



St. James Parish Housing Authority  
2627 N. King Avenue  
P.O. Box 280  
Lutcher, LA 70071  
225-869-3278 OFFICE  
225-869-8552 FAX



## Application Packet

Thank you for your interest in Public Housing. Please be sure to completely fill out each form and list the full names, social security numbers and birthdates of all persons who will be living with you. No incomplete application will be processed. It may take up to five (5) working days for your application to be entered on the list. Remember it is very important to report **ANY AND ALL CHANGES TO YOUR STATUS OR HOUSEHOLD COMPOSTITION**. We must be able to reach you at all times, or your application may be **REMOVED FOR YOUR** failure to respond. You must come into the office to change any information on your application; you cannot make any changes to this application over the telephone. You may call to inquire about the status of your application. Once a unit is available and you are in the next position to receive housing you will be contacted. Our waiting list is a computer based system and your position on the list will be based on the information you provide. Thanks again for considering public housing and we hope we will able to assist you soon. If you need assistance with understanding any of the information in this packet, please ask us when you turn in your application. It would also be helpful for you to provide copies of the Birth Certificates and Social Security cards for all persons listed on your application. You **WILL NOT** be allowed to move into Public Housing without these documents! **WE LOOK FORWARD TO SERVING YOU SOON!**

## INFORMATION & INSTRUCTIONS FOR APPLICANTS

The application must be filled out in full and signed by all adult household members. All supplemental forms in the application packet must be signed and returned with the application. **If all information required on the application and listed below is not received by the Housing Authority (PHA) within ten (10) calendar days of the application date, the application will be denied.**

This PHA operates the following programs: Public Housing

If an applicant's spouse is **temporarily** absent from the home, that spouse must be included on the application and is subject to the same screening criteria as all other household members. If a spouse is listed on the application as **permanently** absent, his/her income will not be included in calculating rent and he/she will not be screened at time of application. If a spouse is listed as permanently absent and is later allowed to stay in the apartment, the rent will be adjusted retroactively to include all income of the spouse from date of initial lease.

A criminal history check will be run on all household members over age seventeen (17). The PHA is screening for specific criminal backgrounds. An application will not be denied if criminal history check reveals a single minor or petty activity. ***In the event that an applicant is offered an apartment before the background check is received back by the PHA and the results of the check reveal drug-related or violent criminal activity, any lease agreement executed will be terminated.***

In addition to completion of the written application and signatures on all forms in the application packet, the applicant must provide:

Social Security Numbers for all members of the household. Original Social Security cards must be provided and will be copied by the PHA and returned to the applicant.

A current driver's license or other state issued photo identification for each adult household member must be provided and will be copied by the PHA and returned to the applicant.

For each minor listed on the application, original proof of custodianship (such as birth certificate or divorce decree) and the name and address of any parent who will not be living in the household. Needed information will be copied and the originals returned to the applicant.

Additional verification forms as determined necessary based on review of the application by the PHA.

The application will be reviewed within thirty (30) days following receipt to determine eligibility. Information provided will be verified to determine suitability and final eligibility. The applicant will be contacted by telephone in additional information is required based on verifications received. **If it is determined during the review process that the applicant failed to disclose relevant information or provided false information on the application or at the interview, the application will be denied.**

The applicant will be mailed a letter of initial eligibility or denial at the address provided on the application after the review period. If the application is denied, the applicant may, within ten (10) days of the date of the denial, request a hearing at which time he/she could provide documentation that would disprove the validity of the information relied upon in denying the application.

Eligible applicants are placed on up to three waiting lists as chosen or families claiming homeless preference may select more than three and offers for an apartment will be made in accordance with the order as indicated on each waiting list according to the approved Board and HUD policies. Applicant screening and offers of rental units will be made without discrimination regarding race, color, religion, sex, age, handicap, familial status, or national origin.

All applicants determined eligible initially will be interviewed prior to being offered an apartment. At the time of the interview, current verifications of income, assets, and deductible expenses will be obtained for use in calculating rent.

