



Housing Forms Catalog

Reorder From:

WOOD Printing Company

1418 Seegar Street

Dallas, Texas 75215

(214) 421-7393

(800) 327-4892

Fax (214) 426-4020

orders@woodprinting.com

THE HOUSING AUTHORITY OF THE CITY OF _____
REQUEST FOR AND AUTHORIZATION OF OFFICIAL TRAVEL

Date: _____

TO: Name _____ Title _____

You are hereby authorized to perform the travel indicated during the period from _____ to _____
 _____ in and around the City of _____ as may be necessary in your privately owned car or an official
 business for which reimbursement will be made at the rate of _____ per mile.

From _____ to _____
 and return on official business for the following purpose:

Transportation in connection with this travel is authorized via:
 _____ Authority owned automobile
 _____ Privately owned automobile at _____ per mile
 _____ Airline or railroad accommodations as required or a combination of both
 _____ Actual expenses for subsistence will be paid as authorized in U.S. Travel Policy

Recommended: _____ Approved: _____
 Name _____ Name _____
 Title _____ Title _____

(See Reverse Side for Special Instructions)

Housing Form 67-3 Wood Printing Co., 1418 Seeger, Dallas

approval on Travel Expense Voucher.
 ing that you will carry Public Liability
 less than \$10,000.00 for each person
 involving Property Damage Liability.
 or with the provisions of the Travel Pol-
 icy privately owned car, and that all of

Name: _____

Title: _____

FORM 67-3 Request For Authorization To Travel (5-1/2 x 8-1/2, 2-sides)

HOUSING AUTHORITY OF THE CITY OF _____
SUMMARY OF RENTAL REGISTER TRANSACTIONS

PROJECT NO.(s) _____ MONTH ENDING _____

1. Balance at BEGINNING of Month. Column 24 of Prior Month and
 Column 7 of this Month. \$ _____

CHARGES FOR RENT, EXCESS UTILITIES AND OTHER SERVICES

2. Dwelling Rent - Column 8. \$ _____

3. Excess Utilities - Column 9. _____

4. Non-Dwelling Rent - Column 10. _____

5. Other Charges - Column 11. _____

6. Unearned Rent (Credit) - Column 12. Cr. _____

7. Total Income - Column 13 (Also Total of Lines 2, 3, 4, & 5 less Line 6, above) \$ _____

OTHER CHARGES

8. Refunds to Tenants - Column 15. \$ _____

9. Returned Checks - Column 16. _____

10. Court Costs - Column 17. _____

11. Total Charges - Column 18 (Also Total of Lines 7, 8, 9, & 10 above) \$ _____

CREDITS TO TENANTS' ACCOUNTS

12. Collections - Column 20. \$ _____

13. Transfers from Security Deposits - Column 21. _____

14. Transfers to Collection Losses - Column 22. _____

15. Total Credits - Column 23 (Also Total of Lines 12, 13, & 14 above) \$ _____

16. Balance at END of Month - Column 24 (Also Line 1, plus Line 11, less Line 15, above) \$ _____

Number of the last Cash Receipt issued to Tenant this Month _____

Prepared by _____

Housing Form 67-4 Wood Printing Co., 1418 Seeger, Dallas, Texas

FORM 67-4 Summary Of Rental Register Transaction (5-1/2 x 8-1/2, 1-side)

APPLICATION FOR ADMISSION

HOUSING AUTHORITY OF THE CITY OF _____ DATE _____ TIME _____
 NAME _____ DATE OF BIRTH _____ RACE _____
 TELEPHONE NO. _____ DRIVER'S LICENSE NO. _____
 MARRIED _____ UNMARRIED _____ SEPARATED _____ HOW LONG? _____
 PRESENT ADDRESS _____ CITY _____ STATE _____
 OWNER/MANAGER _____ HOW LONG AT THIS ADDRESS? _____
 REASON FOR MOVING _____
 PREVIOUS ADDRESSES: _____ CITY _____ STATE _____
 OWNER/MANAGER _____ HOW LONG AT THIS ADDRESS? _____
 APPLICANT'S PLACE OF EMPLOYMENT _____ HOW LONG? _____
 POSITION _____ SUPERVISOR _____
 ADDRESS _____ PHONE # _____
 SPOUSE'S PLACE OF EMPLOYMENT _____ HOW LONG? _____
 POSITION _____ SUPERVISOR _____
 ADDRESS _____ PHONE # _____
 OTHER FAMILY MEMBER'S PLACE OF EMPLOYMENT _____ HOW LONG? _____
 POSITION _____ SUPERVISOR _____
 ADDRESS _____ PHONE # _____

page 2

PERSONS WHO WILL OCCUPY APARTMENT					(* Indicates fulltime student over 18 years old)	
NAMES (enter applicant on line #1)	SEX	AGE	SOCIAL SECURITY #	RELATIONSHIP	SALARY	
1. _____				Head		
2. _____						
3. _____						
4. _____						
5. _____						
6. _____						
7. _____						

OTHER INCOME: _____ SOURCE _____ AMOUNT _____
 OTHER INCOME: _____ SOURCE _____ AMOUNT _____

MEDICAL EXPENSES (Elderly only) \$ _____ CHILD CARE EXPENSES \$ _____
 MEDICAL DISABILITIES _____ FAMILY MEMBER _____
 MEDICAL DISABILITIES _____ FAMILY MEMBER _____

CREDIT REFERENCES: _____
 BANK _____ ACCT. # _____
 OTHER _____ ACCT. # _____
 OTHER _____ ACCT. # _____
 IN CASE OF EMERGENCY NOTIFY: NAME _____ PHONE # _____
 ADDRESS _____ RELATIONSHIP _____

- Will there be any children under 12 yrs. of age left unattended at any time? _____
- Do you have any pets? _____ Specify _____
- Do you own a motorcycle or other vehicular apparatus? _____
- Will you have any musical instruments? _____ What are they? _____
- How many cars do you have? _____ Make _____ License No. _____
- Do you plan to keep a boat, trailer or camper on the premises? _____
- Have you ever had any suits, judgments or collections filed against you? _____
- Have you ever been convicted of a felony? _____
- Have you ever had a house or car repossessed? _____
- Have you ever been evicted or refused housing elsewhere? _____

vs use of tenant.
 rical service.
 ncy or unit of Government.
 of gross income.

MENT
 collects information on tenants in HUD-
 requirements governing HUD's use and

Information on tenants' income, family
 dying or being re-examined. It is trans-
 mitted by a contractor.

valuation and planning, reporting to the
 requirements and to verify accuracy and

public. Disclosure of information about
 information is released to appropriate
 ability and rent determinations and when

duels and families but does not restrict
 regulations may govern disclosure by the

to HUD or the PHA is voluntary; failure
 the Social Security numbers as inden-
 tinations made by the PHA.

out its monitoring and data collection
 may result in eviction or the withdrawal

U.S. Housing Act of 1937 as amended,
 of 1961, Public Law 87-35, 85 Stat.,

TION
 best of my knowledge and belief. I understand
 laws. I also understand that false statements
 housing assistance and termination of tenancy.
 sed for both credit and character references.
 statement. THIS INCLUDES A POLICE CHECK.
 I also understand this application is good for
 6 months thereafter if I desire my application

 (signature) (date)

CREDIT BUREAU _____ APT. ASSOCIATION _____ POLICE DEPT. _____ CHECKED BY _____
 Date Cancelled _____
 Date Renewed _____ Date Renewed _____
 Date Renewed _____ Date Renewed _____
 Date Renewed _____ Date Renewed _____

Journal Voucher

THE HOUSING AUTHORITY OF THE CITY OF _____

GENERAL LEDGER			
ACCOUNT NO.	NAME OF ACCOUNT AND EXPLANATION	DEBIT	CREDIT
	TOTAL		
SUBSIDIARY LEDGER			
	TOTAL		
Prepared by _____ _____ (Title)		Date _____ J. V. No. _____ Approved by _____ _____ Voucher Certifier	

