



APARTMENT COMPLEXES:

PARK HOMES
GEORGE SMITH
SUNSET TERRACE
LA VILLITA
COMMERCE MANOR

BHA

Brownwood Housing Authority

P.O. Box 1647 BROWNWOOD, TEXAS 76804
TELEPHONE: (325)646-0790
FAX: (325) 646-7799

EXECUTIVE DIRECTOR
DAVID LONG

david@bwdhousing.org

HOUSING CHOICE VOUCHER PROGRAM

GWEN GAINES – SUPERVISOR

gwen@bwdhousing.org

PUBLIC HOUSING

MARY HALES - SUPERVISOR

mary@bwdhousing.org

MANAGING AGENT

CHRISTY MERCER - SUPERVISOR

christy@bwdhousing.org

MAINTENANCE

MICHAEL LANDERS - SUPERVISOR

mike@bwdhousing.org

PLEASE READ CAREFULLY

**ALL APPLICATIONS MUST BE
COMPLETED FOR PROCESSING**

Applications can be picked up at
1500 Terrace Dr.
Brownwood, TX 76801
Monday- Thursday 9:00-4:00

Or

Printed from the website:
www.bwdhousing.org

**Print Single Side ONLY
DO NOT Print Double Sided**



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Please follow instructions:

Attached is your Application for Housing Assistance. Please read the instructions very carefully before you fill out the application. **AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.**

Complete this application in your own handwriting, in blue or black ink or typed. Use the legal name of each person who will reside in the unit as it appears on the Social Security Card. **ALL** adult persons **MUST** sign the application and all other forms enclosed certifying the information pertaining to them is correct. (Adult means: any household member 18 years or older also, if 17 years old, but will turn 18 within the calendar year.) **DO NOT LEAVE BLANK ANY SECTION OF THE APPLICATION, IF THAT SECTION DOES NOT APPLY TO YOU WRITE N/A.**

THE APPLICATION MUST BE COMPLETED AND SIGNED BY ALL ADULT PERSONS IN THE HOUSEHOLD. Failure of the applicant or participant to sign this application and all its contents constitutes grounds for denial of eligibility or termination of assistance or tenancy.

We will gladly help individuals with a handicap, disability, or hardship to ensure the application is completed. Please notify the office for assistance.

RETURN this application, in person or by mail **ONLY**, we will not accept a faxed or email application, along with **ORIGINALS** of the following: We will make copies for you or if you are mailing your application, please provide the copies. BHA **MUST** have the following documents to process the application:

1. Certified birth certificate of **ALL** household members (hospital announcements will not be accepted)
2. Social Security card for **ALL** household members
3. Proof of income:
 - If you have a job, please provide 4 consecutive current pay stubs.
 - If you are self-employed you will need to provide a current 1099 or a ledger
 - Pension or retirement
 - SSI/SS award letter
 - Child Support
 - Unemployment Benefits
 - Workers Compensation
 - TANF award letter
 - Income from Rental Property
 - Alimony
 - Babysitting or Adult Care
 - Military Pay/ Reserves/ VA Benefits of Housing
 - Investment Income/ Royalty

As part of the application process BHA will conduct a **BACKGROUND CHECK** on **ALL** household members 18 years and over. You will be notified by mail if you are eligible for the wait list.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

TOTAL HOUSEHOLD INCOME:

List all money earned or received by everyone living in the household regardless of age. List GROSS amounts of income (before any deductions).

Income Source	Yes	No	Family Member	Source	Amount MONTHLY	Hire Date/ Start Date	Paid How Often
Employment					\$		
Self - Employment					\$		
Pension or Retirement					\$		
SSI					\$		
Social Security					\$		
Child Support					\$		
Unemployment Benefits					\$		
Workers Compensation					\$		
TANF					\$		
Income from Rental Property					\$		
Alimony					\$		
Babysitting or Adult Care					\$		
Military Pay/Reserves/VA Benefits					\$		
Investment Income/ Royalty					\$		

PLEASE LIST ON A SEPARATE PAGE ANY SOURCES OF INCOME NOT LISTED ON THIS PAGE OR LISTED UNDER THE ASSETS LIST ON THE FOLLOWING PAGE

HOUSEHOLD COMPOSITION:

Race of Head of Household (check one):

- White
- American Indian
- Native Hawaiian/Other pacific islander

- Black/African American
- Asian

Ethnicity:

- Hispanic or Latino
- Non Hispanic/Latino

IN CASE OF AN EMERGENCY

CONTACT:

Name: _____ City: _____ State: _____ Zipcode: _____
 Address: _____
 Phone No. _____

Is any adult in the family a full time student (18 years old or older)? _____ If yes, how much? _____
 Does this family member receive financial aide? Yes No

Does anyone in your household require special accommodation due to a disability? Yes No
 If yes, specify requirements: _____

Do you pay for Assistance care or for an auxiliary apparatus for a disabled household member in order for them or another family member to work? Yes No
 If yes, itemized cost: _____

Is the Head of Household or spouse of the family in the Armed Services Yes No

Does anyone help you pay bills on a regular bases Yes No
 If yes, who? _____ How Often? _____ How Much? _____

ASSETS:

Please mark any income from assets received from all household members. Check all that applies.

- Real Estate Stocks/Bond Savings Accounts Retirement
- Pension Fund Insurance Settlements CD's Trusts
- Checking Account Other: (Explain) _____

Has any member of the household given away or sold any asset for less than fair market value in the past 2 years? Yes No
 If yes, what asset? _____ What was the market value of the asset? _____
 How much was received? _____

CHILD CARE:

Do you pay for Child Care for children age 12 or younger while you work or attend school? _____ If yes, please give name of Child Care Provider: _____ How much do you pay? _____ How often do you pay? _____

MEDICAL INFORMATION:

If the Head of Household or the spouse is 62 years of age or older or disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or any other outside source. (This includes but is not limited to: prescriptions physician's bills, hospital bills, insurance premiums, and over-the-counter medications). Written verification is required.

