

Housing and Redevelopment Authority of Pipestone

202 2nd Ave SW
Pipestone, MN 56164
507-825-2221; 507-825-2558 (fax)

REMINDER:

**APPLICATIONS MUST BE FILLED OUT COMPLETELY AND ALL APPLICANTS
MUST SIGN.**

INCOMPLETE APPLICATIONS WILL BE DENIED.

**ONCE YOU ARE OFFERED HOUSING YOU MUST PROVIDE THE FOLLOWING
DOCUMENTATION:**

- SOCIAL SECURITY CARD FOR ALL MEMBERS OF THE HOUSEHOLD
- VALID DRIVERS LICENSE, STATE ID CARD FOR ALL FAMILY MEMBERS
OVER 18.
- PROOF OF INCOME

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Housing and Redevelopment Authority of Pipestone
 202 2nd Ave SW
 Pipestone, MN 56164
 507-825-2221; 507-825-2558 (fax)

I am applying for: <input type="checkbox"/> Nokomis Apartments <input type="checkbox"/> Public Housing
--

APPLICATION FOR ADMISSION AND RECERTIFICATION

<u>Name:</u>	<u>Date:</u>
<u>Current Address:</u>	<u>City, State, Zip:</u>
<u>Email:</u>	<u>Phone:</u>
<u>Present Rent:</u>	<u># of Bedrooms:</u>

Household Composition: List the Head of Household and all other persons to live in the rental unit. Indicate if any member is a full-time student or foster child.

Name (with middle initial)	Relationship to head	Birth Date	Birth Place	Age/ Sex	Disability YES/NO	Social Security Number
	HEAD					

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD:

Check the appropriate race. (More than one can be entered if applicable.)
 White Black/African American American Indian/Alaskan Native Asian Native Hawaiian/Other Pacific Islander
Ethnicity: (Check the appropriate Ethnicity.) Hispanic or Latino Not Hispanic or Latino

Answer the following questions about all members of the household:

1. Has any adult who will live in the home previously lived in a state other than MN?
 Yes No
 If yes, which family members? _____ State lived? _____
 _____ State lived? _____

2. Do you have a pet?
 Yes No If yes, what kind? _____
 ** If moving into Public Housing dogs must be 30 pounds or less. **

3. Does anyone that will live in the home have a divorce decree or court order as the result of a divorce or legal separation?
 Yes No If yes, who? _____

4. Is anyone who will be living in the home expecting a child?
 Yes No If yes, who? _____

5. Is there anyone not listed on the application who is temporarily absent from the home?
 Yes No If yes, who? _____

6. Has anyone who will be living in the home ever used another social security number other than the one listed on this application?
 Yes No If yes, who? _____
7. Has anyone who will be living in the home ever used another name, other than the one they are using now?
 Yes No If yes, who? _____
8. Is there anyone who will be living in the home who is 18+ and will be a full-time student?
 Yes No If yes, who? _____
9. Does anyone in your household require any type of accommodations to fully utilize our programs and services?
 Yes No If yes, who? _____

Contact Information:

List the names and telephone numbers of two relatives or friends, who live in the area and generally know how to contact you.

Contact Name: _____ **Phone:** _____
Contact Name: _____ **Phone:** _____

Present Housing Information:

List your current address and Landlord information. *** We will contact your landlord to do a reference check.*

Current Landlord: _____ **Phone:** _____
Address: _____ **City/State/Zip:** _____

Criminal Background and other Information: ***These questions apply to all members of the household.*

1. Has any household member been arrested for any crime? ----- Yes No
 If yes, how many times? _____ Please explain. (Include when, where, and reason for the arrest. Attach Separate page if needed)

2. Has any household member been convicted of a crime? ----- Yes No
 If yes, how many times? _____ What crime(s)? _____
3. Is any household member subject to a lifetime sex offender registry? ----- Yes No
 If yes, who? _____ In which state(s)? _____
4. Is any household member currently using illegal drugs? ----- Yes No
 If yes, who? _____
5. Has any household member ever been evicted from any type of housing? ----- Yes No
 If yes, explain when, where, and for what reason.