FORM 67-13 WOOD PRINTING CO BOX 15621 DALLAS

INSPECTION REPORT ON MOVE-OUT

RESIDENT _____ PROJECT NO. _____
 ADDRESS _____ DATE VACATED _____
 UNIT NO. _____ ACCOUNT NO. _____

COMMENTS:

	LIVING ROOM	KITCHEN	BATH	STAIR HALL	BEDROOM 1	BEDROOM 2	BEDROOM 3	BEDROOM 4	BEDROOM 5	
WALLS										KITCHEN EQUIPMENT
CEILING										RANGE
FLOORS										SWITCHES <input type="checkbox"/> PILOT LIGHT <input type="checkbox"/>
LIGHT FIXTURES										SURFACE UNITS <input type="checkbox"/> OVEN DOOR <input type="checkbox"/>
LIGHT BULBS										OVEN UNIT <input type="checkbox"/> RACKS <input type="checkbox"/>
LIGHT SWITCHES										BROILER PAN <input type="checkbox"/>
RECEPTACLES										REFRIGERATOR
RADIATOR										DOOR <input type="checkbox"/> ICE TRAYS INC. _____
SPACE HEATER										CHILLER TRAY <input type="checkbox"/> BUTTER DISH <input type="checkbox"/>
WINDOW GLASS										RACKS <input type="checkbox"/>
WINDOW HARDWARE										CABINETS
WINDOW SHADES										SHELVES <input type="checkbox"/> DOORS <input type="checkbox"/>
WINDOW SCREENS										DRAWERS <input type="checkbox"/> HARDWARE <input type="checkbox"/>
CURTAIN RODS										PLUMBING
DOOR										SINK <input type="checkbox"/> STOPPER <input type="checkbox"/>
DOOR GLASS										FAUCET <input type="checkbox"/> DRAIN <input type="checkbox"/>
DOOR HARDWARE										CRUMB CUP <input type="checkbox"/> DRAIN BOARD <input type="checkbox"/>
DOOR SCREENS										BATH ROOM FIXTURES
DOOR KEYS - FRONT										TOWEL RACK <input type="checkbox"/> PAPER HOLDER <input type="checkbox"/>
DOOR KEYS - REAR										MEDICINE CAB <input type="checkbox"/> GLASS HOLDER <input type="checkbox"/>
CLOSET										WATER CLOSET <input type="checkbox"/> FLUSHING <input type="checkbox"/>
										SHOWER <input type="checkbox"/> DRAIN <input type="checkbox"/>
										BATH TUB <input type="checkbox"/> STOPPER <input type="checkbox"/> DRAIN <input type="checkbox"/>
										LAVATORY <input type="checkbox"/> STOPPER <input type="checkbox"/> DRAIN <input type="checkbox"/>
EXTERIOR:										METER READING
MAIL BOX <input type="checkbox"/>										KWH _____ CU. FT. _____
HOUSE NUMBER <input type="checkbox"/>										
CLOTHESLINE <input type="checkbox"/>										
GARBAGE CAN <input type="checkbox"/>										
LIGHT FIXTURES: FRONT <input type="checkbox"/>										
REAR <input type="checkbox"/>										
CHECKING SYMBOLS <input checked="" type="checkbox"/> MISSING OR BROKEN <input checked="" type="checkbox"/> ACCEPTABLE										

THIS UNIT IS IN DECENT, SAFE AND SANITARY CONDITION.

No of Keys Issued _____ Fire Exting. _____ Smoke Detector _____ Door/Locks/ Closes Property _____ Condition of Interior Paint _____

FAMILY CERTIFICATION
 I certify that the foregoing report correctly represents the conditions of the above - identified unit.

HOUSING AUTHORITY CERTIFICATION
 I certify that the foregoing report correctly represents the condition of the above identified unit.

Signature of the Family member (s) who made this inspection

HOUSING AUTHORITY/BY:

When Deficiencies, Repairs and/or Painting Has Been Completed, This Form Must Be Signed and Returned to the Housing Authority.

FORM 67-15 WOOD PRINTING CO. DALLAS, TEXAS (214) 421-7393 (800) 327-4892

INSPECTION REPORT ON MOVE-IN

TENANT _____ PROJECT NO. _____
 ADDRESS _____ DATE MOVE-IN _____
 UNIT NO. _____ ACCOUNT NO. _____

	LIVING ROOM	KITCHEN	BATH	STAIR HALL	BEDROOM 1	BEDROOM 2	BEDROOM 3	BEDROOM 4	BEDROOM 5	
WALLS										KITCHEN EQUIPMENT
CEILING										RANGE
FLOORS										SWITCHES <input type="checkbox"/> PILOT LIGHT <input type="checkbox"/>
LIGHT FIXTURES										SURFACE UNITS <input type="checkbox"/> OVEN DOOR <input type="checkbox"/>
LIGHT BULBS										OVEN UNIT <input type="checkbox"/> RACKS <input type="checkbox"/>
LIGHT SWITCHES										BROILER PAN <input type="checkbox"/>
RECEPTACLES										REFRIGERATOR
RADIATOR										DOOR <input type="checkbox"/> ICE TRAYS (NO. _____)
SPACE HEATER										CHILLER TRAY <input type="checkbox"/> BUTTER DISH <input type="checkbox"/>
WINDOW GLASS										RACKS <input type="checkbox"/>
WINDOW HARDWARE										CABINETS
WINDOW SHADES										SHELVES <input type="checkbox"/> DOORS <input type="checkbox"/>
WINDOW SCREENS										DRAWERS <input type="checkbox"/> HARDWARE <input type="checkbox"/>
CURTAIN RODS										PLUMBING
DOOR										SINK <input type="checkbox"/> STOPPER <input type="checkbox"/>
DOOR GLASS										FAUCET <input type="checkbox"/> DRAIN <input type="checkbox"/>
DOOR HARDWARE										CRUMB CUP <input type="checkbox"/> DRAIN BOARD <input type="checkbox"/>
DOOR SCREENS										BATH ROOM FIXTURES
DOOR KEYS - FRONT										TOWEL RACK <input type="checkbox"/> PAPER HOLDER <input type="checkbox"/>
DOOR KEYS - REAR										MEDICINE CAB. <input type="checkbox"/> GLASS HOLDER <input type="checkbox"/>
CLOSET										WATER CLOSET <input type="checkbox"/> FLUSHING <input type="checkbox"/>
EXTERIOR:										SHOWER <input type="checkbox"/> DRAIN <input type="checkbox"/>
MAIL BOX <input type="checkbox"/>										BATH TUB <input type="checkbox"/> STOPPER <input type="checkbox"/> DRAIN <input type="checkbox"/>
HOUSE NUMBER <input type="checkbox"/>										LAVATORY <input type="checkbox"/> STOPPER <input type="checkbox"/> DRAIN <input type="checkbox"/>
CLOTHESLINE <input type="checkbox"/>										METER READING
GARBAGE CAN <input type="checkbox"/>										KWH _____ CU. FT. _____
LIGHT FIXTURES: FRONT <input type="checkbox"/>										
LIGHT FIXTURES: REAR <input type="checkbox"/>										
CHECKING SYMBOLS: <input checked="" type="checkbox"/> MISSING OR BROKEN <input checked="" type="checkbox"/> ACCEPTABLE										

EXCEPTIONS:

STATEMENT

I HAVE CHECKED THE PREMISES AND FOUND THE CONDITIONS AS NOTED ABOVE:

