

PLEASE READ CAREFULLY

Please ***do not*** leave any section of the application blank or it will be considered incomplete. If a section does not apply to you write N/A (Not Applicable).

The following information must be accompanied with application.

1. Full application – completed and signed by everyone 18 and older
2. Copy of Birth Certificates on everyone in the household (copy MUST be legible)
3. Copy of Social Security Cards on everyone in the household (copy MUST be legible)
4. Copy of Marriage License/Divorce Decree
5. Copy of Drivers License (Photo ID) on household members 18 years of age or older
6. (copy MUST be legible)
7. Declaration of Section 214 Status – need one for each person in the household
8. Copy of Permanent Resident Card (Green Card) – if applicable
9. Must provide your passport to housing authority office personnel (for verification purposes)
10. Proof of Income – the last six to eight pay stubs (MUST be in order with no pay periods missing!), a print out *from your employer*, or copy of Social Security Award letter -- need one for each employed person over 18 yrs. old
11. Last Six Months Bank Statements
12. Verification of assistance from DHS (***FORM MUST BE COMPLETED BY THE AGENCY!!***)
13. Child Support Verification (***FORM MUST BE COMPLETED BY THE AGENCY IF YOU HAVE CHILDREN UNDER 18 IN THE HOUSEHOLD!!***)
14. Child Care verification, if applicable (***FORM MUST BE COMPLETED BY CAREGIVER!!***)
15. Verification of Student Status (if applicable, one for each student over the age of 18)
16. *If over the age of 62 or disabled*, Verification of Medical Expenses “paid out of pocket” for past year, provide print out from Doctor(s) **and** Pharmacy(s)
17. Certification By Pregnant Household Member form, if applicable





Lonoke County Housing Authority

PO Box 74 * 617 N Greenlaw, Carlisle, AR 72024

Office: (870) 552-3554 Fax :(870) 552-3555

TTY/HCO: 1-800-285-1131

E-mail: lonokepha@lonokepha.com

OFFICE USE ONLY

DATE _____

TIME _____

BR SIZE _____

APPLICATION FOR PARTICIPANT ELIGIBILITY

Complete this form in ink (*black or blue*) in your own handwriting. Use the correct and full legal name as it appears on the Social Security Card for each person who will reside in your household and will be listed on your lease. All persons 18 years of age and over must sign this application certifying that the information pertaining to them is correct. **DO NOT** leave any section of the application blank - write N/A in any section that does not apply to you.

APPLICATION MUST BE FILLED OUT COMPLETELY OR IT WILL NOT BE ACCEPTED!!!

Which waiting list do you want on: (check one or both)

Low Rent Public Housing: Site Preferred: Cabot ____, Carlisle ____, Lonoke ____, Ward ____

I. APPLICANT'S INFORMATION: (please print and list Head of Household first)

Name of Applicant: _____
First Full Middle Last

Mailing Address: _____

Residence Address: _____

E-mail Address: _____

Home Phone #: _____ Cell #: _____

Work #: _____ Message #: _____

Provide an Alternate Contact Name: _____

Phone #: _____

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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

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.

HOUSEHOLD COMPOSITION:

List all persons who will be living in your home. List Head of Household first. Use the correct, legal name as it appears on the Social Security Card for each person listed.

Adults Name (First, full middle, last)	Race	Sex	Date of Birth	Relationship to Head of Household
1. _____	()	()	()	(Head of Household)
SSN: _____	DL #: _____	State: _____		
2. _____	()	()	()	()
SSN: _____	DL #: _____	State: _____		
3. _____	()	()	()	()
SSN: _____	DL #: _____	State: _____		

Children (first, middle initial, last)	Race	Sex	DOB	Relationship	SSN
1. _____	()	()	()	()	()
2. _____	()	()	()	()	()
3. _____	()	()	()	()	()
4. _____	()	()	()	()	()
5. _____	()	()	()	()	()

List the name and address of the spouse, ex-spouse or non-custodial parent.

_____ Name	_____ Name
_____ Street Address	_____ Street Address
_____ City, State, Zip Code	_____ City, State, Zip Code

Is any household member in the armed services? () YES () NO
 If yes, who? _____
 What Branch? _____
 Is any household member defined as a person with disabilities? () YES () NO
 Does any household member require special accommodations? () YES () NO If yes, please specify requirements: _____

HOUSEHOLD INCOME:

List all money earned or received by anyone who is listed on this application. This includes money received from Wages, Self-Employment, Child Support, Family or Friend Contributions, Social Security, SSI, Workers Comp, Retirement, TEA, Alimony, and All Other Sources.