6. Does any household member abuse alcohol in a way that threatens the health, welfare, or safety of others?
 ----- Yes No
 If yes, who? Explain. _____
7. Has any household member received rental assistance in Public Housing or Section 8? ----- Yes No

Information about the Income of the members of the family:

(INCOME includes money or contributions from ANY and ALL sources paid to or on behalf of a family member.)

1. Did you or any family member file a Federal Income Tax Return for the past year? ----- Yes No
If yes, who? _____
2. Do you or any family member receive or expect to receive any of the following during the next 12 months?
 - Wages, salaries, tips, fees, or commissions from and employer (full or part time) ----- Yes No
 - Compensation for personal services ----- Yes No
 - Income from the operation of a business or profession ----- Yes No
 - Interest, dividends, or other income from real or personal property ----- Yes No
 - Payments from Social Security ----- Yes No
 - Payments from annuities ----- Yes No
 - Payments from insurance policies ----- Yes No
 - Payments from retirement funds ----- Yes No
 - Payments from pensions ----- Yes No
 - Payments from disability benefits ----- Yes No
 - Payments from death benefits ----- Yes No
 - Lump sum payments for the delayed start of periodic payments ----- Yes No
 - Unemployment Compensation ----- Yes No
 - Disability Compensation ----- Yes No
 - Worker's Compensation ----- Yes No
 - Severance Pay ----- Yes No
 - Welfare Assistance Payments ----- Yes No
 - TANF Payments ----- Yes No
 - Alimony Payments ----- Yes No
 - Child Support Payments ----- Yes No
 - Regular contributions or gifts from anyone ----- Yes No
 - Money from self-employment ----- Yes No
 - Regular or special Military pay ----- Yes No
 - Financial Assistance to attend school ----- Yes No

List the sources and amounts of all income (money).

Family Member Name	Income Source	Amount	Frequency (Circle one)					
			Weekly	Monthly	Yearly	Biweekly	Semi-Monthly	

Information about the Assets of all members of the family:

1. Do you or any family member have access to any of the following?

Savings Account ----- Yes No

Checking Account ----- Yes No

Certificate of Deposit ----- Yes No

Money Market Account ----- Yes No

Family Member Name	Bank Name and Town

2. Do you or any family member have access to any of the following?

Stocks ----- Yes No

Bonds ----- Yes No

Real Property (Land) ----- Yes No

Trust Funds ----- Yes No

Pensions ----- Yes No

Individual Retirement Accounts Yes No

Inheritances ----- Yes No

Life Insurance Policies ----- Yes No

Any other type of Capital Investment ----- Yes No

Family Member Name	Asset	Account # and Value

Information about household expenses:

1. Does any family member have expenses for child care of a child 12 and younger? ----- Yes No

If yes, complete the following:

Minor's Name	Daycare Provider			Monthly Amount
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? Yes No

If yes, how much is reimbursed per month? _____

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities) ----- Yes No

If yes, complete the following:

Care Attendant			Monthly Amount
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enable an adult member to work?
 (Could be the person with disabilities) ----- Yes No
 If yes, what is the anticipated monthly cost? _____

5. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Paid by Whom	Last Date Paid
Rent			
Electric			
Gas			
Water			