BY _____
TENANT

CHECKED IN BY _____ DATE _____

FORM 67-16 WOODS PRINTING CO. BOX 18021 DALLAS

OCCUPIED DWELLING INSPECTION

RESIDENT _____ PROJECT NO. _____
 ADDRESS _____ DATE OF LEASE _____
 UNIT NO. _____ ACCOUNT NO. _____

COMMENTS:	LIVING ROOM	KITCHEN	BATH	STAIR HALL	BEDROOM 1	BEDROOM 2	BEDROOM 3	BEDROOM 4	BEDROOM 5
WALLS									
CEILING									
FLOORS									
LIGHT FIXTURES									
LIGHT BULBS									
LIGHT SWITCHES									
RECEPTACLES									
RADIATOR									
SPACE HEATER									
WINDOW GLASS									
WINDOW HARDWARE									
WINDOW SHADES									
WINDOW SCREENS									
CURTAIN RODS									
DOOR									
DOOR GLASS									
DOOR HARDWARE									
DOOR SCREENS									
CLOSET									
INFESTATION									

- KITCHEN EQUIPMENT**
- RANGE**
- SWITCHES PILOT LIGHT
 SURFACE UNITS OVEN DOOR
 OVEN UNIT RACKS
 BROILER PAN
- REFRIGERATOR**
- DOOR ICE TRAYS (NO. _____)
 CHILLER TRAY BUTTER DISH
 RACKS
- CABINETS**
- SHELVES DOORS
 DRAWERS HARDWARE
- PLUMBING**
- SINK STOPPER
 FAUCET DRAIN
 CRUMB CUP DRAIN BOARD
- BATH ROOM FIXTURES**
- TOWEL RACK PAPER HOLDER
 MEDICINE CAB. GLASS HOLDER
 WATER CLOSET FLUSHING
 SHOWER DRAIN
 BATH TUB STOPPER DRAIN
 LAVATORY STOPPER DRAIN

EXTERIOR: MAIL BOX HOUSE NUMBER CLOTHESLINE YARDS PORCHES AND STEPS SIDEWALK
 GARBAGE CAN LIGHT FIXTURES: FRONT REAR FENCE

USE OTHER SIDE FOR REPAIRS NEEDED

RESIDENT APPLIANCES:

COMMENTS ON GENERAL HOUSEKEEPING HABITS - INSTRUCTIONS TO RESIDENT:

THIS UNIT IS IN DECENT, SAFE AND SANITARY CONDITION.

No of Keys Issued _____ Fire Exting. _____ Smoke Detector _____ Door/Locks/ Closes Properly _____ Condition of Interior Paint _____

FAMILY CERTIFICATION
 I certify that the foregoing report correctly represents the conditions of the above identified unit.

Signature of the Family member (s) who made this inspection _____

HOUSING AUTHORITY CERTIFICATION
 I certify that the foregoing report correctly represents the condition of the above identified unit. If this report discloses any deficiencies, I certify that they will be remedied within 30 days of the date this Resident moves into this unit.

HOUSING AUTHORITY/BY: _____

When Deficiencies, Repairs and/or Painting Has Been Completed, This Form Must Be Signed and Returned to the Housing Authority.

MINUTES OF THE MEETING OF THE

HELD ON THE _____ DAY OF _____,

On the _____ day of _____ at _____ m., the Commissioners met in Special/Regular Session. The meeting was called to order and on roll call the following members of the body were present:

MESSRS. _____

ABSENT. _____

Also present were _____

The _____ ordered that the following Waiver and Consent be spread upon the Minutes:

WAIVER OF NOTICE OF AND CONSENT TO SPECIAL MEETING

We, the undersigned, do hereby accept notice of this Special meeting, waiving any and all irregularities in the service of notice and do hereby consent and agree that the

_____, shall meet at their regular meeting place at _____ o'clock m., on the _____ day of _____, for the following purposes:

To transact any other business that may come before the meeting.

There being a quorum present, the following business was transacted:

The following Resolution, introduced by, _____ was read in full and considered:

(Closing Minutes--LHA)

After discussion, Commissioner _____ moved that the Resolution be adopted as introduced and read. The motion was seconded by Commissioner _____, and the following vote was recorded:

AYES:

NAYS:

Absent

The _____ Chairman thereupon declared the motion carried and the Resolution adopted.

* * * * *

There being no further business to come before the meeting, Commissioner _____ moved that the meeting adjourn, which motion was duly seconded by Commissioner _____ and carried by unanimous vote. The _____ Chairman thereupon declared the meeting adjourned.

/s/ _____
Chairman

/s/ _____
Secretary

C E R T I F I C A T E

I, _____, the duly appointed, qualified and acting Secretary of the Housing Authority of _____ do hereby certify that the attached Extract from the Minutes of the _____ meeting of the Commissioners of the said Authority, held on _____, is a true and correct copy of the original Minutes of said meeting on file and of record insofar as said original minutes relate to the matters set forth in said attached Extract, and I do further certify that each Resolution appearing in said attached Extract is a true and correct copy of the same Resolution adopted at said meeting and on file and of record.

IN TESTIMONY WHEREOF, I have hereto set my hand and the Seal of said Authority this _____ day of _____, ____.

Secretary

FORM 67-22B WOOD PRINTING CO. BOX 15621 DALLAS

(SEAL)

HOUSING AUTHORITY OF THE CITY OF _____

DATE _____

Re _____

Social Security Number _____

In order to establish their eligibility for occupancy in Public Housing the Housing Authority is required to verify the incomes of all tenants and prospective tenants of Public Housing Projects. The person identified above has informed us that he is now, or has within the past 12 months been, employed by your firm. Your co-operation and prompt return of the information requested below will be appreciated and will benefit your employee. Such information will be held in confidence and used only by the Housing Authority as legally necessary.

By _____

Executive Director

I hereby authorize the release of this information.

Date _____

Signature _____

Employed From _____ To _____

Occupation: _____

Employment is: Permanent
 Temporary
 Seasonal

Current or Last Base Pay Rate \$ _____ Per _____ Effective Since _____

Overtime Rate \$ _____ Per _____

Average Number Hours Worked Per Week: Straighttime _____ Overtime _____

Number of Free Meals Received Per Week in Addition to Pay _____

Estimated Amount of: Tips \$ _____ Per _____
Bonus \$ _____ Per _____
Commissions \$ _____ Per _____

Actual Earnings During Past 12 Months or for Period of Employment if Less Than 12 Months:

From _____ To _____ \$ _____ No. Hours Overtime _____

Your Estimate of Anticipated Total Earnings Next 12 Months \$ _____

Payroll Deductions Required by Law or as a Condition of Employment:

Social Security Yes No

Retirement \$ _____ Per _____ or % _____

Union Dues \$ _____ Per _____

Other \$ _____ per _____

Date _____ Firm Name _____

Employer's Telephone Number _____

By _____

Title _____

Form 67-23 Wood Printing Box 15621 Dallas 75215

FORM 67-23 Verification Of Employment Letter (8-1/2 x 11, 1-side)

CERTIFICATE OF POSTING OF NOTICE
(LHA & LPA NOTICE)

STATE OF _____
COUNTY OF _____

I, the undersigned, _____, Secretary of the
_____, _____, do hereby
(LHA/LPA) (State)
certify that a Legal Notice was posted in words and figures, to-wit:

PUBLIC NOTICE OF MEETING

TAKE NOTICE THAT A MEETING OF THE

_____, _____
(LHA/LPA) (State)
will be held at _____
commencing at _____ o'clock ____ M. on the _____ day of _____,
_____, to consider and act upon the following:

Witness my hand and the seal of said _____
_____, this _____ day of _____, _____.

