



City of Jackson Housing Authority

168 Carter Avenue
Jackson, Ga 30233
PH: (770) 775-5559
FAX: (770) 775-5576
housingjack@barnesvilleha.com
For TDD/TTY Use Only:
1-800-545-1833 Ext.760

NO SMOKING OR VAPING IS ALLOWED ANYWHERE ON
THE PROPERTY

When applying for housing assistance you will need to provide all items listed below in person. The housing authority will not be able to process your rental application if you are unable to provide all original documents in person.

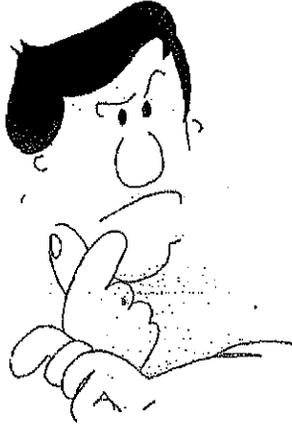
Incomplete applications will not be processed. Please complete all information requested on rental application. If a question is not applicable please write NA.

Check off List

- Original social security cards for all household
- Certified Birth Certificates for all household members
- Valid drivers' license or state photo identification for all household members 18 or older.
- Proof of Income – Four most recent pay stubs, W-2's, Child support, financial aid, regular contributions, current letters from the Social Security, current monthly bank statement.
- Government assistance (Child Support Recovery, TANF, CAPS, Food stamps)
- Previous and current landlord information for the last 2 years (where you have stayed for the last 2 years): Name, address, city, state, zip code and phone number.

***Priority housing is given to applicants who are elderly, disabled, and applicants who have been employed for at least the last nine months.**

Mailed in applications will need to include colored copies of state id, birth certificates and social security cards.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Carefull

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Jackson Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.¹ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that [**Jackson Housing Authority**] is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence; dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under [**Jackson Housing Authority**], you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under [**Jackson Housing Authority**], you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under [**Jackson Housing Authority**] solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

¹ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.

If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families. HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form

provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP’s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual

assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with [Fair Housing 1 (800) 440-8091] or [HUD (404) 331-5001].

For Additional Information

You may view a copy of HUD's final VAWA rule at [HUD.GOV/FORMS/VAWARULE].

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact [Jackson Housing Authority (770) 115-5559].

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact [Jackson Housing Authority (770) 775-5559].

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact

Jackson Area Butts County Sheriff Office (770) 775-8216

Victims of stalking seeking help may contact

Jackson Area Butts County Sheriff Office (770) 775-8216

Attachment: Certification form HUD-5382 [form approved for this program to be included]

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

"Better Housing for a Better Community"

Jackson Housing Authority

ALL PROPERTIES ARE SMOKE FREE

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PLEASE PRINT

Rental Application

MGT Initials: _____ Date of Received: _____ Time: _____ A.M. /P.M. Bedroom Size: _____

Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. Policy for achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

All applicants and tenant household members must disclose and provide verification of the complete and accurate Social Security Number assigned to them except for those individuals who do not contend eligible immigration status or tenants who were age 62 or older as of January 31, 2010, and whose initial determination of eligibility was begun before January 31, 2010. Disclosure of Social Security Numbers for the applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status.

How did you hear about our community? Referral ___ Newspaper ___ Word of mouth ___ Other ___

Are you related to anyone living in the Jackson Housing Authority? Yes No

If yes, provide Name(s) _____

Is the applicant family displaced by a declared natural disaster, such as a flood, hurricane, earthquake, tornado, etc.?
Yes No

For Statistical Purposes Only

- **Race of head of household:** African American/Black Asian or Pacific Islander Caucasian/White Native American/Alaskan Native
- **Ethnicity of head of household:** Hispanic/Latino Non-Hispanic/Non-Latino
- Are all household members a citizen or national of the United States? Yes No

Head of household: _____

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

How long have you lived at current address? _____ Telephone #: _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____

Please list all states that you have lived in: _____, _____, _____, _____, and _____

EMAIL: _____

Co-Applicant or Spouse: _____

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

How long have you lived at current address? _____ Telephone #: _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____

Please list all states that you have lived in: _____, _____, _____, _____, and _____

EMAIL: _____

Do you intend for another adult to live with you anytime in the future? Yes No

If yes, explain _____



Names and relationships of ALL additional persons who will be occupying the unit.

Name	Relation to Applicant	Date of Birth	Social Security#	Full-Time Student yes/no
1.		/ /	/ /	
2.		/ /	/ /	
3.		/ /	/ /	
4.		/ /	/ /	
5.		/ /	/ /	
6.		/ /	/ /	

Absent Parent Information

Family Member	Absent parent's Name	Address	Last Date of Contact	Visitations? C/S
1.				
2.				
3.				
4.				
5.				
6.				

