

Gateway Apartments
705 Hickory St, Kadoka, SD 57543
(605) 837-2505

Thank you for your recent inquiry about the Gateway Apartments. We look forward to working with you as you apply for occupancy.

Our units are managed under strict regulations of the U. S. Department of Housing and Urban Development (HUD) and we will be consistent in the processing of all applications and decisions about eligibility and admission into our properties. So, the attached application and supplementary forms must be **FULLY** completed, including names and addresses; incomplete or inaccurate information will prolong the process.

The following list of documents must be provided to us for each member of your household, if applicable, to initiate review of your application:

- ❑ Social Security card
- ❑ Photo Identification
- ❑ Written verification of date of birth
- ❑ Paystubs for all employment income
- ❑ Benefit award letters
- ❑ Statements of savings, retirement, or other investment accounts
- ❑ Six (6) consecutive statements of checking account(s)
- ❑ Prescription costs from pharmacy
- ❑ Doctor costs from provider
- ❑ Dental costs from provider
- ❑ Vision costs from provider
- ❑ Medical insurance premiums

Landlord references for previous housing for the last five (5) years are also required, so mailing addresses need to be provided on the application form. Criminal background checks will also be conducted on each adult household member as a part of the application process.

Should you have any questions about the application process, please contact us. Again, we thank you for your interest in living in our community.

Gateway 1 @ 11
705 Hickory St
Kadoka, SD 57543

Application for Housing Assistance Eligibility
RAM Housing Specialists



Phone: (605) 837-2505

Fax: 605-837-2515

TTY: (800) 877-1113

Applicant Name: _____

Physical Address: _____

City, State & Zip: _____

Contact Number: _____

Additional Contact: _____

Section A: HOUSEHOLD COMPOSITION – List Head of Household and ALL other household members who would be living in the dwelling unit, along with the relationship of each member to the Head of Household.

Full Name	Relationship	Sex	Date of Birth	Veteran?	Social Security #	FT/PT Student?
	Head of Household	M / F		Y / N		Y / N
		M / F		Y / N		Y / N
		M / F		Y / N		Y / N

Reasonable Accommodation

It is the policy of Gateway Apartments to provide reasonable accommodations for disabled applicants and to permit tenants with disabilities to make request(s) for reasonable accommodations upon provision of appropriate documentation of the need for the accommodation or modification.

Further, Gateway Apartments will meet any request for auxiliary aids by tenants and/or applicants that might require large print documents, tape recording, Braille documents, flash cards and/or use of readers and/or interpreters.

Do you or a member of your household have a disability, i.e. a physical or mental impairment that substantially limits one or more major life activities, that you wish to disclose? ☐ Yes ☐ No

If the answer to the previous question is "Yes," do you or a member of your household require a reasonable accommodation? ☐ Yes ☐ No

If the answer to the previous question is "Yes," what is the accommodation that would be requested of Gateway Apartments? _____

Do you or a member of your household require a specific accessible feature or unit, such as mobility, vision, or hearing-impaired features? ☐ Yes ☐ No

Section B: HOUSEHOLD INCOME – Eligibility for occupancy and calculation of rent amount is based on gross income of all household members.

	Type of Income	Amount	Frequency	Details – Address / Account Number
Y / N	Employment			
Y / N	Self -employment			
Y / N	Social Security			
Y / N	SSI			
Y / N	Welfare/child support			
Y / N	Pension			
Y / N	Unemployment			
Y / N	Disability Benefits			
Y / N	Uber, lyft, grub hub,etc			
Y / N	Other/general assis/etc.			

Section C: ASSETS – Calculation of rent amount includes income generated by assets.

