

Recertification Packet for Single Family Rental Homes & Hilldale Springs Townhomes

Muskogee County Community Action Foundation, Inc. (MCCAF) owns and operates affordable housing in Muskogee County. The properties are subject to rules and regulations established by the U.S. Housing & Urban Development (HUD), the Oklahoma Housing Finance Agency (OHFA) and the Internal Revenue Service (IRS).

Housing Program Application Requirements

Income Guidelines for Rental Housing-

- *Individual Addresses:* Each individual house or townhome is subject to a specified income guidelines as specified by the HUD regulations. The rental houses & townhomes are restricted to those families having low to moderate incomes. Annual household income **must be at or below the maximum to be considered**.
- *Income guidelines:* are subject to change by HUD and are updated annually. In the event of a typographical error on this application or the website, the HUD regulations will always be followed.
- *Muskogee County,* for the **single family homes** the maximum allowable incomes (by household size) are as follows:

Single Family Housing Guidelines:

Muskogee County, for **Hilldale Springs Townhomes** the maximum allowable incomes (by household size) are as follows:

| # in Household | 2 | 3 | 4 | 5 | 6 |
|------------------|----------|----------|----------|----------|----------|
| 30% limit (NHTF) | \$20,150 | \$22,650 | \$25,150 | NA | NA |
| 60 % limit | \$34,800 | \$39,120 | \$43,440 | \$46,920 | \$50,400 |
| 80 % limit | \$46,350 | \$52,150 | \$57,900 | \$62,550 | \$67,200 |

Hilldale Springs Townhomes Guidelines:

Muskogee County, for **Hilldale Springs Townhomes** the maximum allowable incomes (by household size) are as follows:

| # in Household | 1 | 2 | 3 | 4 | 5 | 6 |
|----------------|----------|----------|----------|----------|----------|----------|
| 50 % limit | \$25,350 | \$29,000 | \$32,600 | \$36,200 | \$39,100 | \$42,000 |
| 60 % limit | \$30,420 | \$34,800 | \$39,120 | \$43,440 | \$46,920 | \$50,400 |



APPLICANT CHECKLIST

The following items are required with an application packet:

(√) **Place a check mark next to each item that is included with your application packet.**

- _____ *Completed Pre-Application Checklist-* This page completed.
- _____ *Completed Questionnaire/Application-* Pages 3-12 of this packet is completed in full, signed & dated.
- _____ *HUD/OHFA Forms-* Page 13-18 of this packet completed in full, signed and dated.
- _____ *Legal Documentation-* Applicants must submit copies of any/all documents related to a divorce, separation or custody agreements for all children in the household.
- _____ *Pay Stubs-* Applicants must submit copies of two (2) months of pay stubs for each employed person.
- _____ *Other Income Verification-* Applicants must provide documentation to verify ALL income received from sources such as self-employment, alimony, child support, pensions, TANF, unemployment benefits, etc.
- _____ *Social Security Income-* Applicants must submit copies of award letters for all household members.
- _____ *Bank Statements-* Applicants must submit two consecutive months of bank statements for ALL bank accounts.
- _____ *Non- Traditional Cash Accounts (examples: Pay Card, Cash App, Pay Pal, Venmo)-* Applicants must submit two consecutive months of nontraditional cash account statements for ALL cash app type accounts.

Note: If there has been a change in household composition, please contact the office before completing the recertification packet.

Completed pre-applications should be submitted by appointment only or anytime into the night drop box located at:

Hilldale Springs Townhomes/MCCAF, Inc.
Leasing Office
2400 Hilldale Springs Drive
Muskogee, OK 74403
Phone (918) 686-8004



APPLICANT QUESTIONNAIRE

NOTE TO TENANT: In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program. **Providing false information may result in the loss of your housing. All adults over age 18 must complete their own application.**

| | | |
|------------------|-----------------------------------|----------------|
| Tenant Name: | Home Telephone Number: () () | |
| Current Address: | Alternate Phone: () () | Email Address: |

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".