Do you have children that will not live with you? Yes No

If yes, please list the children's names: _____

Does anyone other than an adult who will live in the unit share custody of any of the children listed above? Yes No

If yes, who? _____

Do you anticipate an addition to your family through birth, adoption, or court awarded custody in the next 12 months?

Yes No If yes explain: _____

Do you have any pets? Yes No If yes, explain: _____

Is anyone in the household in the military or served in the military will occupy the unit? Yes No If yes list below:

Relationship to HOH	Active Duty	Reserves/ National Guard	Disabled Yes/No	Service Connected
1.				
2.				
3.				



• Are you or anyone in your household enrolled either full or part time in an Institution of Higher Education for the purpose of earning a degree? Yes No If yes, please list below.

Name of Student: _____
 Name of Institute: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone #: _____
 Full Time Yes No
 Part Time Yes No

Name of Student: _____
 Name of Institute: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone #: _____
 Full Time Yes No
 Part Time Yes No

How much are you receiving in financial aid including Pell grant, Hope scholarship or student loans?

Pell \$ _____ Hope scholarship \$ _____ Student Loans \$ _____ Other \$ _____

Are you currently in the process of applying for additional sources of public assistance? Example: TANF, SNAP, Social Security, Unemployment benefits, SSI, Worker's comp., etc. Yes No

If yes, explain _____

List the sources and amounts of all income expected for the coming 12 months for all members that will be living in the unit.

Name of employer: _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Phone number: _____ Fax number: _____ Employed since: _____
 Number of hours worked per week: _____ Rate of pay \$ _____ per (hr., wk., mo., or year)

Name of employer: _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Phone number: _____ Fax number: _____ Employed since: _____
 Number of hours worked per week: _____ Rate of pay \$ _____ per (hr., wk., mo., or year)

Sources of Income	For whom:	\$Amount	Frequency (circle)
Social Security		\$	week/ biweekly/ month/ year
SSI		\$	week/ biweekly/ month/ year
TANF		\$	week/ biweekly/ month/ year
Worker's compensation		\$	week/ biweekly/ month/ year
Pension		\$	week/ biweekly/ month/ year
Disability		\$	week/ biweekly/ month/ year
AFDC / Food stamps		\$	week/ biweekly/ month/ year
Child Support Recovery		\$	week/ biweekly/ month/ year
Assistance Absent Parent		\$	week/ biweekly/ month/ year
Family Contributions		\$	week/ biweekly/ month/ year
Other		\$	week/ biweekly/ month/ year



List below, any assets held by any member of the household.

Asset	Account #	Name Financial Institution	Balance \$
Checking			\$
Savings			\$
Money Market			\$
CD			\$
IRA			\$
Real Estate			\$
Other			\$

Have you received any lump sum payments in the past twelve months? Example: Insurance settlement, inheritance, etc.
 Yes No If yes, explain _____

Do you anticipate receiving any lump sum payments in the next twelve months? Yes No
 If yes, explain _____

Do you have an automobile(s)? Yes No If yes, please list below

Year	Make	Model	License #	State

Have you disposed of any assets for less than fair market value during the two preceding years?
 Yes No If yes, provide details: _____

Does anyone outside of your household pay for any of your bills or give you money for living expenses? Yes No
 If yes, provide details: _____

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

Item	Monthly Amount \$	Last Date Paid	Paid to whom
Rent	\$		
Electric	\$		
Gas	\$		
Water	\$		
Sewer	\$		
Satellite / Cable	\$		
Cell Phone / Phone	\$		
Car payment(s)	\$		
Car Insurance	\$		
Gas for car	\$		
Life Insurance	\$		
Health Insurance	\$		
Loan(s)	\$		
Rental(s)	\$		
Credit cards	\$		
Other	\$		



Do you now live in public or subsidized housing or have you ever lived in subsidized housing? Yes No
 If yes, where and when _____

To your knowledge, did you leave owing a balance to a public or subsidized housing complex? Yes No
 If yes, approximately how much? _____

List present and previous address(s) information for the past 2 years.

Present Address	Previous Address
Owner: _____	Owner: _____
Address: _____	Address: _____
Apartment Number: _____	Apartment Number: _____
City: _____ State: _____	City: _____ State: _____
Zip code: _____ Phone #: _____	Zip code: _____ Phone#: _____
How long: _____	How long: _____

Does any family member have expenses for child care of a child 12 or younger, which enables that person to be gainfully employed or to attend school full time? Yes No If yes, please list below.

