



HUALAPAI HOUSING Hwal'bay Ba:j Wayo:wo'jo

600 Highview Street ❖ P.O. Box 130 ❖ Peach Springs, Arizona
Phone (928) 769-2274 ❖ Fax (928) 769-2703

LOW RENTAL PROGRAM & HOMEOWNERSHIP APPLICATION

HUD/NAHASDA requirements, therefore, the following documents must be submitted with your application. Submitting your application does not guarantee that you will be placed on the waiting list. **INCOMPLETE** applications will NOT be added to the waiting list until all requirements have been met.

The following documents are needed to complete your application: PLEASE READ CAREFULLY

Attach for all household members:

- ☐ Copy of State Identification
- ☐ Social Security Card Copies
- ☐ Birth Certificate Copies
- ☐ Certificate of Indian Blood (CIB) Copies
- ☐ Income Verification for EVERYONE 18 years of age or older

To be completed with application:

- ☐ Read HUD Form 1140 OIG
- ☐ Income Verification - Filled out by employer, attach award letters for: TANF, SSI, Disability Benefits
- ☐ Certification of Current Living Conditions Form
- ☐ Applicants/Tenant's Consent to release information (HUD Form 9887)
- ☐ Criminal Background Check - \$30.00 ea. for all household members 18+ (pay at Tribal Office)

If Applicable:

- ☐ Marital Status Document (Marriage License, Divorce Decree, Separation Papers)
- ☐ Military Service Documentation - DD214
- ☐ Legal Guardianship Documents for dependents
- ☐ Medical expense documents (disabled/elderly families only, expenses for medical conditions)
- ☐ Child Care expense documents (child care for families gaining education/employment)

IMPORTANT ** IMPORTANT ** IMPORTANT

In accordance with Tribal Resolution 19-2020, Applicant and Co-Applicant (if applicable) MUST attend intake interview via Zoom until the Hualapai Tribes State of Emergency has been lifted.

If you or anyone else listed on your application has an outstanding debt with the HHD department, you will need to make arrangements with the Compliance Officer in order for your application to be considered.

It is your responsibility to keep our department informed of any changes on your application. You will be notified by both E-mail and U.S. mail to make sure you are updating annually.

Please contact a Hualapai Housing Resident Specialist if you have questions or concerns regarding the application process at 928-769-2274 or email questions and documents to housing@hualapai-nsn.gov



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☐ HOMEOWNERSHIP ☐ LOW RENTAL PROGRAM ☐ EMERGENCY HOUSING

Application Date: _____

Name of Applicant (must be 21 or older)

Social Security No.

Date of Birth

Phone Number (home, cell, message)

E-mail Address

Mailing Address

City State Zip

Name of Applicant (must be 21 or older)

Social Security No.

Date of Birth

Phone Number (home, cell, message)

E-mail Address

Mailing Address

City State Zip

HOUSEHOLD LIST

Please list all people who will be living in the unit

These documents must be attached
Applicant Document Checklist

Family Member #	Name	Relationship to Applicant	Date of Birth	Age	Sex	Veteran Y/N	Disabled Y/N	S.S. Card	Birth Cert.	C.I.B.	Marriage	Employee Verification	other/ Legal docs
1		HEAD						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you think the size of your family will grow?

☐ YES

☐ NO

If yes, how and when? _____

Have you ever been a Hualapai Housing Department tenant?

☐ YES

☐ NO

If yes, when? _____

Have you ever been evicted or asked to leave from a rental residence?

☐ YES

☐ NO

If yes, explain: _____

Have you ever had two or more late rental payments in the past year?

☐ YES

☐ NO

If yes, explain: _____

FAMILY INCOME & DEDUCTIONS

Family Member #	Employer or Source of Income	Length of Employment	Rate of Pay hourly rate by 2080 or 1040	(multiply	Annual Income
			<input type="checkbox"/> hourly x 2080 (FT) or x 1040 (PT) =		\$
			<input type="checkbox"/> hourly x 2080 (FT) or x 1040 (PT) =		\$
			<input type="checkbox"/> hourly x 2080 (FT) or x 1040 (PT) =		\$
			<input type="checkbox"/> hourly x 2080 (FT) or x 1040 (PT) =		\$