List yourself and anyone who will live with you **within the next 12 months**. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

| 1 | Last Name, First Name | Relationship to Head of Household | Birth Date | Age | Social Security Number | Student Status: | | |
|---|-----------------------|-----------------------------------|------------|-----|------------------------|-----------------|-----------|-----|
| | | | | | | Full Time | Part Time | N/A |
| 1 | | Head | | | | | | |
| 2 | | Child M or F | | | | | | |
| 3 | | Child M or F | | | | | | |
| 4 | | Child M or F | | | | | | |
| 5 | | Child M or F | | | | | | |
| 6 | | Child M or F | | | | | | |

1.) Do you anticipate any changes in the size of your household **within the next 12 months**? (O-04) Yes No
 (Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)
 If yes, please describe any changes here: _____

2.) Will anyone under age 18 listed above live in the unit **less than** 50% of the next 12 months? N/A Yes No
 (O-04)
 If yes, please explain here: _____

3.) Does any member in your household have a disability and require a live-in care attendant? (O-01) Yes No
 If yes, please explain here: _____

4.) Is the applicant separated, but not divorced? (O-07) Yes No

5.) Do you currently have any pets within your home? Yes No
 If yes, please describe type of pet(s) including breed & weight here: _____

6.) Do you anticipate any new pet(s) within the home within the next 12 months? Yes No
 If yes, please describe type of pet including breed & weight here: _____
 If yes, when do you expect the pet in the home (date) _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

STUDENT ELIGIBILITY QUESTIONS

- 7.) Are ALL members of your household full-time students? (S-03)
8.) Will ALL members of your household be full-time students during any 5 months of this year? (S-03)
9.) Will ALL members of your household be full-time students during any 5 months of next year? (S-03)
10.) Are you a part- or full-time student in an institute of higher education? (S-01)
11.) Do you intend to become a student within the next 12 months? (S-03)

ALIMONY / CHILD SUPPORT INFORMATION

- 12.) Do you have a current COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received? (I-07a, O-09a, O-09b) (Case id #)

IF "NO", SKIP TO QUESTION 13

a.) Name of person(s) paying support / alimony:

Form with four rows for name, phone, and child information.

b.) Applicants Name at time of court order: Payment Amount: \$ per

Are the FULL court-ordered amount(s) being received? Yes No

If "NO", are you making efforts to collect the amounts due? Yes No

If "YES", please explain the efforts you're making here:

- 13.) Do you receive Child Support or Alimony payments that are NOT COURT ORDERED?

(This includes help for children for clothes, groceries, etc.) Yes No

IF "NO", SKIP TO NEXT SECTION

a.) Payment Amount: \$ per



b.) Name of person(s) paying support / alimony:

_____ Phone: _____ for child: _____
 _____ Phone: _____ for child: _____

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

| YES | NO | TYPE OF INCOME | INCOME AMOUNT |
|--------------------------|--------------------------|--|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 14.) Is any member of the household employed? | |
| (I-01) | | Job 1.) Who is employed? _____ What company? _____ Phone: _____ | AMT \$ _____ PER _____ |
| | | Job 2.) Who is employed? _____ What company? _____ Phone: _____ | AMT \$ _____ PER _____ |
| | | <input type="checkbox"/> Check if there are any additional jobs in the household (attach a separate sheet with contact information) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 15.) Are any household members self-employed? | |
| (I-02 & 1040C) | | Who is self-employed? _____ What type of work does this person do? _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 16.) Are any adult members of your household unemployed? | |
| (I-10) | | Which adult members are unemployed? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | 17.) Does any household member receive pay from the military? | |
| (I-03) | | Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone: _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 18.) Does any household member receive any payments from the Social Security Administration? Which type: <input type="checkbox"/>SS <input type="checkbox"/>SSI <input type="checkbox"/>Other | |
| (I-04) | | Who receives payments from the Social Security Office? _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 19.) Does any household member receive severance pay or worker's compensation? | |
| (I-09) | | Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 20.) Is any household member unemployed and receiving payments from an unemployment agency? | |
| (I-05& I-10) | | Who is receiving unemployment benefits? _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 21.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.) | |
| (I-06) | | | AMT \$ _____ PER _____ |



Who is receiving TANF or AFDC benefits? _____

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

| YES | NO | TYPE OF INCOME | INCOME AMOUNT |
|------------------------------------|--------------------------|--|---------------------------|
| <input type="checkbox"/> (I-12) | <input type="checkbox"/> | 22.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account? Please check one: <input type="checkbox"/> Pension (I-11) <input type="checkbox"/> Annuity (I-12) <input type="checkbox"/> Other Retirement (I-08) Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone: _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> (I-09) | <input type="checkbox"/> | 23.) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries? What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 24.) Is there any other source of income we haven't already asked about above that you receive? Please Describe: _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> (O-04) | <input type="checkbox"/> | 25.) Does your household expect any changes in their income <i>within the next 12 months</i>? Please Describe: _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> (I-09) | <input type="checkbox"/> | 26.) Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility? Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____ Contact Person: _____ Phone: _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> (I-13) | <input type="checkbox"/> | 27.) Do any adult members of your household have zero income? Which adult members have zero income? _____ | |
| <input type="checkbox"/> (I-06) | <input type="checkbox"/> | 28.) Does any household member receive SNAP Benefits (Food Stamps) Who is receiving SNAP benefits? _____ | AMT \$ _____ PER _____ |



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

29.) Does any household member have a Checking, Savings, CD, Money Market account, Bank/Pay Card, or Phone Cash App (i.e. Cash App, Pay Pal, Venmo)?