Name of <i>all</i> Household Members	Date Hired	Type of Income or Employment	Monthly Income

RENTAL HISTORY:		
Current Address:		
City:	State:	Zip:
lived there:		
FROM:	TO:	
Landlord Name:	Phone Number:	
Mailing Address:		
Previous Address:		
City:	State:	Zip:
lived there:		
FROM:	TO:	
Landlord Name:	Phone Number:	
Mailing Address:		
If you do not have a rental history, please explain why:		

WORK HISTORY

List below all your work experience. If there is not enough space provided, use a separate sheet to continue. Begin with current or most current and work back. Include volunteer work as a part of the work history.

Job Title: _____
Employer: _____
Address: _____

Job Title: _____
Employer: _____
Address: _____

Supervisor's Name: _____
Telephone: _____
Dates Emp: _____ to _____
Full time: ___ Part-time: ___ Temp: ___ Vol: ___
Number of hours worked per week: _____
Salary: Start _____ Final _____

Supervisor's Name: _____
Telephone: _____
Dates Emp: _____ to _____
Full time: ___ Part-time: ___ Temp: ___ Vol: ___
Number of hours worked per week: _____
Salary: Start _____ Final _____

Job Title: _____
Employer: _____
Address: _____

Job Title: _____
Employer: _____
Address: _____

Supervisor's Name: _____
Telephone: _____
Dates Emp: _____ to _____
Full time: ___ Part-time: ___ Temp: ___ Vol: ___
Number of hours worked per week: _____
Salary: Start _____ Final _____

Supervisor's Name: _____
Telephone: _____
Dates Emp: _____ to _____
Full time: ___ Part-time: ___ Temp: ___ Vol: ___
Number of hours worked per week: _____
Salary: Start _____ Final _____

List: Name, Address, Phone # and Fax # of Employer(s) for all members 18 and older.

Household Member: _____

Household Member: _____

Employer Name: _____

Employer Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Phone #: _____ Fax #: _____

Does anyone outside your household assist with bills or expenses on a regular basis? _____

If yes, please explain: _____

Name of Person _____ Amount Assisted Monthly: _____

Address: _____ Phone Number _____

City: _____ State: _____ Zip _____

List name of any household member(s) age 18 or older, who is a full time student

Complete the School, Address, Phone #, and Fax #:

Name: _____ School: _____

Address: _____ Phone#: _____ Fax#: _____

Pell Grant: Yes No Student Loan: Yes No

Is any household member age 18 or older employed in a job-training program

If yes, list his/her name and the specific job-training program, address, phone # and fax #:

Name: _____ Program: _____

Address: _____ Phone#: _____ Fax#: _____

Name: _____ Program: _____

Address: _____ Phone#: _____ Fax: _____

Do you receive any type benefits as food stamps, TEA, etc.?

If yes, explain. _____

Has anyone in your household applied for benefits, which are in the process of being approved? _____

If yes, explain. _____

Are you entitled to:

Do you receive?

Child Support Yes \$ _____ No

Child Support Yes \$ _____ No

Alimony Yes \$ _____ No

Alimony Yes \$ _____ No

Child Support received from?

Name: _____ Phone #: _____

Alimony received from?

Name: _____ Phone #: _____

ASSETS:

Does any household member listed have assets or receive income from assets? (Check all that apply and list financial institution beside each that apply)

- | | | |
|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Company Retirement/Pension Fund | <input type="checkbox"/> Trusts |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Insurance Settlements | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Saving | <input type="checkbox"/> Certificates of Deposit | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Other _____ | | |

If applicable, what is the total market value of all assets? \$ _____ How much interest or other income from any assets checked above do you receive annually? \$ _____

MEDICAL EXPENSES: (Complete only if the Head of Household or Spouse is disabled or 62 years of age or older)

List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. DO NOT include life or burial insurance premiums.