**The applicant must notify the PHA in writing of any changes in income, household members, assets, address, or telephone number while on the waiting list.** This information is used in determining eligibility, unit size for which the family is eligible, and for contacting the applicant. If the PHA is unable to contact the applicant due to a change in address or telephone number that has not been reported in writing, the application will be removed from the waiting list.

The application, if approved, is good and will remain on file unless you are contacted by mail and do not respond or your mail is returned. If not notified by the applicant of continued interest after receiving mail, the application will be removed from the waiting list. The application will also be removed from the waiting list if the applicant fails to accept more than three offers of an apartment or other factors resulting in denial of eligibility.

### **THE OCCUPANCY PROCESS**

When an apartment of the appropriate size comes available, the applicant will be contacted at the telephone number provided on the application. If unable to contact the applicant or leave a recorded message at the most recent telephone number provided, the offer will be mailed to the applicant at the address on the application.

**The applicant must accept the apartment offered or decline it within three (3) calendar days from the date of the offer.** If the apartment offered is declined, but the applicant desires to remain on the waiting list, his/her name will be moved to the bottom of the waiting list. Failure to respond to an offer within three (3) calendar days will result in removal from the waiting list.

If the offer is accepted, the applicant must:

1. Execute the lease within ten (10) days of the offer;
2. Provide proof of ability (receipts) to have utilities turned on in the unit in an adult household member's name;
3. Pay the security deposit (and pet deposit, if applicable);
4. Pay the pro-rated rent for the month in which he/she is renting; and
5. Inspect the unit with a PHA representative. Any repairs needed in the apartment that are not noticed at the move-in inspection may be reported and recorded within seven (7) calendar days of execution of the lease. The tenant assumes responsibility for any needed repairs beyond normal wear and tear that are not noted after that time.

**For Office Use Only. Applicants should not write in this section.**

**Eligibility Determination**

Date/Time: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_ Initial Eligibility Y N  
 Received by: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Final Eligibility Y N  
 List any special assistance required by this applicant: \_\_\_\_\_ Denied: Date \_\_\_\_\_

## APPLICATION FOR ADMISSION

### St. James Parish Housing Authority

2627 N. King Avenue, PO Box 280, Litcher, LA 70071 (225) 869-3278 office (225) 869-8552 fax

Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the apartment as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it. Any required information not received by the Housing Authority within ten calendar days of the date of this application will result in denial of the application.

Name: \_\_\_\_\_ Contact/Cell#: \_\_\_\_\_ Message# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address Where You Currently Live: \_\_\_\_\_

Provide an Alternate Contact: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

#### I. HOUSEHOLD COMPOSITION (list all persons who will stay in the apartment)

**\*Applicants are not required to disclose being disabled. However, benefits for which persons with disabilities are entitled cannot be provided unless applicant discloses being disabled.**

Adults (age 18 and older)			Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	Student Yes/No	List most recent date	
Last	First	MI									Employed	Received TANF
				HEAD								

Minors (Under Age 18)			Social Security #	Relation to Head	Sex	Race/ Ethnicity	Birth Date	Age	Disabled* Y/N	Name/Address of Absent Parent (if applicable)
Last	First	MI								

1. Is any household member over age 18 a full time student (*other than head of household or spouse of head of household*)? If yes, list name and the school they attend: \_\_\_\_\_
2. Is the *Spouse of the Head of Household* temporarily absent from the home? \_\_\_\_\_  
If yes, where? \_\_\_\_\_
3. Does anyone in your household require special accommodations due to a handicap or disability? \_\_\_\_\_  
If yes, specify requirements: \_\_\_\_\_
4. Have you or any other adult member ever used any name (s) or Social Security number (s) other than the one you are currently using? Yes/No \_\_\_\_\_ If yes explain \_\_\_\_\_

## II. INCOME AVAILABLE TO HOUSEHOLD

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

Income Source	Yes	No	Family Member	Source	Amount
Self-employment					\$
					\$
Wages or Earnings					\$
					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$
Alimony					\$
					\$
Military Income					\$
Regular Contributions or Gifts					\$
					\$
Other/Scholarships					\$

**Previous Year's Tax Return.** Indicate the amount of the gross income shown by each family member (other than minors) residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income