Minor's name	Care Provider			Amount paid mthly
	Name	Address	Phone #	
			#	\$
			#	\$
			#	\$

Do you or any member of your household have a need for an accessible unit? Yes No
 If yes, please describe what you will need for an accessible unit. _____

Medical Expenses (These questions only apply if the head, spouse, or co-applicant is 62 years or older or is disabled) Do you or any member of the family pay for any of the following items? Yes No

Medical Expenses	YES	NO	Family Member Name	Type of Expense	Monthly \$
Medical Insurance Premiums?	YES	NO			
Long term care insurance?	YES	NO			
Out of pocket prescriptions?	YES	NO			
Physicians?	YES	NO			
Hospital / Clinics?	YES	NO			
Other medical expenses?	YES	NO			



Criminal History

- Have you or any member of your household been convicted of a violent crime within the last 10 years? Yes No
- Have you or any member of your household been convicted of a non-violent crime within the last 5 years? Yes No
- Are you or any member of your household a current illegal drug user? Yes No
- Do you or any member of your household have a pattern of alcohol abuse? Yes No
- Are you or any member of your household a lifetime registered state sex offender? Yes No
If yes, what state: _____
- Have you or any member of your household been evicted from a Federal Assisted property within the last 3 years for drug related criminal activity? Yes No If yes, when? _____
What property? _____
- Have you or any family member ever tested positive for lead based paint poisoning? Yes No

Emergency Contact Person

Name: _____
 Address: _____
 City: _____ State: _____
 Zip code: _____ Phone #: _____
 Relationship to applicant: _____

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 OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT. WARNING! THE OFFICIAL CODE OF GEORGIA, SECTION 16-9-55, AS AMENDED, STATES THAT A PERSON IS GUILTY OF A MISDEMEANOR FOR FRAUDULENTLY OBTAINING OR ATTEMPTING TO OBTAIN PUBLIC HOUSING OR REDUCTION IN PUBLIC HOUSING RENT.

NOTICE: Any attempt to obtain public housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose, or other fraud or any act of assistance to such attempt is a crime under Georgia Code Section 16-9-55 and U.S. Code Title 18, Section 1001, punishable by a fine of up to \$10,000 or imprisonment of up to 5 years or both.

I/we, the undersigned, do hereby swear and attest that all of the information provided is true and correct. I/we also understand that I/we are required to report all changes in the income or composition of my family members to the Housing Authority within 10 days of the change. I understand that this is not a contract and does not bind either party as to furnishing an apartment or accepting an apartment if offered.

Signature of Head of Household **Date**

Signature of Co-Applicant or Spouse **Date**

Signature of Other Adult **Date**

Management Signature **Date**



U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Jackson Housing Authority
P. O. Drawer 158
Barnesville, GA 30204

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name



GINGER MOATS
EXECUTIVE DIRECTOR

"Better Housing For A Better Community"



Jackson
Housing Authority

160 CARTER AVE
JACKSON, GEORGIA 30233
PH: (770) 775-8559
FAX: (770) 775-8576
execdir@barnesvilleha.com

FOR TDD/TTY USE ONLY:
1-800-545-1833 EXT. 760

JACKSON, GEORGIA
LANDLORD VERIFICATION FORM

LANDLORD _____

ADDRESS: _____

TENANT: _____

CURRENT ADDRESS: _____ PREVIOUS ADDRESS: _____

PERMISSION FOR RELEASE OF INFORMATION

I authorize you (landlord) to furnish the information requested below to the Housing Authority of the City of Jackson for the purpose of determining eligibility for housing assistance. I understand that I (tenant) have the right to rescind this authorization in writing at any time, but that to do so may affect pending application status for admission.

Signature/Date

*Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Address of Apartment or Unit Rented: _____

Date of Occupancy: From: _____ To: _____ Amount of Rent Paid: \$ /month

Which utilities did/does the tenant pay? _____

Did/does the above named individual or family?

- | | | |
|---|----------|----|
| 1. Pay their rent on time? | YES | NO |
| If no, how many times were they late without consent? _____ | | |
| Average number of days late? _____ | | |
| 2. Pay utilities promptly? | YES | NO |
| 3. Take adequate care of the unit? | YES | NO |
| 4. Ever have pets or animals in the unit without management approval? | YES | NO |
| 5. Allowed unauthorized guests other than immediate family members to reside in unit? | YES | NO |
| 6. Are there any incident reports or police reports? | YES | NO |
| 7. Are you aware of any activity involving physical violence to persons or property? | YES | NO |
| 8. If the tenant has vacated the apt. unit, did tenant give the required notice? | YES | NO |
| 9. Were there any damages to the property? | YES | NO |
| 10. Does this tenant owe you any money according to the lease? | YES | NO |
| 11. If the person owes a balance, how much is the balance owed? | \$ _____ | |
| 12. Would you rent to individual again in the future? | YES | NO |

Signature of Landlord _____

Date _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(a), (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 208 (a), (6), (7), and (8).