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

CHILD CARE and/or HANDICAPPED ASSISTANCE EXPENSE:

1. Do you pay for child care for children age 12 or younger while you work or attend school? _____
If yes, how much per week \$ _____ and who are you paying:
Name: _____
Address: _____
City/State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
2. Do you pay for attendant care for a disabled household member in order for them or any other family member to work? _____ How much do you pay? _____
Explain: _____

HOUSING PARTICIPATION:

1. Has any household member lived in Public Housing or participated in the HUD Section 8 Housing assistance program after reaching the age of 18? _____ If yes, leased under what name:

Name of Housing Agency/City: _____
Dates lived there: From: _____ To: _____
 Yes No Were you ever late in paying rent?
 Yes No Do you owe money to the Agency?
 Yes No Were you evicted or asked to move?
 Yes No Were you enrolled in the EID (Earned Income Disallowance) Program?

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)

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

ANY PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS.

AUTHORIZATION
For Release of Information

I do hereby authorize any agencies, offices, groups, organizations or business firms to release to the Housing Authority County of Lonoke any information or materials which are deemed necessary to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8 Housing Assistance Program and/or Low Income Public Housing Programs. These organizations are to include, but are not limited to:

- Social Security - Educational Facilities*
- Banks or Financial Institutions*
- Attorneys - Courts*
- Law Enforcement Agencies*
- Credit Bureaus*
- Employers, Past & Present*
- Landlords*
- Utility Companies*
- Worker's Compensation Payers*
- Hospitals*
- Public & Private Retirement Systems*
- Providers of Alimony, Child Care, Child Support,*
- Handicapped Assistance, Medical Care*
- Insurance Agencies*

I understand that the Department of Housing and Urban Development (HUD) may conduct computer matching programs in order to verify the information supplied on my application or recertification. It is understood and agreed that this authorization or the information obtained with its use may be given to and used by HUD in the administration and enforcement of program rules and regulations and that HUD may in the course of its duties obtain such information from other Federal, State, or Local Agencies. It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above. Please sign below:

Signature of Head of Household Social Security # Date

Signature of Spouse Social Security # Date

Signature of Other Adult Social Security # Date

Signature of Other Adult Social Security # Date

LONOKE COUNTY HOUSING AUTHORITY

617 North Greenlaw

Carlisle, Arkansas 72024

Office: 870-552-3554 Fax: 870-552-3555

Admissions and Occupancy Policy Amendment Resolution 2005

Working Preference

The ***Working Preference*** will be effective July 1, 2005. All applicants currently on the waiting list will be notified of this change to our Admissions and Occupancy policy and given the opportunity to apply for the ***Working Preference***. All future applicants will be given the "Claim for Working Preference Form" at their initial application.

To qualify for the ***Working Preference***, applicants must document that the head, spouse or sole member has either been (1) working a minimum of 25 hours per week for at least six months at minimum wage or (2) have and have had a minimum monthly salary of \$677.00 for the past six months or (3) the applicant household head, spouse or sole member is receiving Social Security, Supplemental Security Income, VA Disability or any other payments based on the individuals inability to work. The above listed amounts will always be based on the current state minimum wage @ 25 hours per week.

If an applicant receives the ***Working Preference*** and subsequently becomes a client, their Total Tenant Payment will not be lowered in the event of a loss of income until the date of their annual recertification.

Anyone who qualifies for the ***Working Preference*** will be given priority on the waiting list over those who do not qualify while still abiding by the federally mandated guideline that 75% of all new clients can not have an income in excess of 30% of the Area Median Income.

LONOKE COUNTY HOUSING AUTHORITY

617 North Greenlaw

Carlisle, Arkansas 72024

Office: 870-552-3554 Fax: 870-552-3555

CLAIM FOR WORKING PREFERENCE FOR ASSISTED HOUSING

APPLICANT NAME: _____ DATE: _____

ADDRESS: _____

I hereby claim that I am or that my family is entitled to a Working Preference for Public Housing or Section 8 rental assistance.

I understand that it is my responsibility to provide documentation, verification and or certification by my employer, as well as other information that may be required by the Housing Authority in order to establish my eligibility for a Working Preference.

I understand that if I am determined to be eligible for a Working Preference, I may not immediately be offered housing assistance, but will be placed on a waiting list with other applicants, who may also claim and or be entitled to a Working Preference. The eventual extension of housing assistance will be based upon my place on the waiting list. Those receiving the Working Preference will be offered housing assistance before those applicants who do not qualify for the Working Preference.