TOTAL GROSS HOUSEHOLD INCOME \$

Family Member #	Deductions	Total
	\$400 for elderly/disabled family x \$400.00	\$
	\$480 per dependent child under 18 years of age x \$480.00	\$
	Childcare with Certification (13 years of age and under) per month x 12	\$
	Medical Expenses in excess of 3% of TFI - Elderly Family	\$
	Handicapped Assistance Expenses	\$

TOTAL DEDUCTIONS \$

NET ANNUAL INCOME (Total Gross Household Income - Deductions) \$

HOMEOWNERSHIP PROGRAM	LOW RENTAL PROGRAM
Net Annual Income = \$	Net Annual Income = \$
Net Annual Income X 20% (Housing ratio) = \$	Net Annual Income X 15% (Housing ratio) = \$
Total Gross Household Income = \$	Total Gross Household Income = \$
Total Gross Household Income / 12 months = \$	Total Gross Household Income / 12 months = \$
Total Monthly Payment = \$	Total Monthly Payment = \$

CURRENT LIVING CONDITION

Present Housing Conditions and Need (Please attach a Verification page for each question below that you answer "YES" to.)

1) What is your current living situation? (check all that apply)

☐ Transitional Home/Shelter ☐ Inaccessibility of Dwelling ☐ Overcrowding

Other: _____

2) Are you without permanent housing (homeless)? ☐ YES ☐ NO

If yes, explain _____

3) Are you about to be without housing? ☐ YES ☐ NO

If yes, explain _____

4) Are you living in a substandard home? ☐ YES ☐ NO

If yes, which conditions are present?

☐ Victim of Domestic Violence ☐ Inaccessibility ☐ No indoor running water

☐ Dwelling structurally unsafe ☐ No operating sink or stove connections in kitchen ☐ No installed usable tub or shower

☐ Inadequate or no electricity ☐ Overcrowded No. BR _____ No. ppl _____

☐ No usable flushing toilet ☐ 2 or more families live under one roof

5) Other conditions: _____

ACKNOWLEDGEMENT

- 1 My/Our income must be verified prior to admission.
- 2 Monthly rent is based upon a 15% of total family gross income minus certain deductions.
- 3 A **\$210** security deposit must be paid prior to admission. (\$200 deposit & \$10 for keys)
- 4 An estimated \$450 will be required for electricity from Mohave Electric.
- 5 An initial \$100 deposit will be required for propane from Indian Energy.
- 6 Move-in utility expenses may be covered by Gaming Assistance for enrolled Hualapai Tribal members.
- 7 Existing MEC members will need to request a transfer of service directly from Mohave Electric.
- 8 Residents are responsible for paying all utilities for their homes.
- 9 Residents must keep their utilities active.
- 10 The rental lease is a month to month lease and is renewed by paying the rent each month.
- 11 Residents are responsible for making rent payments for each month by the 10th day of every month.
- 12 The applicant is renting the house on a temporary basis, not purchasing it.
The Housing Department insurance covers the home ~ not the Residents personal property and possessions. Personal renters insurance is
- 13 recommended but not required.
The Housing Department will perform all maintenance on the house however; the resident will be financially responsible for any damages beyond
- 14 normal wear and tear.
- 15 Residents are responsible for keeping their home and yard clean.
- 16 Total family income of each family must be recertified by the Housing Department every year.
- 17 Homes must be inspected once each year by the Housing Department for compliance with the lease.
- 18 Homes may be randomly inspected at other times of the year by the Housing Department.

The above information is true and complete to the best of my/our knowledge. I/We am/are 21 years of age and do not object to inquiries made to verify the statements made herein. This application will be on file for one **(1) year**, if I/we wish to remain on the waiting list after a (1) year period, I/we will renew a HHD application.