- Does anyone outside the household help with bills on a regular basis? \_\_\_\_\_ If yes, list name of each person or agency that assists with bills: \_\_\_\_\_
- Is any household member age 18 or older employed in a job training program? \_\_\_\_\_ If yes, list his/her name and the specific job training program: \_\_\_\_\_
- Has anyone in your household applied for any benefits which are in the process of being approved? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
- Are you entitled to: Child Support ☐ yes \$ \_\_\_\_\_ ☐ no or Alimony ☐ yes \$ \_\_\_\_\_ ☐ no
- Do you receive: Child Support ☐ yes \$ \_\_\_\_\_ ☐ no or Alimony ☐ yes \$ \_\_\_\_\_ ☐ no

### III. ASSETS

- Does any household member listed have assets or receive income from assets? If yes, values and income derived from each asset:

Type Asset	Value	Annual Income	Type Asset	Value	Annual Income
Real Estate			Checking Account		
Stocks			Savings Account		
Bonds			Certificate(s) of Deposit		
Company Retirement or Pension Fund			Trusts		
Insurance Settlements			Other		

- Has any asset been given away or sold for less than its fair market value in the past 2 years? \_\_\_\_\_  
If yes, what? \_\_\_\_\_ What was its market value? \_\_\_\_\_  
How much did you receive? \_\_\_\_\_

### IV. MEDICAL AND DISABILITY ASSISTANCE

- List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of household or Spouse is disabled or is 62 years of age or older.)

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<u>medical insurance(s)</u>	\$ _____	<u>Doctor's Visits</u>	\$ _____
<u>prescription medicine(s)</u>	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? \_\_\_\_\_ If yes, Itemize: \_\_\_\_\_

## V. CHILD CARE

- Do you pay for Child Care for children age 12 or younger while you work, attend school, or seek employment? \_\_\_\_\_ If yes, to whom are expenses paid? \_\_\_\_\_  
How much per month? \_\_\_\_\_
- Address of Child Care provider: \_\_\_\_\_
- What amount is reimbursed? \_\_\_\_\_ Source: \_\_\_\_\_

## VI. CRIMINAL HISTORY

- Has any household member (regardless of age) been involved in, arrested, charged, or convicted for any of the following:
  - Violent criminal activity? ☐ yes ☐ no If yes, give details \_\_\_\_\_
  - Domestic Violence, dating violence, or stalking? ☐ yes ☐ no  
If yes, name of victim: \_\_\_\_\_ Name of perpetrator: \_\_\_\_\_
  - Alcohol related activity? ☐ yes ☐ no If yes, give details \_\_\_\_\_
  - Manufacture of methamphetamines? ☐ yes ☐ no If yes, give details \_\_\_\_\_
  - Possession, sale, or distribution of illegal drugs? ☐ yes ☐ no If yes, list name/date/disposition of case \_\_\_\_\_
- List name of any household member who is required to register as a sex offender: \_\_\_\_\_  
If required to report, list name and telephone number of probation/parole officer: \_\_\_\_\_
- Has any household member participated in drug rehabilitation during the past 12 months? ☐ yes ☐ no  
If yes, explain \_\_\_\_\_
- Has any household member been evicted from federally assisted housing in the past 3 years? \_\_\_\_\_  
If yes, who? \_\_\_\_\_ Where? \_\_\_\_\_

## VII. RENTAL HISTORY

1. Current Landlord: \_\_\_\_\_ Landlord's Address/Phone: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Address of Rental Property: \_\_\_\_\_  
Were you ever late in paying rent? ☐ yes ☐ no Were you evicted or asked to move? ☐ yes ☐ no
2. Previous Landlord: \_\_\_\_\_ Landlord's Address/Phone: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Address of Rental Property: \_\_\_\_\_  
Were you ever late in paying rent? ☐ yes ☐ no Were you evicted or asked to move? ☐ yes ☐ no
3. Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18? \_\_\_\_\_ If yes, under what name: \_\_\_\_\_  
Housing Agency/City \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Lease in Name of: \_\_\_\_\_  
Were you ever late in paying rent? ☐ yes ☐ no Were you evicted or asked to move? ☐ yes ☐ no  
Do you owe money to the agency? ☐ yes ☐ no Comments: \_\_\_\_\_  
Were any wages disregarded in calculating your rent? ☐ yes ☐ no