Medical Expense: _____ Yearly Total: _____
Medical Expense: _____ Yearly Total: _____
Medical Expense: _____ Yearly Total: _____
Medical Expense: _____ Yearly Total: _____

RENTAL HISTORY:

Your current address: _____ City _____ State _____ Zipcode _____
Landlords Name: _____ Ph. No.: _____ Dates lived here: _____
Landlords Address: _____ City _____ State _____ Zipcode _____
Previous Address: _____ City _____ State _____ Zipcode _____
Previous LL Name: _____ Ph. No.: _____ Dates lived here: _____
Previous Landlords Address: _____ City _____ State _____ Zipcode _____
Previous Address: _____ City _____ State _____ Zipcode _____
Previous LL Name: _____ Ph. No.: _____ Dates lived here: _____
Previous Landlords Address: _____ City _____ State _____ Zipcode _____

GENERAL INFORMATION:

Have you or any household member ever lived in Public Housing or received Housing Assistance of any kind? [] Yes [] No
If yes, under whose name? _____ Where: _____
When: _____

Do you owe money to any Housing Authority in the United States of America? If yes: Where? _____
How Much? _____

Does any household member 18 years or older, have a debt with a utility company or previous landlord?
[] Yes [] No
If yes, with whom? _____ How much? _____

Have you or any other household member ever used any other name or social security number other than the one used on this application?
[] Yes [] No If yes, list names or numbers: _____

Are you or any household member required to report to a probation or parole officer? [] Yes [] No
If yes, what county? _____ Date offense occurred: _____

Have you or any household member ever been arrested? [] Yes [] No
If yes, give name of household member and explanation concerning arrest: _____

PERMISSION TO SHARE INFORMATION WITH THE FOLLOWING BUSINESSES / AGENCIES:

I give my permission for the agencies, programs and businesses listed below to exchange confidential information as related to my request for housing assistance. The information obtained may be used for the purposes of tenant/applclicant screening when applicable.

- | | | |
|--|-----------------------|-----------------------------------|
| American Red Cross | Housing Authorities | Good Samaritan Ministries |
| Brown County Health Dept./MIC | Indigent Medical Care | School districts |
| Tx. Dept. of Protective and Reg. Serv. | URAPI, Inc. | Social Security Administration |
| Brown County Welfare | T.X.U. Energy and Gas | Family Services Center & Agencies |
| Central Texas MHMR | Ministrial Alliance | General Telephone |
| Central Texas Opportunities | The Ark | Dept. of Human Services |
| City of Brownwood Offices | Salvation Army | Brownwood Merchants Association |
| Law Enforcement Agencies | CASA | Public Data.com |
| Attorney General Offices | Legal Aide | Texas Workforce Commission |
| Department of Veteran Affairs | BRMC Soc. Serv. Dept. | Texas Rehab Commission |

Signatures:

_____ Date: _____

_____ Date: _____

_____ Date: _____

All adult family members should review the information listed on this application and must sign below.

I/We do hereby attest that all the information provided to the Brownwood Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that I/We must report any changes in income, assets, family composition, or address to the Housing Authority within 14 days of such change. I/We further understand that false statements or information are punishable under Federal Law and are grounds for denial of this application and subsequent housing.

I/We understand that this application is valid for six (6) months unless renewed or updated by the applicant.

Signature of Head of Household Date

Signature of Spouse Date

Signature of other adult (18 years or older) Date

Signature of other adult (18 years or older) Date

After verification by this Housing Authority, the information will be electronically submitted to the Department of Housing and Urban Development or its agent on Form HUD-50058 (Family Report). For additional information on its use, see the Right of Information/Federal Privacy Act Notice, HUD-9886.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-424-8590 or local Fair Housing hot line at 1-800-739-3611.



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HOUSING AUTHORITY POLICY FOR WHO WILL RECEIVE ASSISTANCE SHOULD A FAMILY DISSOLVE

FOR A FAMILY WITH CHILDREN

THE FAMILY MEMBER WHO WILL BE RESPONSIBLE FOR CHILDREN WILL REMAIN ON THE PROGRAM WITH CONTINUED ASSISTANCE. IF BOTH HEAD AND SPOUSE HAVE CUSTODY OF THE CHILDREN, THE PERSON WHO RECEIVES CONTINUED ASSISTANCE MUST BE DECIDED AT ISSUANCE OF THE VOUCHER.

MEMBER TO RECEIVE CONTINUED ASSISTANCE WILL BE:

FOR A FAMILY WITHOUT CHILDREN

PERSON TO RECEIVE CONTINUED ASSISTANCE MUST BE DECIDED AT ISSUANCE OF THE VOUCHER. SHOULD HEAD OR SPOUSE NOT WANT OR NEED CONTINUED ASSISTANCE, HE OR SHE MAY TRANSFER ASSISTANCE TO REMAINING FAMILY MEMBER.

MEMBER TO RECEIVE CONTINUED ASSISTANCE WILL BE:

IN THE CASE OF ABUSE:

THE HOUSING AUTHORITY WILL REVIEW EACH CASE INDIVIDUALLY DEPENDING ON CIRCUMSTANCE. DOCUMENTATION OF ABUSIVE SITUATIONS WILL BE REQUIRED.

I HAVE READ AND CLEARLY UNDERSTAND THIS POLICY AND AGREE TO COMPLY WITH IT.