Signature of Applicant

Date

Signature of Co-Applicant

Date

HUALAPAI HOUSING USE ONLY

Application received by _____ Date and time _____ Forwarded to: _____ Date and time _____
 (Receptionist)

PREFERENCE POINTS - HUALAPAI HOUSING USE ONLY

Low Income - 2 pts	Hualapai - 1 pt	Displacement - 1 pt.	Substandard - 1 pt.	Other - 1 pt ea.	Deductions - minus 1 pt ea.
30% lower _____	Yes _____	Disaster _____	Dilapidated / unfit _____	Disabled/Elderly Family _____	Bad Debt _____
30-80% median income _____		Victim of Domestic/Hate Crime _____	Homeless Family _____	Medical _____	Previous Damage to HHD Unit _____
		Govt/HHD action/cultural displacement _____	No plumbing/water _____	Overcrowded _____	
		other _____	No kitchen _____	Veteran or Spouse of _____	
			No electrical system _____	Transfer Occ _____	
			No heating system _____	Waitlist Renewal 3+ years _____	
			Transitional home/shelter _____		
Total _____	Total _____	Total _____	Total _____	Total _____	Total _____

TOTAL PREFERENCE POINTS minus DEDUCTIONS _____

Total Annual Income: _____ Family Size: _____ Unit size required: _____ Is the family income eligible? ☐ YES ☐ NO
 Type of Housing: ☐ HOMEOWNERSHIP ☐ LOW INCOME RENTAL ☐ EMERGENCY
 Review Date _____ Reviewed by _____ Application Complete ☐ YES ☐ NO

I confirm that the information given to the Hualapai Housing Department on household list, income, net family assets, allowance and deductions have been verified as required by Federal Law. The family has certified that it has given our agency accurate and complete information.

☐ Eligible for Admission ☐ Ineligible for admission Reason(s) _____

Notes:

Printed Name of Resident Specialist

Resident Specialist Signature

Date



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.				
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>				
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.				
Completing The Application	<p>When you answer application questions, you must include the following information:</p> <table><tr><td>Income</td><td><ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit: dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</td></tr><tr><td>Assets</td><td><ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</td></tr></table>	Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit: dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)	Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit: dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)				
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.				

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application	<ul style="list-style-type: none"> ▫ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. ▫ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. ▫ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.
Recertifications	<p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"> ▫ All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members. ▫ Any move in or out of a household member; and, ▫ All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.
Beware of Fraud	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> ▫ Do not pay any money to file an application; ▫ Do not pay any money to move up on the waiting list; ▫ Do not pay for anything not covered by your lease; ▫ Get a receipt for any money you pay; and, ▫ Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).
Reporting Abuse	<p>If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.</p>





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Income Verification

Employee # _____

Name of Tenant/Applicant: _____ S.S #: XXX-XX-____ Date of Birth: _____

I hereby authorize release of information relating to my income to the Hualapai Housing. This includes submitting a copy of my most recent Personnel Action Notice which can be requested from Hualapai Housing at any time while I am on the waiting list or a tenant of the low rent or homebuyer program.

Tenant/Applicant Signature

Date

Payroll Department:

Federal Regulations made to mandate that income for all Hualapai Housing residents/ applications be verified annually and during the application and annual recertification process. The information received is held in strict confidence for use in establishing monthly rent charges and to determine if the tenant/applicant(s) meet the national median income guideline. Please include the total annual income including the estimated overtime earnings, if applicable.

Thank you,

Housing Staff Signature

FOR ACCOUNTING USE ONLY!

Department Employer: _____ Supervisor: _____

Job Title: _____ Date of Hire: _____

Employer Address: _____ City/State/Zip: _____

Employer Phone No.: (____) _____ - _____ Pay Rate: \$ _____ Per: _____ Hours Per Week: _____

Days Worked: _____ Days Off: _____

Total anticipated earnings for the next twelve (12) months: \$ _____

If no longer working, date last worked: _____

(____) _____ - _____

Payroll

Date

Phone NO.

HOUSING STAFF ONLY!

Date Sent Over: _____ ☐ Inter-Office Dept.: _____

☐ Faxed To: _____ No.: _____ ☐ Other: _____

Sent Over By: _____ ☐ Waiting List: _____ ☐ Project/Unit No.: _____

Received (stamp) here:



