unlawful for an individual or business entity to knowingly do any of the following: (1) Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose a material fact used in making a determination as to the qualification of the person to receive public assistance. (2) Fail to disclose a change in circumstances in order to obtain or continue to receive any public assistance to which he or she is not entitled or in an amount larger than that to which he or she is entitled. (3) Aid and abet another person in the commission of the prohibitions enumerated in subdivision (1) and (2) or in any way receive, attempt to receive, or aid and abet in the receipt of unauthorized payments or other unauthorized payments or other unauthorized public assistance or authorization or identification to obtain public assistance. In addition to any other penalty provided by law, an individual or business entity that violates this section in an aggregate value of two hundred dollars (\$200) or more shall be guilty of a Class C felony. OR an individual or business entity that violates this section in an amount less than the aggregate value of two hundred dollars (\$200) shall be guilty of a Class A misdemeanor. Three (3) or more violations of this section shall establish a rebuttable presumption that the individual knowingly violated this section (13A-9-150, Code of Alabama, 1975).

**By signing below, I acknowledge that I understand that any mail, returned for an incorrect address or that I do not respond to in the stated time frame, will cause this application to be filed INACTIVE without further notice.**

**NOTE:** Please list a friend or relative that will know how to contact you. When we are reviewing your application, we need to be able to contact you to clarify information.

Name, phone#, relationship: \_\_\_\_\_

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

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

Do you have health insurance on your children? ☐ Yes ☐ No

*We can refer you to agencies that provide information on free or low cost insurance.*

**If you believe you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll-free hotline at 1-800-669-9777, or by asking the Enterprise Housing Authority to provide you with a HUD Housing Discrimination Complaint Form, HUD-903.**

### **Protections for Applicants:**

**If you otherwise qualify for assistance under ENTERPRISE HOUSING AUTHORITY, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.**

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

Organization requesting release of information

### ENTERPRISE HOUSING AUTHORITY

Nell Court Office, 300 Mildred Street, ENTERPRISE, AL 36330

Public Housing (334) 347-2538

Section 8 (334) 393-2058

FAX (334) 347-0133

#### Purpose:

In compliance with the regulations from the U.S. Department of Housing and Urban Development (HUD) and the Administrative Policies of the Enterprise Housing Authority, this authorization and the information obtained with it, will be used to administer and enforce program rules and policies. By signing this document you authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Low-Income Rental Public Housing  
Section 8 Housing Assistance Payments Program

**AUTHORIZATION:** I authorize the Enterprise Housing Authority to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. I authorize the Enterprise Housing Authority to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Other inquiries include but are not limited to:

Child Care Expenses	Credit History
Criminal History	Family Composition
Employment, Income, Pensions, and Assets	Federal, State, Tribal, or Local Benefits
Handicapped Assistance Expenses	Identity and Marital Status
Medical Expenses	Social Security Numbers
Residences and Rental History	Child Support

**Individuals or Organizations That May Release Information:** Any individual or any organization including any governmental agency may be asked to release information. For example, information may be requested from:

Banks and Other Financial Institutions	Courts
Law Enforcement Agencies	Credit Bureaus
Employers, Past and Present	Landlords
Providers of Alimony; Child Care; Child Support; Credit; Handicapped Assistance;	
Medical Care; Pensions / Annuities; Schools and Colleges; Social Security Administration;	
U.S. Department of Veteran's Affairs; Utility Companies; Welfare / Food Stamp Agencies	

**Notice & Consent:** I agree that the Enterprise Housing Authority may share information with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include but are not limited to:

U.S. Office of Personnel Management	U.S. Social Security Administration
U.S. Department of Defense	U.S. Postal Service
State Employment Security Agencies	State Welfare and Food Stamp Agencies
Police / Law Enforcement Agencies	Sheriff's Departments and Court Systems

The shared information will be information supplied by the family to either the EHA or the other agency or information obtained in investigations related to compliance. It is hereby agreed this information can be shared between these agencies in an effort to confirm compliance with program regulations.

**CONDITIONS:** I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated. **Note:** Head of Household, Spouse and all family members age 18 or older must sign an Authorization to Release Information.

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

SSN: \_\_\_\_\_

Spouse or Other Adult: \_\_\_\_\_

SSN: \_\_\_\_\_

Other Adult: \_\_\_\_\_

SSN: \_\_\_\_\_

Witness by EHA Staff: \_\_\_\_\_

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

**Enterprise Housing Authority**  
Public Housing and Housing Choice Voucher Programs  
**Declaration of United States Citizenship**

**To apply for assistance from any Public Housing Program you must declare that you are a citizen of the United States or establish your legal right to participate in Public Housing Programs. If you are a U.S. Citizen, please complete the information below. If you or any member of your household is NOT a U.S. Citizen, please ask for the appropriate forms.**

**I hereby declare, under penalty of perjury, that I am a citizen of the United States of America.**

Family Member Number	Print Name	Signature <i>(Parents or Legal Guardian sign for Children under age 19)</i>	Date
Head of Household			
2			
3			
4			
5			
6			

**Note:** In the State of Alabama, you may sign a legal contract at age 19. Any family member age 19 or older must sign this declaration of Citizenship. The legal guardian of any family member under age 19 must sign for that family member. The legal guardian of any family member that is mentally handicapped must sign for them.