Signature

Date

Signature

Date

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
 U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Brownwood Housing Authority P.O. Box 1647 Brownwood, Texas 76804 (325) 646-0790	-Or-	Brownwood Housing Authority 1500 Terrace Dr. Brownwood, Texas 76801 (325) 646-0790	Date: _____
			Contact Person: _____

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



¿ESTÁ SOLICITANDO ASISTENCIA DE HUD PARA SU VIVIENDA?

PIENSE EN ESTO...

¿VALE LA PENA COMETER FRAUDE?

Se da usted cuenta...

De que si comete fraude para obtener asistencia para su vivienda por HUD, podrían:

- Desahuciarle de su apartamento o casa.
- Exigirle que reembolse toda la asistencia que le pagaron de más para su alquiler.
- Multarle hasta \$10,000.
- Enviarle a prisión hasta por cinco años
- Prohibirle recibir más asistencia en el futuro.
- Imponerle sanciones del gobierno estatal y local

¿Sabe usted...

Que está cometiendo un fraude si firma una planilla a sabiendas de que está dando información falsa o engañosa?

La información que usted proporciona en las planillas de solicitud y re-certificación de asistencia con la vivienda será verificada. La agencia de vivienda local, HUD o la Oficina del Inspector General, verificarán la información sobre ingresos y bienes que usted proporcione, con otros organismos del gobierno federal, estatal y local, así como con agencias privadas. Es un fraude certificar información falsa.

¡De modo que tenga cuidado!

Cuando usted llena su solicitud y re-certificación anual para recibir asistencia para su vivienda por HUD, asegúrese que sus respuestas a las preguntas sean exactas y honestas. Usted tiene que incluir:

Todas las fuentes de ingresos y cambios en los ingresos recibidos por usted o cualquier miembro de su familia, tales como sueldos, pagos de Bienestar Social, seguro social y beneficios de veteranos, pensiones, jubilación, etc.

Todo el dinero que usted reciba en nombre de sus hijos, como el destinado al mantenimiento de hijos, pagos de AFDC, seguro social para niños, etc.

Cualquier aumento en el ingreso, como sueldos de un nuevo trabajo o un aumento de sueldo o bonificación esperados.

Todos los bienes, como cuentas bancarias, bonos de ahorro, certificados de depósito, acciones, propiedades inmobiliarias, etc., de usted o de cualquier miembro de su familia.

Todo ingreso procedente de bienes, como intereses de cuentas de ahorros y cuentas corrientes, dividendos de acciones, etc.

Cualquier negocio o bienes (como su casa) que haya vendido en los dos últimos años a un precio inferior a su valor total.

Los nombres de todas las personas, adultas o niños, parientes o no parientes, que estén viviendo con usted y que componen su familia.

(Aviso importante para los evacuados como resultado de los huracanes Katrina y Rita: Los requisitos de HUD en cuanto a la notificación pueden ignorarse o suspenderse temporalmente debido a sus circunstancias. Contacte la agencia local de vivienda antes de llenar la solicitud de asistencia para vivienda).

Haga preguntas

Si no entiende algo en la solicitud o planilla de recertificación, pregunte siempre. Es mejor estar seguro que lamentarse.

¡Cuídese de las trampas con la asistencia para vivienda!

- No le pague dinero a nadie por llenarle sus planillas de solicitud de asistencia y recertificación para vivienda.
- No pague dinero para que le avancen su lugar en una lista de espera.
- No pague por nada que no esté incluido en su contrato de arriendo.
- Pida un recibo por cualquier dinero que pague.
- Pida una explicación por escrito si le exigen pagar por algo que no sea el alquiler (cargos de mantenimiento o de servicios públicos).

Denuncie el fraude

Si usted sabe de alguien que haya proporcionado información falsa en una solicitud de asistencia o re-certificación para vivienda de HUD, o si alguien le dice que le dé información falsa, denuncie a esa persona a la línea directa de la Oficina del Inspector General de HUD. Usted puede llamar a la línea directa de lunes a viernes, entre 10:00 a.m. y 4:30 p.m., hora del Este, al 1-800-347-37353. También puede enviar la información por fax al (202) 708-4829 o por correo electrónico a: Hotline@hudoig.gov . Usted puede escribir a la línea directa a:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

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:

BROWNWOOD HOUSING AUTHORITY
 P.O. BOX 1647
 BROWNWOOD, TEXAS 76804
 (325) 646- 0790

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

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____



**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?

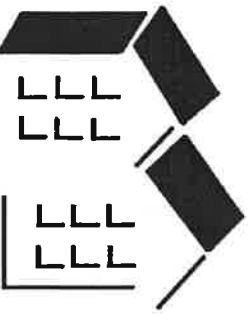
The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

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.



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



RHIP

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.

February 2010

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. 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: https://www.hud.gov/program_offices/public_indian_housing/programs/oh/eiv

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH 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.

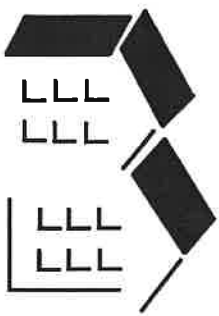
Signature _____ Date _____

Signature _____ Date _____



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

Lo que usted debe

Saber sobre EIV

Una guía para inquilinos & de solicitantes de vivienda pública y programas de la sección 8

¿Qué es EIV?

El sistema de verificación de renta de Enterprise (EIV) es un sistema informático basado en web que contiene información de empleo y los ingresos de las personas que participan en programas de asistencia de alquiler de HUD. Todas agencias de vivienda pública (PHAs) son necesarios para utilizar el sistema EIV de HUD.