Secretary of the _____
(LHA/LPA)
_____, _____
(State)

(SEAL)

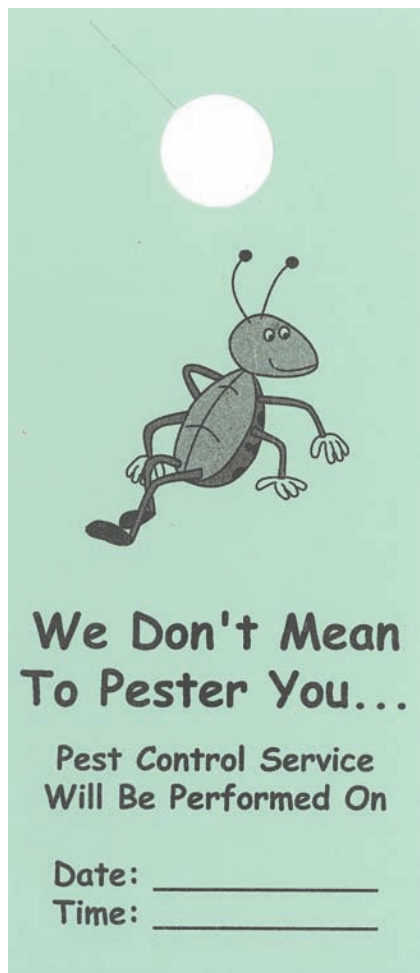
*NOTE: Notice must be posted at least three days prior to the meeting date.



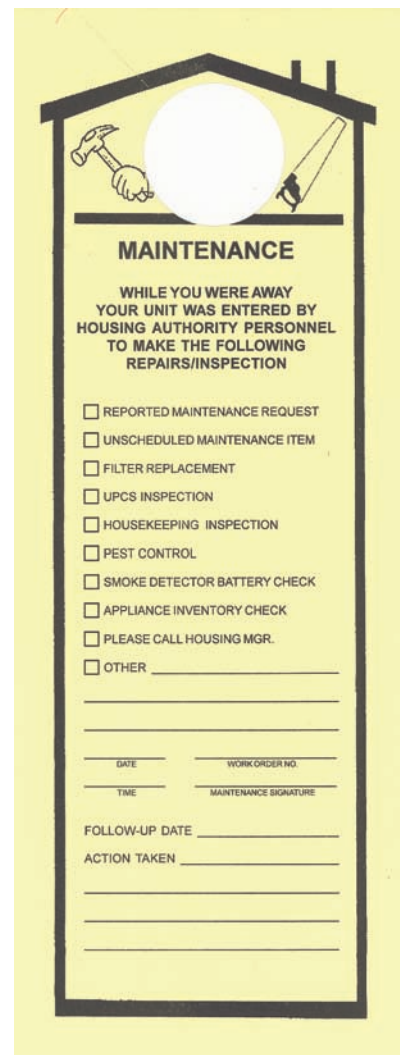
DH-001 Maintenance Door Hanger-Small



DH-002 Rent Due Door Hanger



DH-003 Pest Control Hanger



DH-004 Maintenance Door Hanger-Large

WOOD PRINTING COMPANY - DALLAS TX. 214-411-7285

FROM:

NOTICE OF EVICTION

PROJECT UNIT NO. ACCOUNT NO.

Your rent is now past due and the Authority is about to start EVICTION PROCEEDINGS. You have _____ DAYS from this notice to prevent action.

Contact your manager if you have any questions.

IF YOU HAVE MADE PAYMENT PLEASE DISREGARD THIS NOTICE.

BALANCE ON LAST STATEMENT	LATE CHARGES	NOW DUE	
------------------------------	-----------------	---------	--

First part - your copy

FORM 14 Notice Of Eviction, One-Way Carbonized Mailer

Front copy of mailer to be mailed to tenant

FROM:

IMPORTANT NOTICE

TO:

TO OPEN - TEAR ALONG PERFORATION
USE THUMB NOTCH TO REMOVE CONTENTS

U.S. Department of Housing and Urban Development
Office of Housing • Office of Multifamily Housing Programs



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What **YOU** Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

EIV-Enterprise Income Verification Brochure

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON
ALL CORRESPONDENCE, INVOICES
SHIPPING PAPERS AND PACKAGES

TO _____ SHIP TO: _____
L _____ DELIVERY: _____

DATE	REQ. NO.	TERMS	SHIP VIA	F. O. B. POINT
------	----------	-------	----------	----------------

QUANTITY	PLEASE ENTER OUR ORDER IN ACCORDANCE WITH PRICES, DELIVERY AND SPECIFICATIONS GIVEN	PRICE

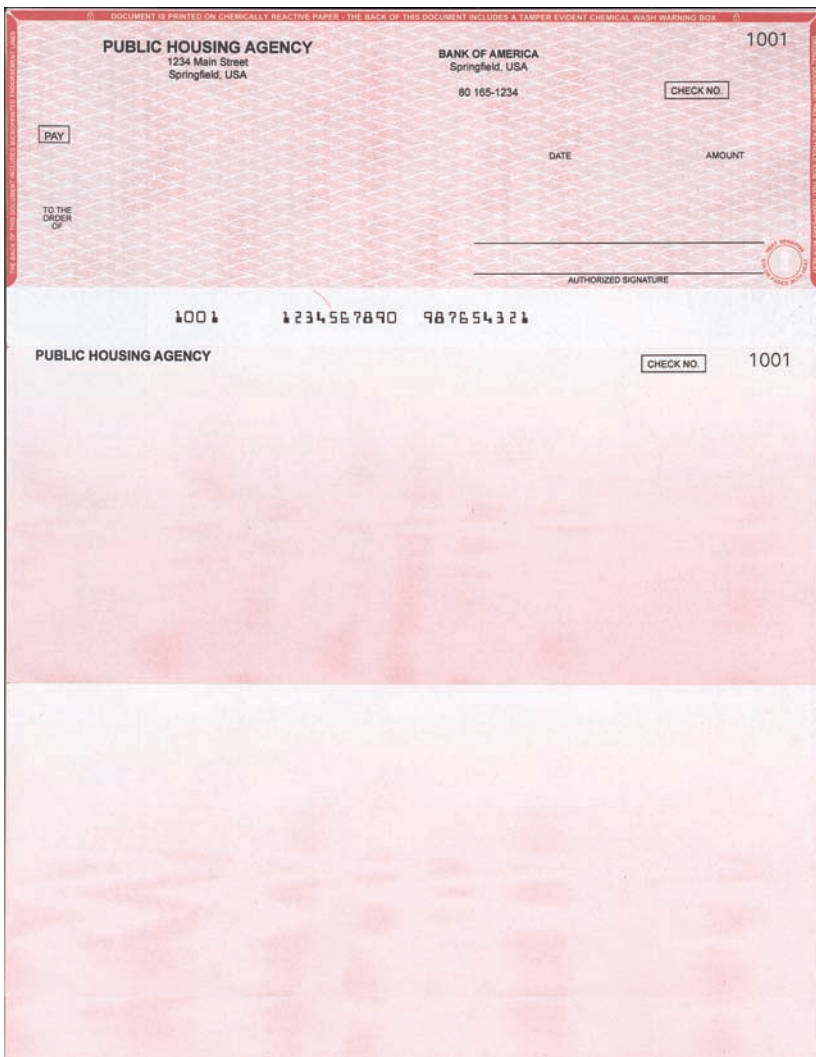
BY _____

PO-875

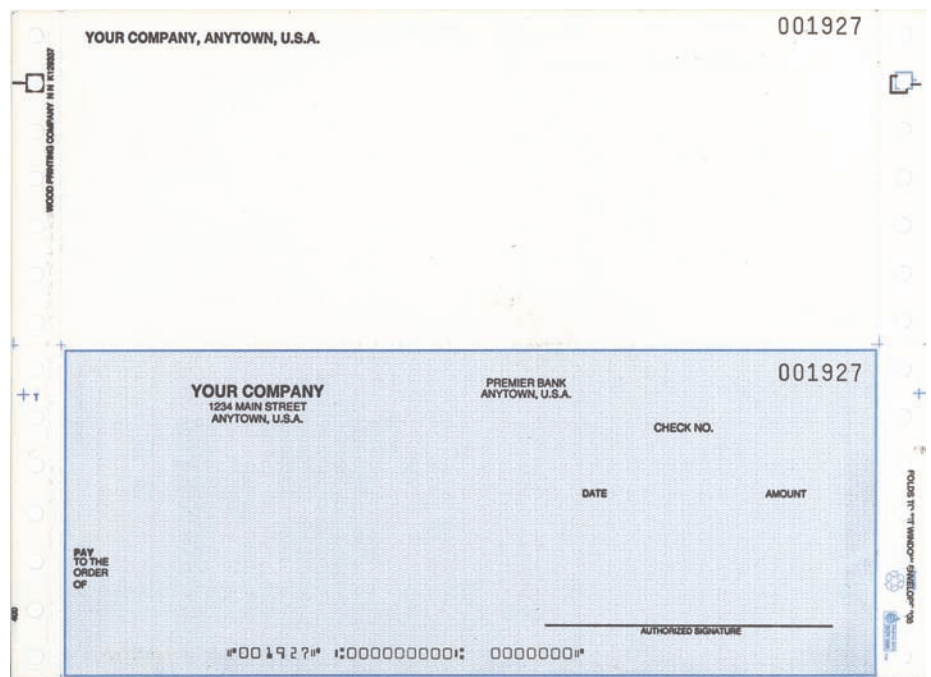
PO-703-3 Purchase Orders, 8 1/2 x 7 3/4, 3 part Snapout, Imprinted