(A-01)

Bank 1.) Bank Name: _____ Name(s) on Account: _____
 Account Type: Checking Savings CD Money Market Bank/Pay Card Phone Cash App

Bank 2.) Bank Name: _____ Name(s) on Account: _____
 Account Type: Checking Savings CD Money Market Bank/Pay Card Phone Cash App

Bank 3.) Bank Name: _____ Name(s) on Account: _____
 Account Type: Checking Savings CD Money Market Bank/Pay Card Phone Cash App

Bank 4.) Bank Name: _____ Name(s) on Account: _____
 Account Type: Checking Savings CD Money Market Bank/Pay Card Phone Cash App

Check if there are additional accounts of these types belonging to the household.

(attach a separate sheet with the bank name, account type and name(s) on the account)

30.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM insurance)?

(A-02)

Institution Name: _____ Name(s) on Account: _____
 Contact Phone: _____ Account Type: Stocks Bonds Mutual Funds Whole Life Insurance

31.) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?

(A-03)

Institution Name: _____ Name(s) on Account: _____
 Contact Phone: _____ Account Type: IRA Keogh 401K Other: _____

32.) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?

(A-06)

Institution Name: _____ Name(s) on Account: _____
 Contact/Phone: _____ Account Type: _____

33.) Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)

(A-04)

Property Owner(s): _____ Type of Property: _____
 What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)
 Contact: _____ Phone: _____

34.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.)

(O-04)

Property Type: _____ Estimated Cash Value: \$ _____

35.) Does any household member have a Trust Account or receive payments from a Trust Account?

(O-07)

Institution Name: _____ Name(s) on Account: _____
 Is this account a Revocable or Non-Revocable Trust Account? _____

36.) Does any household member have any Treasury Bills or Government Savings Bonds? (www.savingsbonds.gov)

Which household member: _____
 Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____

37.) Does any household member have cash on hand or cash in safe deposit boxes?

Which household member? _____ What amount is kept on hand? \$ _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION (CONTINUED)

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

38.) Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use vehicles, furniture, clothing, etc.) What type of account or asset is this? What is the estimated value of this asset if you were to sell it today? \$

39.) In the past two years, has any household member given away any asset(s) for less than they were worth? (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.) What was the estimated value of this asset? \$

RENTAL HISTORY

Please detail personal rental history of the head of household-

40.) Current Landlord: Move in date: (Month) (Year) Address: City: State: Zip Code: Manager: Landlord Phone: Rent Amount: Reason for Moving:

Complete if less than three (3) years of rental history for head of household listed above:

41.) Previous Landlord: Move in Date: (Month) (Year) Move out date: (Month) (Year) Address: City: State: Zip Code: Manager: Landlord Phone: Rent Amount: Reason for Moving:

(If needed, use the back of this sheet to list additional rental history for the required three (3) year period.)

Please detail personal rental history of Adult Co-applicant (if applicable)-

42.) Current Landlord: Move in date: (Month) (Year) Address: City: State: Zip Code: Manager: Landlord Phone: Rent Amount: Reason for Moving:



Complete if less than three (3) years of rental history for co-applicant listed above (Adult #2):

43.) Previous Landlord: _____
 Move in Date: (Month) _____ (Year) _____ Move out date: (Month) _____ (Year) _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Manager: _____ Landlord Phone: _____ Rent Amount: _____
 Reason for Moving: _____

(If needed, use the back of this sheet to list additional rental history for the required three (3) year period.)

44.) Are you or any member of your household currently being evicted or are you currently behind on your rent? Yes No
 Please explain: _____

45.) Have you or any member of your household ever been evicted? Yes No
 Please explain: _____

46.) Are you **currently** being sued for rent or damages to rental property? Yes No

47.) Is any other member of your household currently being sued for rent or damages to rental property? Yes No
 Please explain: _____

48.) Have you been sued in the **past** for rent or damages to rental property? Yes No

49.) Has any other member of the household been sued in the **past** for rent or damages to rental property? Yes No
 Please explain: _____

50.) Are you now or have you ever broken a rental contract or lease agreement? Yes No

51.) Has any member of your household now or ever broken a rental contract or lease agreement? Yes No
 Please explain: _____

52.) Do you currently have any past due utility (gas, electric, water) payments to the utility provider? Yes No

53.) Does any member of your household currently have any past due utility (gas, electric, water) payments to the utility provider? Yes No
 Please explain: _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

SECTION 8 RENTAL ASSISTANCE

Please note that having a Section 8 rental assistance voucher does not guarantee your application will be approved.