	Type of Asset	Current Value	Name of Financial Institution or Title Holder
Y / N	Checking Account		
Y / N	Savings/Money Market		
Y / N	Certificate(s) of Deposit		
Y / N	Stocks / Bonds/Mutual Funds		
Y / N	Real Estate		
Y / N	Life Insurance Term or whole		
Y / N	Direct Deposit Debit Card		
Y / N	IRA, Keogh, trust		
Y/N	Other-specify		

Has any household member listed on this application disposed of any assets within the last Two (2) years? Y / N
If so, complete the following information:

Type of Asset	Date of Disposition	Value of Asset	Amount Received

Section D: ELIGIBLE EXPENSES – Depending on eligibility conditions, the following expense may be used to calculate adjustments to income during the calculation of rent amount.

	Type of Expense	Amount	Provider Name
Y / N	Medicare premiums		
Y / N	Supplemental health insurance premiums		
Y / N	Co-payments to doctors, dentists, opticians, etc.		
Y / N	Co-payments for prescription medications		
Y / N	Other out-of-pocket medical expenses		

Section E: CRIMINAL BACKGROUND – Eligibility for occupancy will include completion of criminal background check on all household members.

Are any household member's current users or abusers of controlled substances?	Y / N
Has any household member ever been convicted of the illegal use, distribution or manufacturing of a controlled substance?	Y / N
Has any household member ever been convicted of a felony crime?	Y / N
Is there a current warrant for the arrest of any household member or is any household member currently involved in criminal activity?	Y / N
Are any household members listed on page 1 of this application subject to a lifetime sex offender registration requirement in any state? Staff verified: _____	Y / N
List any state that any member of the household listed on page 1 of this application has ever lived in:	

Section F: HOUSING / LANDLORD REFERENCES – Eligibility for occupancy will include checking previous rental history for at least the previous five (5) years.

Current	Previous
Property Name: _____	Property Name: _____
Address: _____	Address: _____
Landlord Phone: _____	Landlord Phone: _____
Dates of Tenancy: _____	Dates of Tenancy: _____
Rental Rate: _____	Rental Rate: _____

Has any member of your household even been evicted or involuntarily removed from rental housing? Y / N

Has any member of your household ever lived in HUD Housing? Y / N

If yes, where? _____

Section G: OTHER INFORMATION - List any motorized vehicle(s) that you own that would use assigned, off-street parking at the property:

Vehicle Model / License
Make / Year: _____ Color: _____ Number: _____

If you are approved for occupancy, do you plan to
have a pet live with you? ☐ Yes ☐ No Type: _____ Weight: _____

How did you learn about our property? ☐ Newspaper Ad ☐ Internet ☐ Friend ☐ Drive-by ☐ Other

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.), by 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 6 years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate unit size, and the amount your household will pay toward rent, utilities, and Security Deposit.

Other Uses: HUD uses your family income and other information to assist in making 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 by law.

Penalty: You must provide all of the information requested by the owner, including all social security number you, and all other household members age 6 years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Gateway Apartments does not discriminate against persons with disabilities.

Applicant Declaration: I hereby declare and affirm under the penalties of perjury that the information provided on this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signed: _____ Date: _____

Signed: _____ Date: _____



Gateway I & II
705 Hickory St
Kadoka, SD 57543



NO Smoking Policy

Apartment Number: _____

Tenant Name(s): _____

Tenant and all members of Tenant's family or household are parties to a written Lease with Landlord. This No Smoking Policy states the following additional terms, conditions, and rules, which are hereby incorporated into the Lease, effective June 1, 2021. A breach of this policy shall give each party all the rights contained herein, as well as the rights in the Lease.

1. Purpose and application of Smokefree Policy. The parties desire to mitigate (i) the irritation and known adverse health effects of secondhand smoke; (ii) the increased maintenance, cleaning, and redecorating costs from smoking; (iii) the increased risk of fire from smoking; and (iv) the higher costs of fire insurance for a non-smokefree building. Tenant acknowledges that the smokefree policy established by this Policy is applicable as in all properties owned or managed by Landlord.

2. Definitions:

"Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, smudging, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, including hookahs and marijuana, whether natural or synthetic, in any manner or in any form. "Smoking" also includes incense, and the use of an electronic smoking device which creates an aerosol or vapor, in any manner or in any form.