Item	Monthly Amount	Paid by whom
Food Expenses		
Is the family receiving Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No		Family Services
What is the family's weekly grocery bill?		
*Note: food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meal programs does not count as income. Food or cash contributed by private person, such as parents, does count as income.		
Grooming, Paper Products, and Cleaning Products		
Napkins, toilet paper, paper towels, trash bags, diapers, shampoo, deodorants, soap, toothpaste, make-up, barber, beautician, dishwashing soap, laundry detergent, and household cleaning supplies		
Transportation Expenses		
Does the family own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there still payments due on the car? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gas		
Maintenance & Tires		
Insurance		
* Note: Uninsured vehicles cannot be parked on PHA property.		
If the family does not own a car, what is used for transportation? _____		
Entertainment Expenses		
Does the family have cable T.V. or streaming services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Magazines, Movies, and Video Rentals		
Memberships, Sporting Events, Liquor/Beer/Wine/Lottery		
Vacations and other entertainment		
Clothing Expenses		
Clothing and shoes for the family * Note: Clothing acquired from clothing banks or given to the family second hand is not counted as income.		
Laundry/Dry cleaning		
Smoking Expenses		
Does anyone in the household smoke cigarettes, cigars, or use chewing tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Communication Expenses		
Does the family have a telephone/cellphone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the family have internet? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<u>Item</u>	<u>Monthly Amount</u>	<u>Paid by whom</u>
Medical Expenses		
Does the family have any non-reimbursed medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Miscellaneous Expenses		
Church Contributions		
Non-reimbursed educational, childcare, or job expenses		

Medical Expense: These questions only apply if the head, spouse, or cohead is 62 years or older or is disabled.

Does any member of the family pay for any of the following items?

- Medical Insurance Premiums ----- Yes No
 Long Term Care Insurance ----- Yes No
 Out of pocket Prescription Expense ----- Yes No
 Past Due Medical Bills ----- Yes No
 Other Anticipated Medical Expenses ----- Yes No

Certification of the Applicant

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing within 10 days if any member of the family moves out of the unit and that I must notify the housing authority in writing of any changes to the household due to birth, adoption, or court awarded custody. I also understand that any person who attempts to obtain housing assistance or rent deduction by making false statements, by impersonation, by failure to disclose or intentional concealing information, or any act of assistance to such attempt is a crime under Federal and State Law.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

Pipestone Housing and Redevelopment Authority
202 2nd Ave SW Pipestone, MN 56164 507-825-2221

DECLARATION OF SECTION 214 STATUS

File Name: _____ Social Security Number _____ - _____ - _____

Notice to applicants and tenants: In order to be eligible to receive housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statements carefully and sign and return to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

Household I, _____ certify, under penalty of perjury 1/, that to the best of
 Head my knowledge, I am lawfully within the United States because (please check the appropriate box below that corresponds with member #)

Additional I, _____ certify, under penalty of perjury 1/, that to the
 Adult best of my knowledge, I am lawfully within the United States because (please check the appropriate box below that corresponds with member #)

Household I, _____ certify, under penalty of perjury 1/, that to the
 Head best of my knowledge, all minor members of my household, as listed below, are lawfully within the United States because (please check the appropriate box below that corresponds with member #)

- | | |
|---|---|
| 1. _____
First, Middle Initial, Last | 4. _____
First, Middle Initial, Last |
| 2. _____
First, Middle Initial, Last | 5. _____
First, Middle Initial, Last |
| 3. _____
First, Middle Initial, Last | 6. _____
First, Middle Initial, Last |

- | HH | AA | 1 | 2 | 3 | 4 | 5 | 6 | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am a citizen by birth, or naturalized citizen or a national of the United States; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have Eligible immigration status and am 62 years of age or older. Attach evidence of proof of age 2/; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS documents(s) evidencing eligible immigration status and signed verification consent form. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Immigrant status under §§ 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)3/; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Permanent resident under §249 of INA4/; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA, 5/; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parole status under §§212(d)(5) of the INA6/; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Threat to life or freedom under §243(h) of the INA7/; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Amnesty under §245A of the INA8/. |

Signature of Household Head _____
Date

Signature of Additional Adult _____
Date

Check here if signature is of adult residing in the unit who is responsible for child named on statement above.

See reverse side for footnotes and instructions.

AN EQUAL OPPORTUNITY EMPLOYER

Footnotes and Instructions

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older, who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigration status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15) respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary status.
- 4/ **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*] pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158)[*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the as a result of an exercise of discretion by the Attorney General for emergent reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S. 1182(d)(5)) [*parole status*].
- 7/ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h))[*threat to life or freedom*].
- 8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older receiving assistance on June 19, 1995), HA must enter INS/SAVE



DISCLOSURE REGARDING
BACKGROUND INVESTIGATION ON YOU

Pipestone HRA (“the Company”) may obtain a “consumer report” about you from a background screening company for tenant screening purposes. Such a report may contain information regarding your criminal history, credit history, tenant history, employment history or other information about you. The information in a “consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

NOTICE REGARDING
INVESTIGATIVE CONSUMER REPORTS

Pipestone HRA _____ (“the Company”) may also obtain an “investigative consumer report” on you from a consumer reporting agency.