¿Qué información se encuentra en EIV y dónde procede?

HUD obtiene información acerca de usted de su PHA local, la administración de seguro social (SSA) y U.S. Department of salud y servicios humanos (HHS). HHS ofrece HUD con salario y la información de empleo, según lo informado por los empleadores; y la información de compensación por desempleo, según lo informado por la Agencia Estatal de la fuerza laboral (SWA).

SSA ofrece HUD con la muerte, la seguridad social (SS) y la información de ingresos de seguridad suplementarios (SSI).

¿Qué se usa la información de EIV?

En primer lugar, la información es utilizada por la PHAs (y agentes de administración contratados por PHAs) para los siguientes fines para:

1. Confirmar su nombre, fecha de nacimiento (DOB) y número de seguro Social (SSN) con SSA.
2. Compruebe sus fuentes indicaron que su ingreso y cantidades.
3. Confirmar su participación en un único HUD alquiler asistencia programa.
4. Confirmar si usted debe una deuda pendiente a cualquier PHA.
5. Confirmar cualquier Estado negativo si ha movido de una unidad subvencionada (en el pasado) bajo el programa de vivienda pública o de la sección 8.
6. Seguimiento con usted, a otros miembros adultos del hogar o a su contacto de emergencia lista con respecto a miembros fallecidos por hogar.

EIV enviará una alerta su PHA si usted o alguien de su hogar ha utilizado un SSN falsa, no se pudo obtener información de ingresos completa y precisa de informe, o está recibiendo asistencia de alquiler en otra dirección.

Recuerde que puede recibir asistencia de alquiler en sólo una casa!

EIV que también alertas de PHAs si debemos una deuda pendiente a cualquier PHA (en cualquier Estado o territorio) y ningún Estado negativo cuando usted voluntariamente o involuntariamente se mueve fuera de una unidad subvencionada bajo el programa de vivienda pública o de la sección 8. Esta información se utiliza para determinar su elegibilidad para asistencia de alquiler en el momento de la aplicación.

La información en EIV es también utilizada por HUD, Oficina del Inspector General (OIG de HUD) y auditores para garantizar que su familia y PHAs se cumplan con las reglas de HUD.

En general, el propósito de EIV es identificar y prevenir el fraude dentro de programas de asistencia de alquiler de HUD, por lo que los dólares del contribuyente limitada

pueden ayudar a tantas familias elegibles como sea posible. EIV ayudará a mejorar la integridad de los programas de asistencia de alquiler de HUD.

¿Es mi consentimiento necesario para información a ser obtenida acerca de mí?

Si, se requiere su consentimiento a fin de que HUD o el PHA para obtener información acerca de usted. Por ley, se requiere firmar uno o varios formularios de consentimiento. Cuando usted firma un formulario de HUD-9886 (*Ley Federal de confidencialidad y autorización para la publicación de información*) o un PHA formulario de consentimiento (que cumple con los estándares de HUD), está dando HUD y la PHA su consentimiento para ellos obtener información acerca de usted con el fin de determinar su elegibilidad y el importe de la ayuda de alquiler. Se utilizará la información recopilada sobre usted sólo para determinar su elegibilidad para el programa, usos adicionales a menos que usted da su consentimiento por escrito a autorizar, de la información por la PHA.

Nota: Si usted o cualquiera de los miembros de su hogar adultos se niegan a firmar un formulario de consentimiento, su solicitud de asistencia de alquiler inicial o continua puede ser denegado. Usted también puede ser terminado desde el programa de asistencia de alquiler de HUD.

¿Cuáles son mis responsabilidades?

Como un inquilino (participante), de un programa de asistencia de alquiler de HUD, usted y cada miembro adulto del hogar deben revelar información completa y precisa a la PHA, incluyendo nombre completo, SSN y DOB; la información de ingresos; y certifica que su hogar denunciado composición (los miembros del hogar) ingresos y gastos información es fiel a lo mejor de su conocimiento.

Recuerde, usted debe notificar a su PHA si muere o se mueve de un miembro de hogar. También debe obtener la PHA de la aprobación para permitir que otros miembros de la familia o amigos mover en su casa **antes de** que se les moviéndose en.

¿Cuáles son las sanciones por proporcionar información falsa?

Proporcionar deliberadamente falsa, inexacta, o información incompleta es **fraude y una delincuencia**.

Si se cometen fraude, usted y su familia pueden estar sujetos a cualquiera de las siguientes sanciones:

1. Desalojo
2. Terminación de la asistencia
3. Reembolso de alquiler que usted debe haber pagado
4. Prohibición de recibir asistencia de alquiler futuro durante un periodo de hasta 10 años
5. Acusación por el fiscal federal, estatal o local, que puede resultar en que ser multado con hasta 10,000 dólares y de la hora de servir en la cárcel.

Protegerse por HUD siguiente requerimientos de reporting. Al completar aplicaciones y reexaminations, debe incluir todas las fuentes de ingresos que recibe de usted o cualquier miembro de su hogar.

Si tienes alguna pregunta sobre si se debe contar dinero recibido como ingresos o cómo se determina su alquiler, **pedir su PHA.** Cuando ocurren cambios en su ingreso familiar, **póngase en contacto con su PHA inmediatamente** determinar si esto afectará su asistencia de alquiler.

¿Qué hago si la información de EIV es incorrecta?

A veces la fuente de información de EIV puede hacer un error al enviar o información acerca de usted. Si no está de acuerdo con la información de EIV, saber su PHA.

Si es necesario, su PHA pondremos en contacto con la fuente de la información directamente para verificar la información de la disputa de los ingresos. A continuación se encuentran los procedimientos que usted y el PHA deben seguir con respecto a información incorrecta de EIV.

