

## DIRECTIONS FOR FPFA WAITING LIST APPLICATIONS

The family applying for services shall submit a **completed** application provided by the Fort Peck Housing Authority, which includes the date of application, mailing address and contact information for the applicant.

**Previous tenants who owe money to FPFA, will not be eligible to apply for the waiting list, including those on payback agreements and current tenants that wish to transfer. All accounts need to be paid in full.**

New applicants will receive higher preference over applicants who have previously obtained FPFA housing.

### **PLEASE HAVE ALL THE FOLLOWING INCLUDED:**

<p><b>*Completed application signed and dated where required</b></p> <ul style="list-style-type: none"><li>• Income verification attached</li><li>• Custody papers for grandchildren, nieces, nephews, etc.</li><li>• Copy of enrollment papers</li><li>• Declaration of Section 214 Status</li><li>• Evidence of citizenship or eligible immigration status. Each family member, regardless of age must submit the following evidence to the responsible entity.</li></ul>	<p><b>*Verification of Social Security numbers in accordance with 24 CFR §5.216</b></p> <p>Other documents FPFA may accept in lieu of a social security card are:</p> <ul style="list-style-type: none"><li>• Driver's License</li><li>• Identification card issues by a federal, state or local agency</li><li>• Identification card issued by a medical insurance company or provider (including Medicare and Medicaid.)</li><li>• Identification card issued by employer</li><li>• Benefit award letters from government agencies</li><li>• Retirement benefit letter</li><li>• Life insurance policies</li><li>• Court records (real estate, tax notices, marriage and divorce judgment or bankruptcy records.</li></ul>
---	--

**ALL INCOME MUST BE REPORTED – Pursuant to FPFA Admissions and Occupancy Policies:  
NO FAMILY WILL BE ADMITTED WHOSE HEAD OF HOUSEHOLD OR SPOUSE HAS  
COMMITTED FRAUD AS A PARTICIPANT IN ANY HOUSING PROGRAM ADMINISTERED  
BY A HOUSING AUTHORITY, OR OTHER PUBLICLY FUNDING HOUSING PROGRAM.**

---

It is the applicant's responsibility to make sure their applications are complete. If application is incomplete, you will not be placed on the waiting list. **NO FAMILY WILL BE ADMITTED IF A PREVIOUS BILL IS OWED TO A UTILITY COMPANY. YOU MUST PROVIDE PROOF THAT UTILITIES HAVE BEEN TURNED ON.**

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

\_\_\_\_\_  
Date

Stamp Date



**FORT PECK HOUSING AUTHORITY**  
**PO Box 667 \* Poplar, MT 59255**  
**PHONE: 406-768-3459 \* FAX: 406-768-5489**

Applicant: \_\_\_\_\_  
 Other Names Used: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Marital Status:      Married              Divorced              Single

New Application       Update  
 Mutual Help               Rental

**Please complete application; make sure all forms are properly dated and signed. ALL ADDITIONAL DOCUMENTATION MUST BE ATTACHED.**

**FAMILY COMPOSITION**

No.	Name of Family Member	Relation to Family Head	DOB	Occupation/Grade	Social Security Number
1.		SELF			
2.					
3.					
4.					
5.					
6.					

\*\* If additional room is needed, please use a separate piece of paper \*\*

- A. Describe anticipated changes in your family: \_\_\_\_\_
- B. Are you or other members of your household enrolled members of Fort Peck Tribes? YES NO Non-Indian? YES NO
- C. Are you or other members of your household disabled? YES NO Handicapped? YES NO A Veteran? YES NO, If yes, please give name(s): \_\_\_\_\_
- D. How long have you lived at your current address? \_\_\_\_\_ Has anyone rented from FPHA before? YES NO, If yes, please give name(s): \_\_\_\_\_
- E. Has anyone in household ever been convicted of a felony? YES NO If yes, give name & date of conviction: \_\_\_\_\_

No.	Employer Name and Address	Hourly Rate	Weekly Rate	Yearly Total

Source	Monthly Rate	Yearly Total
Welfare		
Social Security		
S.S.I		
Unemployment		
Pensions		
Own Business		
Leases		
Other *		

\* Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children and any other regular source of income. Do not list income which cannot be anticipated with certainty.

# 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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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)

Fort Peck Housing Authority  
PO Box 667  
Poplar, MT 59255  
PHONE: 406-768-3459/3460

**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(1)(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:**

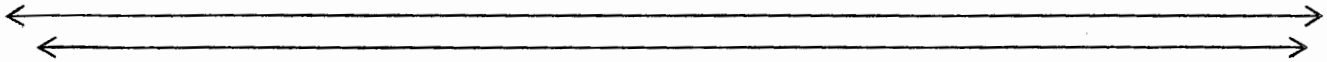
HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

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.

# FEDERAL PRIVACY ACT NOTICE

## FOR THE SECTION 8 RENTAL CERTIFICATE, RENTAL VOUCHER, MODERATE REHABILITATION, AND THE PUBLIC AND INDIAN HOUSING PROGRAMS



**PURPOSE:** Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

**USE:** HUD uses 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 furnished. HUD or public housing agency/Indian Housing Authority may conduct a computer match to verify the information you have provided. 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 disclosed or released outside of HUD, except as permitted or required by law.

**PENALTY:** You must provide all of the information requested by the public housing agency/Indian Housing Authority, including all social security numbers, you and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members, six (6) years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**AUTHORIZATION FOR INFORMATION COLLECTION:** The following laws authorize the collection of this information by HUD or the public housing agency/Indian Housing Authority; the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Acts of 1987 (42 U.S.C 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

**I HAVE READ THE FEDERAL PRIVACY ACT ON:** \_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF HEAD OF HOUSEHOLD OR SPOUSE)



**FORT PECK HOUSING AUTHORITY**  
PO Box 667 \* Poplar, MT 59255  
PHONE: 406-768-3459 \* FAX: 406-768-5489

**AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK**

**(To be completed by each and every household member, age 18 and over, listed on the Housing application. Any person who is not on the housing application but residing in the house will constitute a lease violation.)**

I hereby consent and authorize the Fort Peck Housing Authority to conduct a criminal conviction record check as part of the application process. Said records include, but are not limited to, local, Tribal, State and Federal agencies. I understand that the information requested will be used to conduct a criminal record screening which is required to determine eligibility. I also understand that both results of this criminal record and false statements or information on my part are grounds for denial of housing assistance and/or termination of housing assistance (eviction). By signing this form, I hereby agree that I will not file any claim or lawsuit against the Fort Peck Housing Authority relating to its use of any criminal record regarding me for screening purposes.

Has any family member ever been convicted of a violent or drug related crime?	<input type="radio"/> YES	<input type="radio"/> NO
Has any family member been require to register as a sex offender?	<input type="radio"/> YES	<input type="radio"/> NO
Is any family member currently on parole, probation or home monitoring?	<input type="radio"/> YES	<input type="radio"/> NO

Applicant (print name): _____
Date of Birth: _____ Social Security Number: _____
Other Names used (i.e. maiden, first or last name(s), nicknames): _____
Present physical & mailing address: _____
Previous physical & mailing address: _____
Applicant Signature: _____
Household member (print name): _____
Date of Birth: _____ Social Security Number: _____
Other Names used (i.e. maiden, first or last name(s), nicknames): _____
Present physical & mailing address: _____
Previous physical & mailing address: _____
Household member signature: _____
<b>**Continue on other side of needed**</b>