"Electronic Smoking Device" means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. The term includes any such device, whether manufactured, distributed, marketed, or sold as an ecigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor.

3. Smokefree Building. Tenant agrees and acknowledges that the premises to be occupied by Tenant and members of Tenant's household shall be designated as a smokefree living environment. Tenant and members of Tenant's household shall not smoke anywhere in the apartment unit rented by Tenant; in the common areas of the building where the Tenant's dwelling is located, including, but not limited to, community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, stairways, offices, and elevators; nor shall Tenant permit any guests or visitors under the control of Tenant to do so.

4. Tenant to Promote Smokefree Policy and to Alert Landlord of Violations. Tenant shall inform Tenant's guests of the smokefree policy. Further, Tenant shall promptly give Landlord a written statement of any incident where tobacco or marijuana smoke, or vapor from an electronic cigarette, is migrating into the Tenant's apartment unit from sources outside the Tenant's unit.

5. Landlord to Promote Smokefree Policy. Landlord shall post no-smoking signs at entrances and exits, common areas, and hallways, and in conspicuous places on the grounds of the apartment building.

6. Other Tenants are Third-Party Beneficiaries of Tenant's Agreement. Tenant agrees that the other Tenants in the building are third-party beneficiaries of Tenant's smokefree Policy with Landlord. A Tenant may bring legal action against another Tenant related to this smokefree Policy, but a Tenant shall not have the right to evict another Tenant. Any legal action between Tenants related to this smokefree Policy shall not create a presumption that the Landlord breached the Policy.

7. Effect of Breach and Right to Terminate Lease. A breach of this Policy shall give each party all the rights contained herein, as well as the rights in the Lease. A material breach of this Policy shall be considered a material breach of the Lease and grounds for enforcement actions, including eviction, by the Landlord. Tenant acknowledges that a breach of this Policy shall also render Tenant liable to Landlord for the costs of repair to Tenant's apartment unit due to damage from smoke odors or residue.

8. Disclaimer by Landlord. Tenant acknowledges that Landlord's adoption of this smokefree policy and the efforts to designate Tenant's building as smokefree do not in any way change the standard of care that the Landlord or managing agent would have to a Tenant household to render buildings and premises designated as smokefree any safer, more habitable, or improved in terms of air quality standards than any other rental premises. Landlord specifically disclaims any implied or express warranties that the building, common areas, or Tenant's premises will have any higher or improved air quality standards than any other rental property. Landlord cannot and does not warranty or promise that the rental premises or common areas will be free from secondhand smoke or vapor. Tenant acknowledges that Landlord's ability to police, monitor, or enforce the provisions of this Policy is dependent in significant part on voluntary compliance by Tenant and Tenant's guests. Landlord shall take reasonable steps to enforce this smokefree policy. Landlord is not required to take steps in response to smoking in violation of this agreement unless Landlord knows of the smoking or has been given written notice of the smoking. Tenants with respiratory ailments, allergies, or any other physical or mental condition relating to smoke are put on notice that Landlord does not assume any higher duty of care to enforce this Policy than any other landlord obligation under the Lease.

LANDLORD

TENANT(S)

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household

LAST NAME _____ FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ DATE OF BIRTH _____

SSN: _____ ALIEN REGISTRATION NUMBER: _____

I-94 ADMISSION NUMBER: _____
(if applicable-this is an 11-digit number found on DHS Form I-94, *Departure Record*)

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

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

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

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

I, _____ hereby declare, under penalty of perjury, that I am:
(Print Full Name of Household Member)

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.