54.) Are you or any member of your household currently on rental assistance? Yes No
 If Yes, which housing authority (circle one)? OHFA Muskogee Housing Fort Gibson Housing Other

55.) If you are NOT on housing assistance, has any member of your household applied for housing assistance? Yes No
 If so, through which housing authority? OHFA Muskogee Housing Fort Gibson Housing Other

EMERGENCY CONTACTS

You must list 3 emergency contact persons

| 48.) Name | Relationship to you | Street Address | City, State, Zip | Cell Phone # | Work Phone # |
|-----------|---------------------|----------------|------------------|--------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

VEHICLE INFORMATION

All vehicles that you are planning to keep onsite at the rental unit must be operational and listed below.

| 47.) Tag Number | State of Tag | Vehicle Make | Vehicle Model | Year of Vehicle | Color of Vehicle |
|-----------------|--------------|--------------|---------------|-----------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |



Please read each question carefully, answer each question completely.

EMPLOYMENT HISTORY

Head of Household:

56.) Current Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Phone: _____ Pay Interval (circle one): Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate: _____ Hours Per Week: _____ Annual Salary Rate: _____ Start Date: _____

57.) Previous Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Phone: _____ Pay Interval (circle one): Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate: _____ Hours Per Week: _____ Annual Salary Rate: _____ Start Date: _____ End Date: _____

(If needed, use the back of this sheet to list additional employment history for the required two (2) year period.)

Other Adult Member of Household Age 18 year or over:

58.) Current Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Phone: _____ Pay Interval (circle one): Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate: _____ Hours Per Week: _____ Annual Salary Rate: _____ Start Date: _____

59.) Previous Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Phone: _____ Pay Interval (circle one): Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate: _____ Hours Per Week: _____ Annual Salary Rate: _____ Start Date: _____ End Date: _____

(If needed, use the back of this sheet to list additional employment history for the required two (2) year period.)



HOW DID YOU FIND OUT ABOUT US?

How did you find out about the rental properties offered by MCCAFA & Hilldale Springs? (Please circle one)

_____ You Tube Video Ad _____ Facebook Post or Video AD _____ The Housing Authority/Section 8 Program
_____ Flyer _____ OHFA Website _____ Friend _____ Current Tenant _____ Yard Sign

If you were referred by a current tenant, please provide their contact information:





Name: _____ Address: _____ Phone #: _____

HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the IRS Section 42 Tax Credit or HUD HOME housing program.

CERTIFICATION: All household members who are 18 years of age must sign below.

 _____ 
Head of Household _____ **Date** _____
 _____ 
Co-Applicant _____ **Date** _____

NOTE: 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 any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.

All questions about the application process should be emailed to:

info@muskogecountycaf.com

All information about the available units and program requirements can be found at:

www.muskogecountycaf.com



CHILD SUPPORT / ALIMONY VERIFICATION

Unit # _____

Has applicant / resident ever been awarded court-ordered child support or alimony?



PLEASE CIRCLE ANSWER BELOW:

CHILD SUPPORT: YES OR NO

ALIMONY: YES OR NO

If yes to either question above, please obtain a copy of the order / decree.

CHILD SUPPORT:



I do hereby swear and affirm that: I **DO NOT RECEIVE** (but legal attempts to collect have been made) / **DO RECEIVE** (circle one) \$ _____ per month child support for the support of my children whose names are:

NOTE: If the resident/applicant states that child support is not being received although court ordered, it is necessary that you verify through a third party source (District Attorney's office, Lawyer, Child Support Enforcement Unit) that the child support is not being received and that all legal attempts have been made to collect amounts due.

ALIMONY:

I do hereby swear and affirm that: I **DO NOT RECEIVE** / **DO RECEIVE** (circle one) \$ _____ per month in Alimony payments from:

I understand that all statements concerning child support and alimony must be verified to properly process my/our application and determine eligibility. I have no objection to inquiry being made for the purpose of verification.



Signature of Applicant/Resident



Date




Printed Name of Applicant/Resident


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

STUDENT STATUS AFFIDAVIT FOR HOME UNITS

HOME requires this student question to be asked for ALL activities.