Deudas deben a PHAs e información de terminación informó en EIV se origina en la PHA que le proporcionaron ayuda en el pasado. Si usted disputa esta información, póngase en contacto con su ex PHA directamente por escrito a la disputa de esta información y proporcionar toda la documentación que sea compatible con la disputa. Si el

PHA determina que la información disputada es incorrecta, el PHA se actualizará o eliminará el registro de EIV.

Empleo y información de salario informó en EIV se origina en el empleador. Si usted disputa esta información, póngase en contacto con el empleador por escrito a la disputa **Y** solicitud de corrección de la disputa de empleo **Y** la información de salarios. Proporcionar su PHA con una copia de la carta que envió a su empleador. Si no puede obtener el empleador para corregir la información, ponerse en contacto con el SWA para asistencia.

Desempleo beneficiarse de información informó en EIV se origina en la SWA. Si usted disputa esta información, póngase en contacto con el SWA por escrito a la disputa **Y** solicitud de corrección de la información de beneficios de desempleo disputa. Proporcionar su PHA con una copia de la carta que envió a la SWA.

Información de beneficio de muerte, SS y SSI informó en EIV se origina del SSA. Si usted disputa esta información, póngase en contacto con el SSA en 772-1213 (800), o visite su sitio Web en: www.socialsecurity.gov. Que necesite visitar su oficina local de la SSA para han cuestionado la muerte información corregida.

Verificación adicional. El PHA, con su consentimiento, podrá presentar un formulario de verificación de terceros para el proveedor (o reportero) de sus ingresos para su terminación y presentación a la PHA.

También puede proporcionar la PHA con documentos de terceros (es decir, Wikipedia: Esbozo de remuneración, beneficio cartas de premio, extractos bancarios, etc.) que puede tener en su posesión.

Robo de identidad. EIV desconocido información le puede ser un signo de robo de identidad. A veces alguien puede utilizar su SSN, a propósito o por accidente. Por lo tanto, si sospecha que alguien está usando su SSN, debe comprobar los registros de seguridad social para garantizar que sus ingresos se calculan correctamente (llamar a la SSA al (800) 772-1213); archivo de una denuncia de robo de identidad con su departamento de policía local o la Comisión Federal de comercio (llamada FTC al (877) 438-4338, o usted puede visitar su sitio Web en:

<http://www.ftc.gov> . Proporcionar su PHA con una copia de su queja de robo de identidad.

¿Dónde puedo obtener más información sobre EIV y el proceso de verificación de ingresos?

Su PHA puede proporcionarle información adicional sobre EIV y el proceso de verificación de ingresos. También puede leer más sobre EIV y la verificación de ingresos procesan en del HUD públicas y vivienda de India de EIV de páginas web en: <http://www.hud.gov/dhs/ess/htocgransphtfca.htm> .

La información de esta guía se refiere a los solicitantes y participantes (inquilinos) de los siguientes programas de asistencia de alquiler de HUD-PIH:

1. Público de vivienda (24 CFR 960); y
2. Sección 8 Housing Choice Voucher (VHC), (24 CFR 982); y
3. La sección 8 de rehabilitación moderada (24 CFR 882); y
4. Basado en el proyecto vale (24 CFR 983)

Mi firma a continuación es la confirmación de que he recibido a esta guía.

Signature

Date



BHA

APARTMENT COMPLEXES:

PARK HOMES
GEORGE SMITH
SUNSET TERRACE
LA VILLITA
COMMERCE MANOR

Brownwood Housing Authority

P.O. Box 1647 BROWNWOOD, TEXAS 76804
TELEPHONE: (325)646-0790
FAX: (325) 646-7799

EXECUTIVE DIRECTOR
DAVID LONG

david@bwdhousing.org

HOUSING CHOICE VOUCHER PROGRAM
GWEN GAINES - SUPERVISOR

gwen@bwdhousing.org

PUBLIC HOUSING
MARY HALES - SUPERVISOR

mary@bwdhousing.org

MANAGING AGENT
CHRISTY MERCER - SUPERVISOR

christy@bwdhousing.org

MAINTENANCE
MICHAEL LANDERS - SUPERVISOR

mike@bwdhousing.org

YOU WILL NEED TO BRING THE FOLLOWING VERIFICATIONS BACK TO THE OFFICE NO LATER THAN _____.

IF YOU FAIL TO BRING IN THE VERIFICATIONS BY THE DEADLINE, YOUR NAME WILL BE REMOVE FROM THE WAITING LIST.

BY SIGNING BELOW, YOU AGREE TO THIS METHOD OF VERIFICATION PROCESS FOR YOUR APPLICATION.

YOU ARE RESPONSIBLE FOR VERIFYING ANY VERIFICATIONS SENT OR RECEIVED BY BHA BY THE DEADLINE.

_____ CERTIFIED BIRTH CERTIFICATE

_____ SOCIAL SECURITY CARD

_____ INCOME VERIFICATION

_____ 4 CURRENT CHECK STUBS

_____ UNEMPLOYMENT VERIFICATION

_____ TAX RETURN IF SELF EMPLOYED

_____ OTHER

_____ CHILD CARE EXPENSE

_____ CHILD SUPPORT INCOME

_____ TANF VERIFICATION

_____ SS/SSI INCOME VERIFICATION

_____ MEDICAL EXPENSE VERIFICATION

_____ RENTAL REFERENCE INFORMATION

_____ BANK STATEMENTS IF ASSETS MORE THAN \$5,000.00

_____ ASSET VERIFICATION EX: LAND, HOME, ETC.

_____ STUDENT VERIFICATION

SIGNATURE _____

DATE _____

SIGNATURE _____

DATE _____

STAFF SIGNATURE _____

DATE _____

DECLARATION OF CITIZENSHIP

PLEASE COMPLETE THIS FORM AND RETURN TO:

Brownwood Housing Authority
 P.O. Box 1647
 Brownwood, Texas 76804
 Office (325) 646-7090
 Fax (325) 646-7799

Date: _____

Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible Immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call at _____ to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.