An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your neighbors, friends or associates.

The consumer reporting agency that may prepare an “investigative consumer report” on you for the Company is American Tenant Screen, Inc., 24 S. Newtown Street Rd, Suite 200, Newtown Square, PA, 19073; (800-888-1287). The information contained in an “investigative consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Please be advised that the nature and scope of the most common form of investigative consumer report that may be ordered by the Company is an investigation into your tenant/rental history. During such an investigation, American Tenant Screen, Inc. may ask questions about your tenant/rental history to certain knowledgeable individuals and provide response information to the Company.

Note: You have the right to request additional information regarding the nature and scope of any “investigative consumer report” ordered by the Company on you. You may do so by contacting the Company.

ADDITIONAL STATE LAW NOTICES

If you live in or are seeking to live in Washington State, New York, or California, please note:

State of Washington applicants/residents only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

New York applicants/residents only: You have the right, upon written request, to be informed of whether or not an investigative consumer report (as defined by state law) was requested from a consumer reporting agency. If a report was requested, you will be provided with the name and address of the consumer reporting agency to whom the request was made. You may also inspect and receive a copy of the report by contacting American Tenant Screen, Inc., 24 S. Newtown Street Rd, Suite 200, Newtown Square, PA, 19073; (800-888-1287).

California applicants/residents only: In addition to this document, you are receiving a copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW

Pipestone HRA _____ (“the Company”) intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for tenant screening purposes. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for tenant screening purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your tenant application and other background information about you, including but not limited to, obtaining a criminal record report, verifying references, work history, your tenant history, and other information about you, and interviewing people who are knowledgeable about you. These reports may be used as a factor in making tenant/rental decisions. The source of any investigative consumer report (as that term is defined under California law) will be American Tenant Screen, Inc., 24 S. Newtown Street Rd, Suite 200, Newtown Square, PA, 19073; (800-888-1287). The source of any consumer credit report will be American Tenant Screen, Inc., 24 S. Newtown Street Rd, Suite 200, Newtown Square, PA, 19073; (800-888-1287). Information regarding American Tenant Screen, Inc.’s privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at <https://americantenscreen.com/>.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and upon reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you which is required to be provided by the California Civil Code and will be provided to you via telephone, if you have made a written request with proper identification for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

Please check this box if you would like to receive a copy of an investigative consumer report (as defined by relevant state law) at no charge if one is obtained by the Company.

ACKNOWLEDGMENT AND AUTHORIZATION REGARDING
BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS; and
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize Pipestone HRA ("the Company") to obtain "consumer reports," including "investigative consumer reports," about me for tenant screening purposes. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by American Tenant Screen, Inc., 24 S. Newtown Street Rd, Suite 200, Newtown Square, PA, 19073; (800-888-1287) ("the Agency") and/or the Company.

Signature: _____ Date: _____

My printed Name: _____
First Name Middle Name (Required if applicable) Last Name

My previous names/maiden names or nicknames that have ever been associated with my name:

My Current Home

Address: _____
Street Address (No P.O. Boxes) City State Zip County

My Previous

Address: _____
Street Address (No P.O. Boxes) City State Zip County

My Date of Birth: ____ / ____ / ____

My Driver's License Number: _____

My Driver's License State: _____

My SSN _____ - _____ - _____

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to HRA Of Pipestone any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Head of Household:	_____	Date: _____
Spouse:	_____	Date: _____
Adult Member:	_____	Date: _____
Adult Member:	_____	Date: _____
Adult Member:	_____	Date: _____

Warning! 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.

For Office use only: Initial Annual Interim Occupancy Specialist _____