(1) The following documents will be accepted as proof of citizenship

(a) United States (U.S.) Passport

(2) The following documents will be accepted as proof of citizenship when proof of identity is also provided

(a) U.S. Birth Certificate

(b) Certification or Report of Birth Abroad issued by USCIS or the State Department

(c) U.S. Citizen ID card issued by USCIS

(d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)

(e) Certificate of Citizenship issued by USCIS

(f) American Indian card issued by USCIS for the Kickapoo tribe

(g) Final Adoption Decree

(h) Evidence of Civil Service employment by U.S. Government before 6/1/1976

(i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)

(j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986

(k) Extract of U.S. hospital birth record established at the time of birth

(3) Proof of Identity includes

(a) Driver's License

(b) Certain government issued ID cards with photo (if no photo, must include identifying information)

(c) Tribal government issued ID and documents, including Certificate of Indian Blood

(d) Day care or nursery record (minors only)

(e) School record or report card (under 16 only)

(f) School ID with picture

(g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature: _____ Date: _____

☐ Check here if adult signed for a child.



Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household

LAST NAME _____ FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ DATE OF BIRTH _____

SSN: _____ ALIEN REGISTRATION NUMBER: _____

I-94 ADMISSION NUMBER: _____
(if applicable-this is an 11-digit number found on DHS Form I-94, *Departure Record*)

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

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

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

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

I, _____ hereby declare, under penalty of perjury, that I am:
(Print Full Name of Household Member)

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.

(1) The following documents will be accepted as proof of citizenship

(a) United States (U.S.) Passport

(2) The following documents will be accepted as proof of citizenship when proof of identity is also provided

(a) U.S. Birth Certificate

(b) Certification or Report of Birth Abroad issued by USCIS or the State Department

(c) U.S. Citizen ID card issued by USCIS

(d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)

(e) Certificate of Citizenship issued by USCIS

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(g) Final Adoption Decree

(h) Evidence of Civil Service employment by U.S. Government before 6/1/1976

(i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)

(j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986

(k) Extract of U.S. hospital birth record established at the time of birth

(3) Proof of Identity includes

(a) Driver's License

(b) Certain government issued ID cards with photo (if no photo, must include identifying information)

(c) Tribal government issued ID and documents, including Certificate of Indian Blood

(d) Day care or nursery record (minors only)

(e) School record or report card (under 16 only)

(f) School ID with picture

(g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature: _____ Date: _____

☐ Check here if adult signed for a child.



Gateway 1 & 11
705 Hickory St
Kadoka, SD 57543
(605) 837-2505



AUTHORIZATION TO RELEASE INFORMATION

AUTHORIZATION: I hereby authorize the above-named organization and HUD to obtain information about me or my family that is pertinent to eligibility or for participation in Assisted Housing Programs.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

PURPOSE: This form enables the U.S. Department of Housing and Urban Development (HUD) and the above named Housing Agency to secure your signature and the signature of each member of your household who is 18 years of age or older for the purpose of obtaining information to administer and enforce assisted housing program rules and policies as described below:

INFORMATION COVERS INQUIRIES REGARDING:

Identity and Marital Status	Social Security Number(s)	Character References
Family Composition	Residence and Rental History	Credit History
Criminal History	Employment	Federal, State, Local or Tribal Benefits
Unemployment Compensation	Handicapped Assistance Expenses	Medical Expenses
	Assets and Income from Assets	

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

Any individual or organization, including any governmental organization, may be asked to release information. For example, information may be requested from:

Banks and other financial institutions	Providers of:	Providers of:
Law Enforcement Agencies	Social Security	Medical Care expenses
Past and Present Employers	Veterans Affairs benefits	Utility services
Federal, State and Local Courts	Welfare benefits	Alimony
Credit Bureaus	Pensions/Annuities	Child Support
Past and Present Landlords	Handicapped Assistance	Credit

CONDITIONS: I agree that photocopies of this authorization may be used for the purposes stated above. If I or any adult member of my family fails to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or tenancy, or both. This consent form expires twelve (12) months after execution.

Signed: _____
Head of Household Date

Signed: _____
Spouse/Co-Tenant Date

WARNING: Title 18, United States Code, **Section 1001** makes it a crime to: 1) knowingly and willfully; 2) make any materially false, fictitious or fraudulent statement or representation; 3) in any matter within the jurisdiction of the executive, legislative or judicial branch of the United States.