APARTMENT COMPLEXES:
 PARK HOMES
 GEORGE SMITH
 SUNSET TERRACE
 LA VILLITA
 COMMERCE MANOR

BHA

Brownwood Housing Authority

P.O. Box 1647 BROWNWOOD, TEXAS 76804
 TELEPHONE: (325)646-0790
 FAX: (325) 646-7799

EXECUTIVE DIRECTOR
DAVID LONG
david@bwdhousing.org
 HOUSING CHOICE VOUCHER PROGRAM
GWEN GAINES - SUPERVISOR
gwen@bwdhousing.org
 PUBLIC HOUSING
MARY HALES - SUPERVISOR
mary@bwdhousing.org
 MANAGING AGENT
CHRISTY MERCER - SUPERVISOR
christy@bwdhousing.org
 MAINTENANCE
MICHAEL LANDERS - SUPERVISOR
mike@bwdhousing.org

EMAIL ADDRESS AND TEXT MESSAGE COLLECTION FORM

Name _____

Mailing Address _____

City, State, Zip Code _____

The BHA has begun to use email or texting for **routine communication** to deliver information faster in this convenient format. You may choose to opt-in to email or text message delivery for notices and forms by completing this form.

_____ Yes, I would like to receive information via email rather than via standard mail.

_____ Yes, I would like to receive text messages.

Email Address: _____

Phone No. _____

I understand that the following conditions apply to email or text message delivery:

- Some correspondence cannot be sent via email or text and will continue to be sent via standard mail.
- Correspondence sent via email will only be delivered via email and will not be sent standard mail.
- Replies to email or text should not include confidential, sensitive, or protected information.
- I am responsible for notifying BHA if my email address or phone number changes.
- If an email sent from BHA is returned as undeliverable, no more emails will be sent and will continue to be sent via standard mail.

Signature _____

Date _____

Signature _____

Date _____

Print Name _____

Print Name _____



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ALL ADULTS 18+ MUST SIGN THE APPLICATION & ALL FORMS THAT APPLY IN THIS PACKET

** INSTRUCTIONS FOR THE NEXT SET OF FORMS **

1. Tenant Screening Verification: Just Sign and Date **ALL** 3 forms. BHA **MUST** fill in the rest of the blank areas.
2. Tenant Certification of No Assets: If you **do not** have any assets over \$5,000 sign and date.
3. Tenant Certification of No Medical Expense: If you **do not** pay medical expenses out of pocket sign and date.
4. Medical Verification: If you **do** pay medical expenses out of pocket fill in the blanks and provide what is required.
5. Verification of Child Support Income: If there are children listed on the application, we **MUST** have the form from the Attorney General filled out **REGARDLESS** if child support is being received. If child support is being received by an individual, the Child Support Verification form **MUST** be filled out and signed by the individual given the child support.
6. Certification for No Child Care Expense: If you do not pay for childcare print your name to top line and sign and date.
7. Child Care Expense Verification: If you pay a daycare center or an individual for childcare you will need to fill out the top portion and the daycare or individual will fill out the bottom portion.
8. Employment Verification: **ONLY** fill out if you **do not** have 4 consecutive current check stubs. Your employer will fill out the bottom portion and you will fill out the top portion.
9. Non-Wage Income Verification: If you receive money from anyone that helps you provide for yourself or family, they will need to fill out the bottom portion and you will need to fill out the top portion.

If you have any questions, please contact us at the phone number listed above Monday- Thursday 7:00-4:00



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TENANT SCREENING VERIFICATION

DATE: _____ PLEASE RETURN BY: _____
 TO: _____

Dear Sir or Madam:

Our tenant selection policy obligates us to verify certain information about all members of families applying for housing assistance. To comply with this requirement, we ask for your cooperation in supplying information on the tenant history of the family. This information will be used only in determining whether the family can be accepted for assistance by this agency.

Your prompt return of this information will be appreciated. Our fax number is 325-646-7799 if you wish to return the form by fax or you may choose to return it to our office at 1500 Terrace Dr., Brownwood, Texas 76801, between the hours of 9:00 – 4:00 Monday through Thursday. If you have any questions, you may contact the office at 325-646-0790.

Sincerely,

Brownwood Housing Authority

.....
 I authorize the release of this information to the Brownwood Housing Authority.

 Signature Date

NAME OF APPLICANT: _____

PREVIOUS ADDRESS: _____

INFORMATION REQUESTED:

Name of Person Verifying Information: _____
 Please circle one: Are you a; current landlord previous landlord other
 Dates of Applicant's: From: _____ To: _____

Rental Payment Information:

Does or Did the Applicant pay rent on time?
Was the Applicant ever late on rent?
How Late?

How Often?
Did you ever have to begin or complete eviction proceedings, for non-payment of rent?