 Household Name: _____
Address/Unit #: _____


The HOME student rule excludes certain students from participating independently in the HOME program.



| Answer Yes or No | Yes | No |
|---|-----|----|
| Is any occupant attending an institution of higher education? | | |


If the answer above is YES, please answer the following; one exception must be met.

Name of household member attending institution: _____



| Answer Yes or No | Yes | No |
|---|-----|----|
| Are you over the age of 23? | | |
| Are you a veteran of the US military? | | |
| Are you married? (Same sex marriage should be recognized) | | |
| Do you have dependent children? | | |
| Do you have disabilities? (Were you receiving Section 8 assistance as of 11/30/05) | | |
| Will you reside with and are a dependent of a household member in this unit? (If this is the only exception being met, PLEASE contact OHFA HOME compliance before allowing.) | | |
| An orphan or ward of the court? | | |

Under penalties of perjury, I certify the above information is true and correct as of this date. I understand that I must notify management if the above circumstances change.

 _____
Signature of Applicant/Resident

 _____
Date

Warning: Section 1001 of the Title 18 U. S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Revised October 2021

PUBLIC ASSISTANCE VERIFICATION



Client _____

SSN _____

Address _____

City _____

State _____

Zip _____

The person referenced above is a participant in a project funded by the HOME Investment Partnerships Program. The U.S. Department of Housing and Urban Development (HUD) requires that we verify the income of program participants. Please complete all the information below. Thank you for your assistance.

By signing below I authorize the release of this information.



Signature of Client _____



Date _____

Benefits:

Date Began

Date Ended

Amount of assistance received monthly: \$ _____

Amount of child support received monthly: \$ _____

Other income in household (list): _____ \$ _____

Names of household members:

I certify that this information is accurate.

Signature _____

Name (print) _____

Title _____

Date _____

Agency _____

Telephone Number _____

Address _____

City _____

State _____

Zip _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

DHS
Use
Only

DHS
Use
Only



0000 00 2017 12:10PM



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Oklahoma Child Support State Office Building

No. 3302 P. 2/2



Child Support
Services

Ink only

Please check if emergency.
Reason: _____

Housing Verification Cover Sheet

Please fax to (405) 522-8727. Please allow at least 3 business days for the completed verification.

Name of Complex Requesting Information and FAX#:

Muskogee County Community Action Foundation, Inc./Hilldale Springs Townhomes
Fax (918) 686-0435 Phone (918) 686-8004 info@muskogee-countycaf.com

Applicant Information

SS# - -

DOB: / /

Last name:

First Name:

Middle Initial:

Below please make sure to list ALL children on the lease.

- | | | | |
|---|-------|----|-------|
| 1 | _____ | 7 | _____ |
| 2 | _____ | 8 | _____ |
| 3 | _____ | 9 | _____ |
| 4 | _____ | 10 | _____ |
| 5 | _____ | 11 | _____ |
| 6 | _____ | 12 | _____ |

Please attach Consent form to cover sheet with exact complex name & fax# to be returned.

Tendant Signature for release of payment records. _____

DO NOT FAX REQUESTS MORE THAN TWICE; CALL (405) 522-5871 IF NOT RECEIVED.



HOME Program Eligibility Release Form

Organization requesting release of information (PJ name, address, telephone, and date)

Information Covered: Inquiries may be made about items initialed by applicant/tenant.

Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

| | Verification Required | Initials |
|--|-----------------------|----------|
| Income (all sources) | | |
| Assets (all sources) | | |
| Child Care Expense | | |
| Handicap Assistance Expense (if applicable) | | |
| Medical Expense (if applicable) | | |
| Other (list) _____ _____ | | |
| Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled ____ Family Member ____ Minor Children | | |



Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:
Family Member #1

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #2

X

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #3


Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #4

X

X



TENANT RELEASE AND CONSENT

 I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to, for purposes of verifying information on my/our apartment rental (owner or agent) application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED




The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|----------------------------------|--|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Social Security Administration | Banks and other Financial Institutions |
| | Medical and Child Care Providers | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

| | | | |
|--|-----------------------|--------------|-------|
|  | _____ | _____ | _____ |
| | Applicant/Resident | (Print Name) | Date |
|  | _____ | _____ | _____ |
| | Co-Applicant/Resident | (Print Name) | Date |
|  | _____ | _____ | _____ |
| | Adult Member | (Print Name) | Date |
| | _____ | _____ | _____ |
| | Adult Member | (Print Name) | Date |

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