This document will be filed in the Head of Household's file and serve as verification and evidence of declaration of U.S. Citizenship.

**IF YOU ARE NOT A U.S. CITIZEN, PLEASE ASK FOR THE PAPERWORK TO CERTIFY YOUR ELIGIBILITY AS A NON-CITIZEN.**

PHA Staff: \_\_\_\_\_

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



**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 10/31/2019.

**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



Office 334.347.2538  
Fax 334.347.0133  
TDD/TTY 800.548.2546  
or 711

300 Mildred Street  
Enterprise, AL 36330

EnterpriseHousing.org



**Shana B. Demby, Executive Director**  
sdemby@enterprisehousing.org

**Board of Commissioners:** Alfred Townsend, Chair  
Richard Dunn | Calvin Garth | Julian LeCompte | Shay Howell

## ***REQUEST FOR CRIMINAL HISTORY***

### ***Verified through Dru Sjodin National Sex Offender Website***

*The Department of Housing and Urban Development prohibits lifetime registered sex offenders from receiving housing assistance and this agency is required to verify that no recipient of housing assistance through this agency is a lifetime registered sex offender. We check the Dru Sjodin National Sex Offender Website for every person applying for housing or applying for recertification in a housing program. Failure to disclose or falsifying information regarding sex offender status may jeopardize the approval of your application.*

*You have the right to dispute the accuracy and relevance of the background check information {24 CFR 5.905(d) and 24 CFR 960.204(c)}. Disputes must be filed in writing to the office of the Enterprise Housing Authority within five (5) business days of your notification regarding the information.*

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***Is any member of the family applying for admission to or recertification of eligibility for housing assistance with the Enterprise Housing Authority subject to a lifetime registration requirement under a state sex offender registration program?***

***Applicant / Resident MUST Answer ☐ Yes or ☐ NO***

***If the answer is Yes, list the name of person subject to the registration: \_\_\_\_\_***

***Signature of Head of Household: \_\_\_\_\_***

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

---

***EHA Staff person searching Dru Sjodin website: \_\_\_\_\_***

***Reason for Search:***

- ☐ *Application*
- ☐ *Recertification*

***Date Dru Sjodin website checked: \_\_\_\_\_***

***Results: ☐ No record found ☐ Record Found***

***If record found, name on record \_\_\_\_\_***

***If record is found, date applicant notified of rejection: \_\_\_\_\_***



Office 334.347.2538  
Fax 334.347.0133  
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or 711

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sdemby@enterprisehousing.org

**Board of Commissioners:** Alfred Townsend, Chair  
Richard Dunn | Calvin Garth | Julian LeCompte | Shay Howell

## ***AUTHORIZATION FOR RELEASE OF POLICE RECORD***

Name: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

### ***PERSONAL DESCRIPTION***

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I do hereby authorize any city, County, State or Federal Agency, Department or Bureau, to release any information in their files under the above name and other information supplied by me. I understand and realize that the information so released may prove unfavorable to me. I agree to submit to fingerprinting to be forwarded to the FBI if required by the housing agency. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomever from any liability arising out of or resulting from the release of this information.

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

*(Official Use Only)*

### ***RESPONSE TO POLICE RECORD RELEASE:***

☐ *Recommend to house*

☐ *Do not recommend to house*

Comments: \_\_\_\_\_

\_\_\_\_\_

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

Law Enforcement Agency: Enterprise Police Department

Police Report



Office 334.347.2538  
Fax 334.347.0133  
TDD/TTY 800.548.2546  
or 711

300 Mildred Street  
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## ENTERPRISE HOUSING AUTHORITY REQUEST FOR CRIMINAL HISTORY NCIC CHECK

**FOR** (PLEASE PRINT INFORMATION)

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

In accordance with the Agreement between the U.S. Department of Housing and Urban Development and the U.S. Department of Justice, a copy of which is on file with this housing authority and this law enforcement agency, relating to Access to National Crime Information Center Data (NCIC), the Enterprise Housing Authority requests that this law enforcement agency conduct a name test to determine whether or not the above-named person has a criminal history record indexed in the Interstate Identification Index (III). A copy of the consent form signed by the above-named person is attached.

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

PHA Representative: \_\_\_\_\_

Date Sent To Law Enforcement: \_\_\_\_\_

---

### TO BE COMPLETED BY LAW ENFORCEMENT AND RETURNED TO ENTERPRISE HOUSING AUTHORITY

\_\_\_\_\_ There is **no** additional information in the NCIC for the above-named person.

\_\_\_\_\_ There is a criminal history record of the above-named person and the housing authority should refer the named person to a state or local law enforcement agency for fingerprinting and further checks with the FBI.

Law Enforcement Representative: \_\_\_\_\_

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

File: NCIC