CARING FOR THE UNIT:

Does or Did the Tenant keep the unit clean?
Has or had the tenant damaged the unit?
Describe the damages: _____
Cost of repair? _____
How often did the damages occur? _____
Has the tenant paid for the damages? _____
Does this family owe you any money?
If so; How Much? _____
Will or did you keep any of the Security Deposit? _____
Did the tenant have problems with insect infestation? _____

GENERAL

Does or did the tenant permit persons other than those on the lease to live in the unit?
Does or did the tenant create any physical hazards to other residents living nearby?
Did they interfere with the rights and quiet enjoyment of other residents?
Has or had the tenant given you any false information?
Describe: _____
Could the tenant control his/her children?
Would you re-rent to this tenant?
If not; Why? _____

PREVIOUS HOUSING AUTHORITIES

Was this tenant on Earned Income Disregard while at your Authority?
If yes; When? From: _____ To: _____

Signature of Previous or Current Landlord

Date



BHA

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Dates of Applicant's: From: _____ To: _____

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Was the Applicant ever late on rent?
How Late?

How Often?
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Cost of repair? _____
How often did the damages occur? _____
Has the tenant paid for the damages? _____
Does this family owe you any money?
If so; How Much? _____
Will or did you keep any of the Security Deposit?
Did the tenant have problems with insect infestation?

GENERAL

Does or did the tenant permit persons other than those on the lease to live in the unit?
Does or did the tenant create any physical hazards to other residents living nearby?
Did they interfere with the rights and quiet enjoyment of other residents?
Has or had the tenant given you any false information?
Describe: _____
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Would you re-rent to this tenant?
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Was this tenant on Earned Income Disregard while at your Authority?
If yes; When? From: _____ To: _____

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Date



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DATE: _____

PLEASE RETURN BY: _____

TO: _____

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Signature

Date

NAME OF APPLICANT: _____

PREVIOUS ADDRESS: _____

INFORMATION REQUESTED:

Name of Person Verifying Information: _____

Please circle one: Are you a; current landlord previous landlord other

Dates of Applicant's: From: _____ To: _____

Rental Payment Information:

Does or Did the Applicant pay rent on time?

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Would you re-rent to this tenant?

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If yes; When? From: _____ To: _____

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TENANT CERTIFICATION OF NO ASSETS

I, _____, DO STATE THAT I HAVE NO ASSETS OR INCOME FROM ASSETS GREATER THAN \$5,000.00 AT THE PRESENT TIME.

I HAVE NOT DISPOSED OF ANY ASSETS IN THE LAST TWENTY-FOUR (24) MONTHS.

I UNDERSTAND THAT ASSETS OR INCOME FROM ASSETS INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- | | | | |
|------------------|--------------------|-----------------------|------------------------|
| Real Estate | Stocks/Bonds | Savings Accounts | Pension Fund |
| Trusts | Company Retirement | Insurance Settlements | Certificate of Deposit |
| Checking Account | Rental Income | | |

 Tenant/Applicant Signature

 Date

 Tenant/Applicant Signature

 Date

 Staff Member Signature

 Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United State as to any matter within its jurisdiction.



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mike@bwdhousing.org

TENANT CERTIFICATION OF NO MEDICAL EXPENSE

I, _____, MAKE THIS STATEMENT TO BHA, THAT I DO NOT HAVE ANY MEDICAL EXPENSE FOR MYSELF OR ANY FAMILY MEMBER AT THIS TIME.

I UNDERSTAND THAT MEDICAL EXPENSES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- | | | | |
|----------------|------------------------------|-------------------|------------------------|
| Physician Care | Hospital Care | Therapy | Medical Transportation |
| Dental Care | Prescriptions | Medical Insurance | |
| Eye Care | Over the Counter Medications | | |

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

 Tenant/Applicant Signature

 Date

 Tenant/Applicant Signature

 Date

 Staff Member

 Date

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mike@bwdhousing.org

MEDICAL VERIFICATION

Date: _____

To: _____

Ph. No. Of Doctor or Facility

The Brownwood Housing Authority is currently assisting the person listed on the bottom of this form. In order for us to determine a monthly rent amount for this client, we must have verification of anticipated medical expenses. Please return by: _____.

If you are able to provide anticipated medical expenses for the upcoming year, please do so in the space below;

\$ _____ (estimated annual amount family will pay)
\$ _____ (estimated monthly amount family will pay)
_____ (estimated # of trips family will make to your medical facility in a year)

Please provide a computer printout of the expenses incurred by the family for the previous year if you feel this amount would be indicative of the amount for the upcoming year.

The client has stated that he/she takes the following over-the-counter medications. If the information is correct and medically necessary please initial here: _____

Medication: _____ Quantity: _____ Medication: _____ Quantity: _____
Medication: _____ Quantity: _____ Medication: _____ Quantity: _____
Medication: _____ Quantity: _____ Medication: _____ Quantity: _____

Thank you in advance for your assistance. The family may benefit from the information provided.

Sincerely,

Brownwood Housing Authority

I authorize the release of this information:

Family Name: _____ SS#: _____ Dob: _____
Family Signature: _____
Date: _____



CHILD SUPPORT DIVISION

**Verification of Child Support Income /
Verificación de Ingresos de Manutención de Niños**

Date / Fecha: _____

Recipient / Beneficiario: _____

Name and Address of Requesting Authority /
Nombre y dirección de Autoridad Solicitante:

Brownwood Housing Authority
P.O. Box 1647
Brownwood, Texas 76804

SSN: / Número de
Seguro Social: _____

Payor / Pagador: _____

Requesting Authority Agent Name /
Nombre de Agente de Autoridad Solicitante:

_____@bwdhousing.org

Name of Child(ren) / Nombre de Niño(s):

Telephone and fax number /

Número de teléfono y fax:

Phone No.: (325) 646-0790

Fax No.: (325) 646-7799

I hereby authorize the release of all child support income information requested on this verification form to the above named requesting authority.

Por la presente autorizo la revelación de toda la información sobre los ingresos de manutención de niños, solicitada en este formulario de verificación, a la autoridad solicitante nombrada arriba.