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VERIFICATION OF PREFERENCES

_____ has applied for housing assistance and has indicated that they have been or will be

- ☐ homeless
- ☐ living in substandard housing
- ☐ involuntarily displaced, and has vacated or will have to vacate his or her housing unit for one of the reasons below:
 - ☐ A disaster, such as a fire or flood, that resulted in extensive damage or has destroyed their home.
 - ☐ An action carried out by an agency of the United States or by any State or local governmental body or agency in connection with code enforcement or a public improvement or development program.
 - ☐ An action by an owner which resulted in the applicant's having to vacate his/her unit where:
 - The reason for the owner's action is beyond the applicant's ability to control or prevent.
 - The action occurred despite the applicant's having met all previously imposed conditions of occupancy.
 - The action taken is other than a rent increase (ex. Probate).
 - ☐ Fleeing/Attempting to flee Domestic Violence.
 - ☐ He/She lacks a fixed, regular, and adequate nighttime residence.
 - ☐ He/She is living in substandard dwelling.
 - ☐ He/She is living in overcrowded conditions in a home with _____ ppl in a _____ bdrm home.
 - ☐ Inaccessibility to running water, flushing toilets or adequate heating and cooling.
 - ☐ Dwelling is uninhabitable (condemned).

In order to determine the preference status for the above applicant, we are required by Federal Regulations to verify the preference. Please verify the applicants above claim and return this form to housing@hualapai-nsn.gov. This information will be used only for the purpose of determining the preference claimed by this applicant. One Verification Form must be submitted for each claim made above.

VERIFICATION:

I verify that _____ (applicant)

Name _____

Organization _____

Title _____

Address _____

Signature _____

Signature _____

Date _____

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)

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

HWAL'BAY BA;J WAYO'JO
HUALAPAI HOUSING
P.O. BOX 130, 600 HIGHVIEW STREET
PEACH SPRINGS, AZ 86434-0130

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.



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Authorization for Release of Information

I authorize the release of information requested by Hualapai Housing to obtain my personal information and/or documentation for me and/or any members of my household. Hualapai Housing will not release this information to any other person or agency outside the department. This release of information remains in effect while I am an applicant or tenant of Hualapai Housing and for any investigations of my eligibility for low rent housing.

Persons or organizations that may be contacted include, but are not limited to: local governments, public assistance program contractors and grantees, health care providers, Tribal/Judicial entities, landlords, employers, school authorities, and private individuals.

A copy of this release is as valid as the original

Applicant/Tenant Signature

Signature of Other Adult Member

Printed Name

Printed Name

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Phone Number

Phone Number

Date

Date



HUALAPAI HOUSING DEPARTMENT

Hwal'bay Ba:j Wayo:wo'jo

600 Highview Street ♦ P.O. Box 130 ♦ Peach Springs, Arizona 86434

Phone (928) 769-2274 Fax (928) 769-2703

NOTICE/AUTHORIZATION AND RELEASE FOR CRIMINAL BACKGROUND INVESTIGATION

Name of Head of Household on Housing Application: _____

I, the undersigned individual, do hereby authorize the **Hualapai Housing Department** to procure a criminal background report on me for the purpose of initial applicant eligibility screening, lease enforcement and/or eviction actions. This authorization and release form is valid during the housing application process, and if accepted into a housing program, for the entire duration of stay in a HHD housing unit.

This above-mentioned report will be disclosed only to HHD staff who has a job related need for the information and who is an authorized officer, employee, or representative of the recipient.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the **Hualapai Housing Department** including, but not limited to any and all courts and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the **Hualapai Housing Department** and all persons, National Crime Information Center, police departments, and other law enforcement agencies, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a criminal background report hereby authorized.

I also agree to a background/credit check to determine my eligibility with regard to the other items listed on the page of this document which do not pertain to criminal activity.

I understand all information from any background check will be kept strictly confidential.

Further, I certify that the information contained on this Notice/Authorization/Release form is true and correct and that my housing application will be terminated based on any false, omitted or fraudulent information.

Signature: _____ Today's Date: _____

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Full Name: _____ Suffix: JR ☐ SR ☐ III ☐
[Do Not Abbreviate] First Middle Last

Other Names Used: _____ Dates Used: _____
(alias, maiden, or nicknames)

Current Address: _____
Street or P. O. Box City State Zip Code County Date Lived

Social Security Number: ____ - ____ - ____ Full Name on SSN: _____

Date of Birth (month/day/year): ____/____/____

Gender: Female ☐ Male ☐

E-mail Address: _____

TO BE COMPLETED BY HHD STAFF ONLY

This criminal background report will be kept under lock and key and be under the custody and control of the HHD Director/Assistant Director and/or his designee for such records.

Date Report Received: _____

Reviewed By: _____

Report Determination: Favorable ☐ Unfavorable ☐