HOUSING AUTHORITY OF THE CITY OF U.S.A.		No 00000	
19 _____		79-169/939	
PAY TO THE ORDER OF _____ \$ _____		DOLLARS	
HOUSING AUTHORITY OF THE CITY OF U.S.A.		CHAIRMAN	
FIRST NATIONAL BANK CITY, U.S.A.		EXECUTIVE DIRECTOR	
⑆000000000⑆			
DETACH THIS STUB BEFORE CASHING		THE HOUSING AUTHORITY OF THE CITY OF U.S.A.	
STATEMENT OF ACCOUNT	DESCRIPTION	AMOUNT	DEDUCTIONS
VOUCHER DATA	ACCOUNT NAME	VOUCHER NUMBER	PROJECT NUMBER
VOUCHER DATE	<p>The black printing on this sample is already printed and cannot be changed.</p> <p>The red printing is our standard layout for imprinting Housing Authority Checks.</p> <p>The red printing will be printed in Black Magnetic Ink to fit Federal regulations.</p> <p>The red printing can be changed at an additional cost.</p>	ACCOUNT NUMBER	DETAIL LEDGER AMOUNT
AUDITED BY		GENERAL LEDGER AMOUNT	
APPROVED BY			
POSTED BY			

Housing Voucher Check (8-1/2 x 11, 3-part)(Green, Buff or Pink)



8 1/2 x 11 Standard Format Laser Checks
Available in 8 Colors and up to 3 Parts



9 1/2 x 7 Standard Format Continuous Feed Checks
Available in 8 Colors and up to 3 Parts

Church Point Housing Authority

P. O. DRAWER 313
CHURCH POINT, LOUISIANA 70525

COMMISSIONERS:
TERRY GUIDRY, CHAIRMAN
LEVORIL LYONS, VICE CHAIRMAN
LAURA CITIZEN
RALEIGH THIBODEAUX
LAWRENCE DOUCET

EXECUTIVE DIRECTOR:
SARAH ROBERT

Church Point Housing Authority

P. O. DRAWER 313
CHURCH POINT, LOUISIANA 70525

Letterhead and Envelope (24# White w/Black Ink)

OFFICIAL RECEIPT

Date _____

Tenants Name _____

Rent For _____ \$ _____

Excess Utilities ----- \$ _____

Other Charges ----- \$ _____

Security Deposit Payment ----- \$ _____

TOTAL AMOUNT PAID ----- \$

Project No. _____ Account No. _____

Cash Check Money Order

Thank You

Cashier _____

HOUSING AUTHORITY OF THE CITY OF MEMPHIS P.O. Box 127 - 216 South 5th Street Memphis, Texas 79245		DATE _____
RECEIVED FROM _____		DOLLARS \$ _____
FOR _____		
Amount of Account \$ _____		<i>THANK YOU!</i>
Amount Paid \$ _____		
Balance Due \$ _____		
Cash <input type="checkbox"/> Check <input type="checkbox"/> M.O. <input type="checkbox"/>		By _____
<small>Reorder From Wood Printing Co. (800) 327-4892</small>		

HOUSING AUTHORITY OF THE CITY OF MEMPHIS P.O. Box 127 - 216 South 5th Street Memphis, Texas 79245		DATE _____
RECEIVED FROM _____		DOLLARS \$ _____
FOR _____		
Amount of Account \$ _____		<i>THANK YOU!</i>
Amount Paid \$ _____		
Balance Due \$ _____		
Cash <input type="checkbox"/> Check <input type="checkbox"/> M.O. <input type="checkbox"/>		By _____
<small>Reorder From Wood Printing Co. (800) 327-4892</small>		

HOUSING AUTHORITY OF THE CITY OF MEMPHIS P.O. Box 127 - 216 South 5th Street Memphis, Texas 79245		DATE _____
RECEIVED FROM _____		DOLLARS \$ _____
FOR _____		
Amount of Account \$ _____		<i>THANK YOU!</i>
Amount Paid \$ _____		
Balance Due \$ _____		
Cash <input type="checkbox"/> Check <input type="checkbox"/> M.O. <input type="checkbox"/>		By _____
<small>Reorder From Wood Printing Co. (800) 327-4892</small>		

HOUSING AUTHORITY OF THE CITY OF MEMPHIS P.O. Box 127 - 216 South 5th Street Memphis, Texas 79245		DATE _____
RECEIVED FROM _____		DOLLARS \$ _____
FOR _____		
Amount of Account \$ _____		<i>THANK YOU!</i>
Amount Paid \$ _____		
Balance Due \$ _____		
Cash <input type="checkbox"/> Check <input type="checkbox"/> M.O. <input type="checkbox"/>		By _____
<small>Reorder From Wood Printing Co. (800) 327-4892</small>		

FORM #1793 Carbonless Receipt Books (Available in Triplicate & Duplicate)

EQUIPMENT LIST

EQUIPMENT FOR GENERAL PURPOSE FORMS

B-1117 Post Binder, Top Lock for Rental Register, 11 x 17
AH-5795 Sheet Holder for 67-9A Work Order, 3-part snapout
BK-914 Binder Cover for 67-22A & 67-22B, 8-1/2 x 14
6964-1/2 Post Binder, Top Lock for 67-22A & 67-22B
5585-25 Angular Metal Tab Index (5-1/2 x 8-1/2)

EQUIPMENT FOR PEGBOARD TENANT ACCOUNTING FORMS

B-1114 Post Binder, Top Lock for WO-83 & WO-85 Journals filed together
PR-1412 Pegboard (14 x 12 Lightweight Metal)
7851 Posting Tray for WO-84 Tenant Ledger (7-1/2" Compact)
8511-25 Angular Metal Tab Index for WO-84 Tenant Ledger (8-1/2 x 11)

EQUIPMENT FOR PEGBOARD MAINTENANCE FORMS

ABWB-1214 Pegboard (12 x 14)
B-1114 Post Binder, Top Lock for Maintenance Journal
7111 Posting Tray for Maintenance Ledger Card
1111-25 Angular Metal Tab Index for Maintenance Ledger Card (11 x 11)

EQUIPMENT FOR PEGBOARD SECTION 8 CHECK SYSTEM

ABWB-1214 Pegboard (12 x 14)
B-1114 Post Binder, Top Lock for Section 8-Form 3 Journal
7701 Posting Tray for Section 8-Form 2 Ledger Card
6511-25 Angular Metal Tab Index for Section 8-Form 2 Ledger Card (6-1/2 x 11)

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

Office of Public and Indian Housing

Family Report

Form HUD-50058, Family Report, applies to Public Housing, Indian Housing and Section 8 programs.

Additional instructions are contained in the Form HUD-50058 Instruction Booklet. Copies of the Instruction Booklet can be found on the MTCS 2000 Web Site at <http://www.hud.gov/pih/systems/pic/mcsc2000/>.