Applicant's Signature / Firma del Solicitante

Date / Fecha

WARNING: Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code chapter 559 gives you the right to review and request correction of information on this form.

AVISO: La Sección 1001 del Título 18 del código de los Estados Unidos establece como un delito penal el hacer declaraciones falsas o distorsiones intencionales a cualquier departamento o agencia de los Estados Unidos con respecto a asuntos dentro de su jurisdicción. El Código Gubernamental de Texas el capítulo 559 le proporciona a usted el derecho de revisar y solicitar la corrección de información en este formulario.



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CHILD SUPPORT VERIFICATION

Date: _____

To: _____

Ph. No. Of Person Verifying

Re: Verification of Child Support for: _____

The person named above is a participant or applicant of the Brownwood Housing Authority.

We are required to verify all income, including child support for each applicant or participant.

Please provide the information requested below so the family will receive all deductions in which they are entitled: The information should be returned by mail or fax at the above address or number no later than _____.

Amount of Child Support Paid: _____

How often paid: Per week Per Month Other
 (please circle one)

 Person Verifying Information

 Date

This information is for determining the family's portion of rent payment only and will be kept in strict confidence.

Sincerely,

Brownwood Housing Authority

My signature authorizes the release of this information to the Brownwood Housing Authority.

 Signature

 Date



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christy@bwdhousing.org

MAINTENANCE

MICHAEL LANDERS - SUPERVISOR

mike@bwdhousing.org

CERTIFICATION FOR NO CHILD CARE EXPENSE

I, _____, DO HEREBY STATE BEFORE A MEMBER OF
THE BROWNWOOD HOUSING AUTHORITY STAFF, THAT I DO NOT PAY A CHILD CARE
PROVIDER OR A CHILD CARE FACILITY FOR THE CARE OF MY CHILD/CHILDREN. I
UNDERSTAND THAT IF I SHOULD BEGIN TO INCUR THIS EXPENSE, I MAY THEN REPORT IT
TO THE HOUSING AUTHORITY FOR VERIFICATION.

SIGNATURE OF TENANT/APPLICANT

DATE

SIGNATURE OF STAFF MEMBER

DATE

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CHILD CARE EXPENSE VERIFICATION

Date: _____

To: _____

Phone No. Of Care Provider

Our office is required to verify the income and expenses of applicants and participants on our Housing Programs. We have been advised that you care for the children listed below. Please complete the information below as it may benefit the family in the portion of rent they will have to pay. The form should be returned by: _____.

Sincerely,

Brownwood Housing Authority

I, authorize the release of this information: _____
 Signature of Applicant/Participant

 Date

Please list the names of all this family's children who are in your care:

How Much do you receive for the care of these children?

\$ _____ per week \$ _____ per mo.

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT:

 Signature of Child Care Provider Date

 Address Phone No.

 City, State, Zip Code Fax. No.



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mike@bwdhousing.org

EMPLOYMENT VERIFICATION

Date: _____

Phone No. Of Employer _____

To: _____

Dear Employer:

The person listed below is or will be receiving assistance from the Brownwood Housing Authority. In order for our office to determine the amount of rent the family will pay, we need the information below to be completed and returned to our office by: _____, or fax to 325-646-7799.

Thank you in advance for your prompt response.

Sincerely,

Brownwood Housing Authority

Tenant/Applicant Name: _____ Soc.Sec. #: _____
 Address: _____ Ph. No.: _____

My signature below authorizes the release of this information:

 Signature Date

TO BE COMPLETED BY EMPLOYER:

Employer Phone No. _____
 Employer Fax No. _____

Name shown on your payroll records: _____

Date of Hire: _____

If laid off; Date of recall: _____

Position held: _____

Hourly Rate of Pay: \$ _____ Number of Hrs. Worked per week: _____ Salaried Rate of Pay: \$ _____

How often is employee paid? (CIRCLE ONE) Weekly Bi-Weekly Semi-Monthly Monthly

Does employee receive overtime pay? Rarely? _____ Often? _____ Never? _____

If so, Please estimate Number of overtime hours worked per week: _____

Estimate, if any, the amount of tips per week: _____

Actual earnings in the past 12 months? _____

 Signature of Person Completing this form

 Title

 Name of Company

 Ph. No.

 Company Address

 Date form completed



APARTMENT COMPLEXES:
 PARK HOMES
 GEORGE SMITH
 SUNSET TERRACE
 LA VILLITA
 COMMERCE MANOR

BHA

Brownwood Housing Authority
 P.O. Box 1647 BROWNWOOD, TEXAS 76804
 TELEPHONE: (325)646-0790
 FAX: (325) 646-7799

EXECUTIVE DIRECTOR
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 MAINTENANCE
MICHAEL LANDERS - SUPERVISOR
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NON-WAGE INCOME VERIFICATION

Date: _____

To: _____

Phone No. Of Person Verifying

The Brownwood Housing Authority is required to verify the amount of anticipated annual income for our participants on the Housing Choice Voucher and Public Housing Programs.

Please fill out the appropriate information and return it to our office by: _____.

I, _____ AUTHORIZE THE RELEASE OF THIS INFORMATION.

INFORMATION TO BE VERIFIED:

TENANT NAME: _____

AMOUNT PAID TO FAMILY: _____

HOW OFTEN DO YOU PAY THIS AMOUNT? PER WK? _____ PER MO? _____ PER YR? _____

NAME OF PERSON VERIFYING INFORMATION: _____
 ADDRESS: _____

PHONE NO.: _____
 FAX NO.: _____

 SIGNATURE

 DATE

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United State as to any matter within its jurisdiction.