## VIII. CREDIT HISTORY/PERSONAL REFERENCES

1. List two business where you have had credit or made payments on a regular basis in the past 24 months.  
Business \_\_\_\_\_ Address/Phone \_\_\_\_\_  
Business \_\_\_\_\_ Address/Phone \_\_\_\_\_
2. List two references (who you are not related to by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.  
Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_

## IX. MISCELLANEOUS INFORMATION

1. List all vehicles that household members will park on PHA property:  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_
2. Do you have a pet? \_\_\_\_\_ Describe: \_\_\_\_\_
3. How did you learn about our program? \_\_\_\_\_



A criminal history check will be run on all household members over age 17 through the local police department, state, and NCIC using RENTGROW. All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 14 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

I understand that this application is valid unless renewed/updated by me, the applicant.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

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

*If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.*

\\Fileserv\nelrod.co\2006\Training\TrainingMasters\Manuals or Briefing Materials\A&O Procedures\A&O Procedures Manual 032106\A & O  
Manual\Appendix 112 Application for Admission Rev 061107.doc



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### **NOTICE TO APPLICANTS CONCERNING PREFERENCES**

The St. James Parish Housing Authority selects its applicants for housing on a first come, first serve basis, and several preferences (AParish); 2) Working families and those unable to work because of age or disability; 3) Veterans and Veterans Families; 4) Single applicants who are elderly, disabled, or with a child 3 years or younger (**ONLY APPLIES TO ONE BEDROOM APPLICANTS**); 5) Homelessness; 6) Substandard Housing; 7) Involuntary Displacement; or 8) Victims of Domestic Violence. Please check all that apply to you. You may claim ANY preference but you will have to PROVE your preference selection(s) at the time you are contacted to determine to eligibility.

#### **These are further defined as follows: (CHECK ALL THAT APPLY TO YOU AT THIS TIME)**

\_\_\_\_\_ I am an applicant who is living in St. James Parish (an applicant living, working, or who will be working in St. James Parish must be considered residents of this parish for the purpose of awarding this preference point) (1 pt.)

\_\_\_\_\_ I am an applicant who is single applying for a ONE bedroom apt and I meet one or more of the following criteria: \_\_\_ I am 62 years or older, \_\_\_ I am disabled, or \_\_\_ I am a single applicant with a child under the age of 3. (2 pts.)

\_\_\_\_\_ I am a Veteran or unmarried widow of a Veteran. (1 pt.)

\_\_\_\_\_ I am an applicant who is Homeless (you must provide a letter from a homeless shelter, community official, state agency or human resources housing division at the time of eligibility determination to prove this preference) (1 pt.)

\_\_\_\_\_ I am an applicant who is working at least 20 hrs per week or I am unable to work because of age or disability (must have at least (1) ADULT member who is employed) (2pts.)

\_\_\_\_\_ I am an applicant who is claiming to be *involuntarily displaced* because of a Disaster, Government Action, Action of Housing Owner, Inaccessibility, or Property Disposition which is no fault of my own. (1 pt.)

\_\_\_\_\_ I am an applicant who is a Victim of Domestic Violence (1 pt.)

\_\_\_\_\_ I am an applicant who is currently living in conditions that are **Substandard (Property has been condemned, unable to secure electrical or water services, current home is in serious state of disrepair)** (1 pt.)

If you feel you may qualify for a preference, please check each of the above items that apply to your family and be prepared to provide verification when it is requested. The Housing Authority is required to adequately verify any applicant's claim for preferences. Failure to prove your preferences at the time you are offered housing will result in removal of the points awarded and you will be placed back on the waiting list in the appropriate position. YOU DO NOT HAVE TO HAVE THE DOCUMENTATION AT THE TIME OF APPLICATION!