I understand that the head, spouse or sole member must be employed, that the employment income must be countable under HUD's definition of annual income and that the period of employment must be for a stable period of at least six months working at least 25 hours per week or the equivalent thereof to qualify for the Working Preference.

I further understand that the preference will also apply to applicants whose households head, spouse or sole member is receiving Social Security, Social Security Disability or Supplemental Security Income or any other payments based on the individual's inability to work.

I further understand that the total tenant payment (my part of the rent) will not be changed if I lose my employment income until annual recertification unless the employment is lost through layoff, business closing, disability causing an inability to work verifiable by a Doctor or any other valid reason not under the control of the tenant.

- a working family
 SS or other eligible non-work income

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature

Date

LONOKE COUNTY HOUSING AUTHORITY

617 North Greenlaw

Carlisle, Arkansas 72024

Office: 870-552-3554 Fax: 870-552-3555

RENT CONTRACT FOR TENANTS HOUSED UNDER LOCAL WORKING PREFERENCE

I, _____, understand that because I have been housed ahead of other applicants due to my receiving a Local Working Preference, my Total Tenant Payment (my part of the contract rent) will not be lowered for a period of **ONE YEAR** from the date of my lease even though my income may decrease or my employment end.

The only exception to this contract will be if my employment should end due to one of the following circumstances:

- 1) employer goes out of business
- 2) layoff due to employee cutbacks
- 3) disability (requiring a Dr.'s statement)
- 4) temporary maternity leave (requiring a Dr.'s statement)

I understand that should my employment end due to one of the above, **WRITTEN PROOF FROM MY EMPLOYER OR PHYSICIAN** will be required and that my rent will not be lowered until the proof has been received by the PHA office.

Loss of employment for any reason other than those listed above will be reviewed by the PHA staff, upon request, to determine if a reduction in my Total Tenant Payment should be made.

Tenant Signature

Date

PHA Signature

Date

LONOKE COUNTY HOUSING AUTHORITY

617 North Greenlaw

Carlisle, Arkansas 72024

Office: 870-552-3554 Fax: 870-552-3555

Employment Information Form

Type of Employment Social Security Employment

If employment, please provide the following information:

Name of Employee _____

Employer _____

Mailing Address _____

Phone Number _____

Fax Number _____

Rate of Pay _____ How often _____

If you are employed, in order for you to be considered working preference you must be: A. working a minimum of 25 hours per week and earning at least minimum wage for the past six (6) months to the present. B. Have and have had a minimum monthly salary of \$677.00 or the past six (6) months or the applicant household head, spouse or sole member is receiving Social Security, Supplemental Security Income, VA Disability or any other payments based on the individuals inability to work. The above listed amounts will always be based on the current state minimum wage @ 25 hours per week and subject to change.



LONOKE COUNTY HOUSING AUTHORITY

PO Box 74 617 North Greenlaw
Carlisle, Arkansas 72024

APP.

Phone: 870-552-3554

TTY: 1-800-285-1131

Fax: 870-552-3555

INCOME VERIFICATION

****EMPLOYER MUST COMPLETE THIS FORM****

EMPLOYER, PLEASE RETURN ASAP BY MAIL OR FAX TO LCHA, NOT TO EMPLOYEE

I authorize (employer) _____ to release information necessary to verify my employment to Lonoke County Housing Authority.

Name: _____ Social Security Number: _____

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

Signature: _____ Date: _____

ATTENTION: Applicant/Tenant do no write below line.

Date employment began _____

Position (Job Title) _____

\$ _____
Base rate of pay per hour

\$ _____
Overtime rate per hour

_____ Hours scheduled weekly

Employee is paid: [] Weekly [] Monthly [] Bi-Weekly [] Semi-Monthly [] Other _____
Employment is: [] Permanent [] Part-time [] Temporary [] Seasonal

Please list the last 8 consecutive pay periods of GROSS WAGES, including vacation pay and bonuses.

Pay Period Ended	Date Received	Hours Worked	Overtime Hours	Gross Wages	Tips	Bonus/Comm

If currently not employed please give last day worked and reason. _____

I certify that the above information is true and correct.