FORM: HUD-50058 Family Report, 16-pages (Select pages for your Program)

**Request for Tenancy Approval
Housing Choice Voucher Program**

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

OMB Approval No. 2577-0169
(exp. 9/30/2002)

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA) _____ 2. Address of Unit (street address, apartment number, city, State & zip code) _____

3. Requested Beginning Date of Lease _____ 4. Number of Bedrooms _____ 5. Year Constructed _____ 6. Proposed Rent _____ 7. Security Deposit Amount _____ 8. Date unit available for inspection _____

9. Type of House/Apartment
 Single Family Detached Semi-Detached / Row House Manufactured Home Garden / Walkup Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy:
 Section 202 Section 221(d)(3)(B)(MIR) Section 236 (Insured or noninsured) Section 515 Rural Development

11. Utilities and Appliances
 The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

1 exterior painted
been found to be
under the Federal
Tribal certification

closure of known
zards in the unit,
ement that the
the family.

or suitability for
lity.

provisions of the

will notify the
red.

ite, & zip code)

e (mm/dd/yyyy)

FORM: HUD-52517 Request For Lease Approval (8-1/2 x 11, 2-pages)

Inspection Checklist
Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
(Exp. 9/30/2002)

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector	Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy)
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy)	PHA

A. General Information

Inspected Unit	Year Constructed (yyyy)	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)		<input type="checkbox"/> Single Family Detached
		<input type="checkbox"/> Duplex or Two Family
		<input type="checkbox"/> Row House or Town House
		<input type="checkbox"/> Low Rise: 3, 4 Stories,
		<input type="checkbox"/> Including Garden Apartment
		<input type="checkbox"/> High Rise: 5 or More Stories
		<input type="checkbox"/> Manufactured Home
		<input type="checkbox"/> Congregate
		<input type="checkbox"/> Cooperative
		<input type="checkbox"/> Independent Group Residence
		<input type="checkbox"/> Single Room Occupancy
		<input type="checkbox"/> Shared Housing
		<input type="checkbox"/> Other

B. Summary Decision On Unit (To be completed after form has been filled out)

Pass Number of Bedrooms for Purposes of Number of Sleeping Rooms
the FMR or Payment Standard

Fail

Inconclusive

Inspection Checklist

Item No.	1. Living Room	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present					
1.2	Electricity					
1.3	Electrical Hazards					
1.4	Security					
1.5	Window Condition					
1.6	Ceiling Condition					
1.7	Wall Condition					
1.8	Floor Condition					

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area;
3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Previous editions are obsolete

Page 1 of 7

form HUD-52580 (3/2001)
ref Handbook 7420.8

Voucher
Housing Choice Voucher Program

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

OMB No. 2577-0169
(exp. 9/30/2002)

Public Reporting Burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Please read entire document before completing form
Fill in all blanks below. Type or print clearly.

Voucher Number

1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)	1. Unit Size
2. Date Voucher issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy)
3. Date Voucher Expires (mm/dd/yyyy) Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)	3. Expiration Date (mm/dd/yyyy)
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)	4. Date Extension Expires (mm/dd/yyyy)
5. Name of Family Representative	6. Signature of Family Representative Date Signed (mm/dd/yyyy)
7. Name of Public Housing Agency (PHA)	
8. Name and Title of PHA Official	9. Signature of PHA Official Date Signed (mm/dd/yyyy)

1. Housing Choice Voucher Program

- A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

- B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
- C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

3. PHA Approval or Disapproval of Unit or Lease

- A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (on the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**
- B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.
- C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provisions of the HUD tenancy addendum shall control.

2. Voucher

- A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.

Previous editions are obsolete

Page 1 of 2

form HUD-52646 (7/2000)
ref. Handbook 7420.8

9. Request PHA written approval to add any other family member as an occupant of the unit.

family's request for one or more extensions of the initial term.

Previous editions are obsolete

Page 2 of 2

form HUD-52646 (7/2000)
ref. Handbook 7420.8

g if any family
eviction notice.
tain any appli-
o provide under
ust be true and
ber) must not:
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**Housing Assistance Payments Contract
(HAP Contract)
Section 8 Tenant-Based Assistance
Housing Choice Voucher Program**

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

Part A of the HAP Contract: Contract Information

(To prepare the contract, fill out all contract information in Part A.)

1. Contents of Contract

This HAP contract has three parts:

- Part A: Contract Information
- Part B: Body of Contract
- Part C: Tenancy Addendum

2. Tenant

3. Contract Unit

4. Household

The following persons may reside in the unit. Other persons may not be added to the household without prior written approval of the owner and the PHA.

5. Initial Lease Term

The initial lease term begins on (mm/dd/yyyy): _____

The initial lease term ends on (mm/dd/yyyy): _____

6. Initial Rent to Owner

The initial rent to owner is: \$ _____

During the initial lease term, the owner may not raise the rent to owner.

7. Initial Housing Assistance Payment

The HAP contract term commences on the first day of the initial lease term. At the beginning of the HAP contract term, the amount of the housing assistance payment by the PHA to the owner is \$ _____ per month.

The amount of the monthly housing assistance payment by the PHA to the owner is subject to change during the HAP contract term in accordance with HUD requirements.

**Tenancy Addendum
Section 8 Tenant-Based Assistance
Housing Choice Voucher Program**

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

(To be attached to Tenant Lease)

1. Section 8 Voucher Program

- a. The owner is leasing the contract unit to the tenant for occupancy by the tenant's family with assistance for a tenancy under the Section 8 housing choice voucher program (voucher program) of the United States Department of Housing and Urban Development (HUD).
- b. The owner has entered into a Housing Assistance Payments Contract (HAP contract) with the PHA under the voucher program. Under the HAP contract, the PHA will make housing assistance payments to the owner to assist the tenant in leasing the unit from the owner.

2. Lease

- a. The owner has given the PHA a copy of the lease, including any revisions agreed by the owner and the tenant. The owner certifies that the terms of the lease are in accordance with all provisions of the HAP contract and that the lease includes the tenancy addendum.
- b. The tenant shall have the right to enforce the tenancy addendum against the owner. If there is any conflict between the tenancy addendum and any other provisions of the lease, the language of the tenancy addendum shall control.

3. Use of Contract Unit

- a. During the lease term, the family will reside in the contract unit with assistance under the voucher program.
- b. The composition of the household must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption or court-awarded custody of a child. Other persons may not be added to the household without prior written approval of the owner and the PHA.
- c. The contract unit may only be used for residence by the PHA-approved household members. The unit must be the family's only residence. Members of the household may engage in legal profitmaking activities incidental to primary use of the unit for residence by members of the family.
- d. The tenant may not sublease or let the unit.
- e. The tenant may not assign the lease or transfer the unit.

4. Rent to Owner

- a. The initial rent to owner may not exceed the amount approved by the PHA in accordance with HUD requirements.
- b. Changes in the rent to owner shall be determined by the provisions of the lease. However, the owner may not raise the rent during the initial term of the lease.
- c. During the term of the lease (including the initial term of the lease and any extension term), the rent to owner may at no time exceed:
 - (1) The reasonable rent for the unit as most recently determined or redetermined by the PHA in accordance with HUD requirements, or
 - (2) Rent charged by the owner for comparable unassisted units in the premises.

5. Family Payment to Owner

- a. The family is responsible for paying the owner any portion of the rent to owner that is not covered by the PHA housing assistance payment.
- b. Each month, the PHA will make a housing assistance payment to the owner on behalf of the family in accordance with the HAP contract. The amount of the monthly housing assistance payment will be determined by the PHA in accordance with HUD requirements for a tenancy under the Section 8 voucher program.
- c. The monthly housing assistance payment shall be credited against the monthly rent to owner for the contract unit.
- d. The tenant is not responsible for paying the portion of rent to owner covered by the PHA housing assistance payment under the HAP contract between the owner and the PHA. A PHA failure to pay the housing assistance payment to the owner is not a violation of the lease. The owner may not terminate the tenancy for nonpayment of the PHA housing assistance payment.
- e. The owner may not charge or accept, from the family or from any other source, any payment for rent of the unit in addition to the rent to owner. Rent to owner includes all housing services, maintenance, utilities and appliances to be provided and paid by the owner in accordance with the lease.
- f. The owner must immediately return any excess rent payment to the tenant.