### **CERTIFICATION**

*I understand the above listed preferences and they have been explained to me. I further understand that I must be able to provide the support to prove that I qualify for each of the preferences I have chosen when requested by the Housing Authority and failure to do so will result in the loss of the points received. I further understand that I may only change or update my preferences in WRITING at the Housing Authority's office.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pts assigned  
\_\_\_\_\_  
Verified by



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**Site Based Waiting List**

(Please choose ONLY three sites)

\_\_\_\_\_ No preference (whatever is available) – Only those families qualifying for the HOMELESS preference point may choose all sites or more than three sites.

**East Bank Area**

\_\_\_\_\_ Oscar Brooks  
2627 King Avenue  
Lutcher, LA 70071

**West Bank Area**

\_\_\_\_\_ Vacherie (Magnolia)  
2266-2 Project Drive  
Vacherie, LA 70090

\_\_\_\_\_ Baytree  
3375 Weber Drive  
Vacherie, LA 70090

\_\_\_\_\_ St. James/ Hymel (Welcome)  
8266-1 Mill Street  
St. James, LA 70086

If selecting more than one site, please list site based on 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice.

\_\_\_\_\_ First

\_\_\_\_\_ Second

\_\_\_\_\_ Third

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SJPHA Representative

\_\_\_\_\_  
Date



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### Attachment

#### Applicant/Resident Certification

I/We certify that the information given to St. James Parish Housing Authority on household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law. I/we also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co-Head/Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on form HUD 50058 (tenant Data Summary). See the Federal Privacy Act Statement for more information about its use.



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**Notice to all Applicants/Residents**  
**Reasonable Accommodations for Applicants/Residents with Disabilities**

The Housing Authority of St. James Parish (SJPHA) is a public agency that provides low rent to eligible families and single people; SJPHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, or disability. In addition, SJPHA has a legal obligation to provide "reasonable accommodations" to applicants/residents if they or any family members have a disability.

A reasonable accommodation is some modification or change SJPHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a legally recognized disability to take advantage of SJPHA's programs. Examples of reasonable accommodations would include the following:

- ☐ Making alterations to a SJPHA unit so it could be used by a family member (resident) with a wheelchair;
- ☐ Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- ☐ Permitting a family member to have a support animal necessary to assist a family member with a disability in a SJPHA family development where animals are not usually permitted;
- ☐ Making large type documents or a reader available to a vision-impaired applicant during the application process;
- ☐ Making a sign language interpreter available to a hearing impaired applicant during the interview;
- ☐ Permitting an outside agency to assist an applicant with a disability to meet the SJPHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy: they must be able to pay, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc.; however, there is no requirement that they be able to do these things without assistance.

If you or a member of your family has a disability, you may request a reasonable accommodation at the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the Housing Authority, that is your right.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date



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**SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE**

This questionnaire is to be administered to every applicant for public housing at the St. James Parish Housing Authority (SJPHA) and residents (during re-certification). It is used to determine whether an applicant/resident family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features. We ask that every applicant sign the bottom of the form to indicate receipt of the form, whether or not any special features are requested. No one is required to disclose a disability.

Applicant Name \_\_\_\_\_ File # \_\_\_\_\_

Interview Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

1. Will you, or any member of your family require any of the following:

_____ A separate bedroom	_____ Unit for Vision-Impaired
_____ A barrier-free apartment	_____ Unit for Hearing Impaired
_____ One-level unit	_____ Bedroom & Bath on 1 <sup>st</sup> Floor
_____ Other modifications of unit	_____ Extra Bedroom

2. Do you or any family members need any features not mentioned? \_\_\_\_ Yes \_\_\_\_ No

If yes, please indicate how the SJPHA should accommodate your family:

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

3. Will you or any of your family members require a live-in aide to assist you? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain

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

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:

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

5. What is the name of the family member needing the features identified above?

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

6. Whom should we contact to verify your need for a special apartment or special accommodation:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Signature: Applicant/Resident

Date

# Authorization for the Release of Information/ Privacy Act Notice

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

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

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

St. James Parish Housing Authority  
2627 N. King Avenue  
P.O. Box 280  
Lutcher, LA 70071  
225-869-3278  
tsw@stjameshousing.com  
Dana Groover, Executive Director

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

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



## Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant****Date**

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

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