Name of Official Completing Form _____ Title _____

Name of Institution _____ Date _____

Address _____ City _____ State _____ Zip _____

Signature _____ Telephone _____ Fax _____

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

We do business in Accordance with the Federal Fair Housing Law. It is illegal to discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.



LONOKE COUNTY HOUSING AUTHORITY

PO Box 74

617 North Greenlaw

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APP.

Phone: 870-552-3554

Fax: 870-552-3555

TTY: 1-800-285-1131

VERIFICATION OF ASSISTANCE

Date: _____

TO: DHS

RE: Name: _____

SSN: _____

Please verify the amount of assistance for the above person.

FOOD STAMPS: \$ _____

TEA & Date recieved first check \$ _____

MEDICAID: \$ _____

MONTHLY INCOME REPORTED \$ _____

CHILD CARE VOUCHER \$ _____

OTHER: \$ _____

PLEASE LIST HOUSEHOLD MEMBERS:

_____, _____, _____,

_____, _____, _____

Verified By: _____ Date: _____



LONOKE COUNTY HOUSING AUTHORITY

PO Box 74 (PH)
617 North Greenlaw
Carlisle, Arkansas 72024
Phone: 870-552-3554 Fax: 870-552-3555

STATEMENT OF CHILD SUPPORT

If not receiving, please check case status. Open _____ Closed _____

Child Support paid to:

Name: _____ SSN: _____

Child Support paid for:

Name of Child/Children

Child Support paid by:

Name _____ Case Number (if applicable) _____

Amount Paid: \$ _____ per [] week [] every two weeks [] month

I certify that the above information is true and correct.

Name of person completing form _____ Title _____

Agency _____ Phone & Fax # _____

Address _____

City, State, Zip _____

Signature _____ Date _____

The above named individual is a tenant or applicant for Public Housing and in order to determine their eligibility and rent amount, we must have written verification of any child support they may receive through your agency. If this individual receives child support through your agency, please send a printout of the dates and amounts they have received for the past 12 months.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter with its jurisdiction.

WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW, IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, OR NATIONAL ORIGIN



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App.

VERIFICATION OF CHILD-CARE EXPENSES

I authorize (child care provider) _____ to release information necessary to verify my child-care expenses to Lonoke County Housing Authority.

Name: _____

Signature: _____ Date: _____

ATTENTION: Applicant/Tenant do not write below line.

To Be Completed By Child Care Provider

This is to certify that I provide child-care for the family above.

1. Names of Child or Children

2. During the school year, amount paid: \$ _____ hour, \$ _____ week, or \$ _____ month

3. During school vacation, amount paid: \$ _____ hour, \$ _____ week, or \$ _____ month

4. If paid on an hourly basis, number hours care is provided during school? _____

5. To the best of my knowledge, child-care is paid by: _____

6. Is payment paid to you by a Voucher through DHS? YES _____ or NO _____

7. Date child care started: _____

I certify that the above information is true and correct.

Name of Business/Provider: _____

Address, City, State, Zip: _____

Person completing form: _____ Title _____

Signature _____ Date _____

Telephone # _____ Fax # _____

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We do business in accordance with the Federal Fair Housing law. It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.

VERIFICATION OF STUDENT STATUS

I authorize (_____) to release Information necessary to verify my student status to Lonoke County Housing Authority.

Name: _____ Social Security #: _____

Signature _____ Date: _____

(Address)

(City)

(State)

(Zip Code)

TO BE COMPLETED BY INSTITUTION

The individual identified above is enrolled in this institution:

Full-Time

Part-Time

Not Enrolled

2. Is the student enrolled for the summer months? Yes No

3. Does the student receive a scholarship or educational grant? Yes No

If yes, please provide the following information:

Type of Assistance: _____

Source of Funds: _____

Total Grant/Scholarship \$ _____

4. To your knowledge, is the student employed? Yes No don't know

I certify that the above information is true and correct.

Name of Official Completing Form: _____

Name of institution: _____

Address: _____

Title: _____ Telephone: _____

Signature: _____ Date: _____

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CERTIFICATION BY PREGNANT HOUSEHOLD MEMBER

Household Member Name _____

Address _____

City, State, Zip _____

I do hereby certify that I am pregnant and acknowledge that this information is needed to be able to count my unborn child(ren) as part of the household to determine household size for income limits and unit size purposes.

Household Member Signature

Date _____

Witness

Date _____

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