6. Other Fees and Charges

- a. Rent to owner does not include cost of any meals or supportive services or furniture which may be provided by the owner.
- b. The owner may not require the tenant or family members to pay charges for any meals or supportive services or furniture which may be provided by the owner. Nonpayment of any such charges is not grounds for termination of tenancy.
- c. The owner may not charge the tenant extra amounts for items customarily included in rent to owner in the locality, or provided at no additional cost to unsubsidized tenants in the premises.

7. Maintenance, Utilities, and Other Services

a. Maintenance

- (1) The owner must maintain the unit and premises in accordance with the HQS.
- (2) Maintenance and replacement (including redecoration) must be in accordance with the standard practice for the building concerned as established by the owner.

b. Utilities and appliances

- (1) The owner must provide all utilities needed to comply with the HQS.
- (2) The owner is not responsible for a breach of the HQS caused by the tenant's failure to:

**Authorization for the Release of Information/
Privacy Act Notice**

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

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

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Sources listed on this form for I understand that HAs that ate assistance without first the funds were received. In

Date

Date

Date

Date

zed to collect this information J.S.C. 2000d), and by the Fair 3543) requires applicants and r. Purpose: Your income and e, and the amount your family st in managing and monitoring of the information you provide.) civil, criminal, or regulatory e of HUD, except as permitted Social Security Numbers you. ers of all household members eligibility. Failure to provide

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

Site Inspection Form

Project Number: _____ Site Name/Address: _____ Inspected By: _____

Number Buildings: _____ Number Units: _____ Last Inspection Date: _____ Inspection Date: _____

Instructions: Check all inspectable items. If an observed deficiency is noted, check specific area of deficiency. This form is to be used as an inspection guide. Refer to the Uniform Physical Condition Standards to determine if a deficiency does or does not exist.

Inspectable Item	NA	NOD	OD	Describe any observed deficiencies
FENCING & RETAINING WALLS				
Damaged/Falling/Leaning Fences and Gates				
Damaged/Falling/Leaning Retaining Walls				
Holes				
Missing Sections				
GROUNDS				
Erosion/Rutting Areas				
Overgrown/Penetrating Vegetation				
Ponding/Site Drainage				
MAILBOXES/PROJECT SIGNS				
Mailbox Missing/Damaged				
Signs Missing/Damaged				
MARKET APPEAL				
Graffiti				
Litter				
PARKING LOTS/DRIVEWAYS/ROADS				
Cracks				
Ponding				
Potholes/Loose Material				
Settlement/Heaving				
PLAY AREAS/EQUIPMENT				
Damaged/Broken Equipment				
Deteriorated Play Area Surface				
REFUSE DISPOSAL				
Broken/Damaged Enc./Inadequate Outside Storage				
STORM DRAINAGE				
Damage/Obstructed				
WALKWAYS/STEPS (PASSAGE FOR WALKING)				
Cracks/Settlement/Heaving				
Spalling				

HEALTH AND SAFETY DEFICIENCIES

NA =Not Applicable NOD =No Observed Deficiency OD =Observed Deficiency

**UNIFORM PHYSICAL CONDITION STANDARDS (UPCS)
DWELLING UNIT INSPECTION REPORT - ANNUAL**

DATE OF INSPECTION:													
APARTMENT# / BLDG:						TENANT NAME:							
INSPECTED BY:													
UNIT INSPECTABLE ITEMS				Level			UNIT INSPECTABLE ITEMS				Level		
				1	2	3					1	2	3
Bathroom							Bedroom - Ceiling						
Bathroom Cabinets-Damage/Missing							Bulging/Bucking						
Lavatory Sink- Damage/missing							Holes/Missing Tile/Panels/Cracks						
Plumbing- Clogged Drains/missing stopper							Peeling/Needs paint						
Plumbing- Leaking Faucet/Pipes							Water stains/water damaged/mold/mildew						
Shower/ Tub- Damaged/missing stopper													
Ventilation/Exhaust System- Inoperable							Bedroom - Door						
Water Closet/Toilet- Damaged/clogged/missing							Damage surface- Holes/paint/rusting/glass						
							Damaged Frames/threshold/trim						
Bathroom - Ceiling							Damaged hardware/locks						
Bulging/Bucking							Damaged/ Missing screens/storm/security door						
Holes/Missing Tile/Panels/Cracks							Deteriorated/ missing seals (entry only)						
Peeling/Needs paint							Missing door						
Water stains/water damaged/mold/mildew													
							Bedroom - Floors						
Bathroom - Door							Bulging/ Bucking						
Damage surface- Holes/paint/rusting/glass							Floor covering damaged						
Damaged Frames/threshold/trim							Missing tiles						
Damaged hardware/locks							Water stains / water damage / mold / mildew						
Damaged/ Missing screens/storm/security door													
Deteriorated/ missing seals (entry only)							Bedroom - Walls						
Missing door							Bulging / bucking						
							Damaged						
Bathroom - Floors							Damaged / deteriorated trim						
Bulging/ Bucking							Peeling / needs paint						
Floor covering damaged							Water stains/ water damage / mold / mildew						
Missing tiles													
Water stains / water damage / mold / mildew							Bedroom - Lighting						
							Missing / inoperable (excluding light bulbs)						
Bathroom - Walls													
Bulging / bucking							Bedroom - Outlets / Switches						
Damaged							Missing / Broken cover plates						
Damaged / deteriorated trim													
Peeling / needs paint							COMMENTS: <input type="checkbox"/> = Finding <input type="checkbox"/> = N/A						
Water stains/ water damage / mold / mildew													
Bathroom - Lighting													
Missing / inoperable (excluding light bulbs)													
Bathroom - Outlets / Switches													
Missing / Broken cover plates													



Protect Your Family From Lead in Your Home

 United States
Environmental
Protection Agency

 United States
Consumer Product
Safety Commission

 United States
Department of Housing
and Urban Development

December 2012

LBP - Lead Based Paint Book (EPA-747)
20 Pages, Black & White

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

A Good Place to Live!

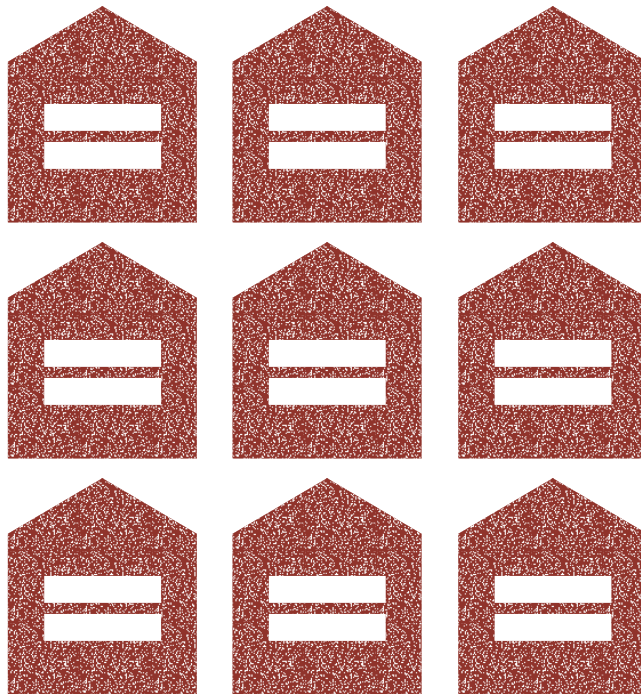
**HUD-593-H - "A Good Place to Live" Booklet
20 Pages, Black & White**

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity



Fair Housing

Equal Opportunity for All



Please visit our website: www.hud.gov/fairhousing

HUD-1686 - "Fair Housing" Booklet
16 Pages, Black & White

Resident Rights



& Responsibilities



Secretary of HUD

This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program (except for multifamily housing projects that are insured by HUD), and the Housing Choice Voucher

**RRR- Residents Rights and Responsibilities Booklet
8 Pages, Black & White**



CHILD SUPPORT INCOME VERIFICATION

TO: _____

RESPOND TO: _____

RE: _____
SS# _____

Dear Sir/Madam:

_____ has applied for residency / is a resident at _____
As part of our processing, it is necessary that we obtain verification of certain information. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the referenced individual.