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Jackson
Housing Authority

JACKSON, GEORGIA

160 CARTER AVE
JACKSON, GEORGIA 30233
PH: (770) 775-5559
FAX: (770) 775-5576
execdir@barnesvilleha.com

FOR TDD/TTY USE ONLY:
1-800-546-1833 EXT. 760

**Verification of Receipt of Violence against Women Act
HUD form 5380/ HUD form 5382**

Date: _____

Re: _____

Regulations require the Housing Authority to verify that you,
_____ have received the above forms.

Signature of Applicant: _____

Housing Representative: _____

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Pet Policy Deposit

I understand that the Jackson Housing Authority has a pet policy in effect. Only one pet is allowed per household and the pet cannot weigh more than 35 pounds at maturity, must be spayed or neutered must be up to date on all shots, and must be an indoor pet. Certain breeds of dogs are not allowed as pets. There is a **\$100.00** pet deposit.

Deposit and Rent

I understand that there is a **\$200.00 deposit / \$100.00 deposit for elderly (62 plus) and disabled.** I understand that this is to be paid when I sign my lease. I understand that excess gas and electric charges, maintenance charges, and lawn maintenance fees are in addition to my rent and I am responsible for paying these charges.

I understand that I will be responsible for paying rent based on my income and it is my responsibility to inform the Jackson Housing Authority of income charges within ten days of the changes.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____



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CREDIT HISTORY

I hereby grant the Housing Authority permission to check my credit references to help determine my acceptance as a resident.

Name: _____

Social Security Number: _____ Birth Date: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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INCOME VERIFICATION (No Hand Delivery)

Employers Name and Address

RE: _____

Address: _____

SSN: _____

Phone Number: _____

Fax Number: _____

Dear Sir/Madam:

We are required to verify the incomes of all members of families applying for or living in federally assisted housing. Will you please supply the information requested below and return this letter to us as soon as possible? We will keep the information in the strictest confidence and use it only to determine your employee's eligibility for housing at a special rental rate. Your prompt return of this letter will be appreciated. A stamped, self-addressed return envelope is enclosed.

Thank you,
Ginger Moats
Executive Director

I hereby give my consent for the information sought by this letter to be released as requested.

Date

Applicant's Signature

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

*****EMPLOYER TO COMPLETE*****

1. Employed since: _____ Occupation: _____ Terminated Date: _____

2. Salary:

Base Pay Rate: Per Hour _____ or Per Week _____ or Per Month _____

Average Hours—Wkly _____, Bi-Wkly _____, Monthly _____, Semi-mthly _____

Overtime Pay Rate: Per Hour _____

Expected average number of hours overtime worked per week during the next 12 months _____

Any compensation not included above (specify for commissions, bonuses, tips, etc.) _____

3. Is pay received for vacation? _____ Number of days per year _____

4. Total Base Pay earnings for past 12 months: _____

Total Overtime earnings for past 12 months: _____

5. To your knowledge, is employee drawing any other benefits? If so, how much weekly? _____

FIRM NAME: _____

Date: _____

SIGNATURE: _____

TITLE: _____

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Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Barnesville / Jackson Housing / Facts on Demand, Inc. to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

**** ALL FIELDS ARE REQUIRED**

FULL NAME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID			
LAST	FIRST		MIDDLE
ADDRESS			
STREET			
CITY, STATE ZIP			
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER

CHECK ONE BOX

This authorization is valid for _____ days from the date of signature.

I give consent to the above-named entity to perform periodic criminal history background checks or the duration of my employment.

Signature _____

Date _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input checked="" type="checkbox"/>	E – Employment / Volunteer Work / Tenancy
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
<input type="checkbox"/>	N - Working with Elderly – NOT for Volunteer work
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

ORI STAMP REQUESTED



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EXECUTIVE DIRECTOR

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Jackson
Housing Authority

JACKSON, GEORGIA

Self-Certification of Food Stamps Allotment

160 CARTER AVE
JACKSON, GEORGIA 30233
PH: (770) 776-5559
FAX: (770) 776-5578
execdir@barnesvilleha.com

FOR TDD/TTY USE ONLY:
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I, _____, hereby certify that I currently receive the following benefits from the Department of Family & Children Services.

- Food Stamp Benefits \$ _____
- TANF Benefits \$ _____
- Child Support Recovery \$ _____

Please List any other benefits received: _____

Effective August 1, 2013 the Department of Family & Children Services issued a memo to the Jackson Housing Authority stating that they would no longer be able to complete the verification forms we have sent to the them in the past.

Additional Comments: _____

I hereby certify that this information is truthful to best of my knowledge.

Signature of Head of Household

Date

Signature of Other Adult

Date

Housing Manager Signature

Date

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