Your prompt return of this letter will be appreciated. A stamped, self addressed envelope is enclosed. If you have any questions, please call _____.

Cordially,

I hereby authorize the release of this information.

Date _____ Signature _____

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.

NAME OF PERSON PAYING CHILD SUPPORT: _____

ADDRESS: _____

NAMES AND AGES OF THE CHILD(REN) FOR WHOM SUPPORT IS PAID:

AMOUNT OF CHILD SUPPORT PAID: \$ _____ [] Week [] Month [] Year

REMARKS: _____

Is Alimony paid? [] Yes [] No

If yes, what is the amount? \$ _____

It is paid [] weekly, [] bi-weekly, [] monthly, [] or [] other

DATE: _____ SIGNATURE: _____

PHONE: _____ TITLE: _____



BANK VERIFICATION

TO BE COMPLETED BY BANK OR OTHER FINANCIAL INSTITUTION

TC: _____

RESPOND TO:

RE: _____
SS#: _____

Dear Sir/Madam:

We are required to verify assets, income and certain expenses of all persons applying for admission to or living in Federally Assisted Housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the referenced individual. This information will be used only to determine eligibility or rent.

Your prompt return of this letter will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call _____.

Cordially,

I hereby authorize the release of this information.

DATE _____

SIGNATURE _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining of federal funds.

ASSETS

Type of account	Account No.	Date Opened and/or Date Closed	Current Bal.	Interest Rate
Checking				
Checking				
Savings				
Savings				
CD				
CD				
Money Market				
IRA/KEOGH				
Other				

INCOME

TYPE OF DIRECT DEPOSIT	PAYABLE TO	FREQUENCY	AMOUNT
Social Security			
Pension			
Other			

Authorized Signature: _____ Date: _____

Title: _____ Phone No. _____

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Form R008



PUBLIC ASSISTANCE VERIFICATION

TO: _____

RESPOND TO: _____

RE: _____
SS# _____

Dear Sir/Madam:

_____ has applied for residency / is a resident at _____.
As part of our processing, it is necessary that we obtain verification of certain information. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the referenced individual.

Your prompt return of this letter will be appreciated. A stamped, self addressed envelope is enclosed. If you have any questions, please call _____.

Cordially,

I hereby authorize the release of this information.

Date _____ Signature _____

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NUMBER IN FAMILY _____	RATES PER MONTH
Aid to Families with Dependent Children	\$ _____
General Assistance	\$ _____
Amount specifically designated for shelter and utilities	\$ _____
Other assistance - Type _____	\$ _____
TOTAL MONTHLY GRANT	\$ _____
Other income: Source _____	\$ _____
* MAXIMUM ALLOWANCE FOR RENT AND UTILITIES	\$ _____
Amount of public assistance given during the past 12 months	\$ _____

REMARKS _____

Date: _____ Signature: _____

Title: _____



SOCIAL SECURITY/SSI VERIFICATION

(to be completed by Social Security Administration)

TO: _____

RESPOND TO: _____

RE: _____
SS# _____

Dear Sir/Madam:

We are required to verify assets, income and certain expenses of all persons applying for admission to or living in Federally Assisted Housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the referenced individual. This information will be used only to determine eligibility or rent.

Your prompt return of this letter will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call _____.

Cordially,

I hereby authorize the release of this information.

DATE

SIGNATURE

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If you wish, you may attach your form SSA-2458 (9-82) with all pertinent information.

(GROSS MONTHLY PAYMENT)

TYPE OF BENEFIT

\$ _____

\$ _____

\$ _____

Medicare Deduction per Month: \$ _____

Date of Birth: _____

If more than one person in the family is receiving benefits, please indicate below:

NAME	AMOUNT	TYPE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Signature

Date

Title

Telephone Number

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Form R012



INCOME VERIFICATION

TO: _____

RESPOND TO: _____

RE: _____
SS# _____

Dear Sir/Madam:

We are required to verify assets, income and certain expenses of all persons applying for admission to or living in Federally Assisted Housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the referenced individual. This information will be used only to determine eligibility or rent.

Your prompt return of this letter will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call _____.

Cordially,

I hereby authorize the release of this information.

DATE _____

SIGNATURE _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining of federal funds.

1. EMPLOYED SINCE _____ OCCUPATION _____

2. SALARY:

Base Pay Rate: \$ _____ () hour () bi-weekly () week () month

Average hrs/wk at BASE PAY RATE _____ () week () bi-weekly () month
() mo. per year

3. OVERTIME:

Overtime Pay Rate: \$ _____ () hour () week () month

Average hours per week: _____ at overtime rate. (If no set number of hours please take an average of overtime for the last 12 month period.)

Expected average number of hours overtime to be worked per week during next 12 months: _____

4. COMPENSATION NOT INCLUDED IN THE ABOVE:

Specify for commissions, bonuses, tips, etc.:

For _____ amt. \$ _____ Per _____

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

6. Total Base Pay Earnings for past 12 months \$ _____

7. Total Overtime Earnings for past 12 months \$ _____

8. Is employee eligible for earned income tax credit? [] Yes [] No . If yes, is the credit paid in advances, what is the amount, and how often is it paid? \$ _____ : [] weekly [] monthly.

9. Employee's last pay raise was on _____

10. Employee (may/may not) anticipate a raise during the next 12 months of on or about the following (circle)

date, _____, in the amount of \$ _____

11. Is there a medical/dental insurance amount deducted from pay? _____
If yes, the amount is \$ _____ per _____

PRM NAME: _____ DATE: _____

PHONE #: _____

Signature: _____ Title: _____

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Form R013



INTERVIEW CHECKLIST

Resident: In order to update our records for the United States Department of Housing & Urban Development, we ask that you complete both sides of this form and return it to the manager's office no later than: _____

NAME _____ APT NO _____ PHONE _____

FAMILY COMPOSITION - IF MORE THAN 6 PERSONS, LIST ON BACK

Table with columns: FAMILY MEMBER NUMBER, NAME, RELATIONSHIP TO, SOCIAL SECURITY NO., BIRTHDATE, FULL TIME STUDENT (YES/NO)

INCOME AND ASSETS - Check "Yes" or "No" and Family Number

OFFICE USE ONLY

Main table for income and assets with columns: TYPE, YES, NO, FAMILY MEMBER NUMBER(S), SIGNED, MAILED (1st, 2nd), REQUESTED, COMMENTS, REC'D

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R014

LIST SIDE TWO

Form with fields: FULL TIME STUDENT YES NO

CASE NUMBER

ACCOUNT NO.

TO COMPLETE TO THE BEST OF MY KNOWLEDGE, I UNDERSTAND IT IS A PROVISION OF THE LEASE (T&E) TO REPORT AND ASSIST IN THE VERIFICATION OF ACTUAL AMOUNTS OF ALL INCOME RECEIVED BY MYSELF AND ALL MEMBERS OF MY FAMILY. ANY FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

Resident's Signature

Date



VERIFICATION OF HANDICAP OR DISABILITY

TO: _____ DATE: _____
 _____ RE: _____
 _____ ADDRESS: _____

 SSN: _____

Dear Sir/Madam:

Special financial allowances in federally assisted housing are authorized by law for persons who are disabled or handicapped, under one or more of the following descriptions:

1. Physical or mental impairment which is expected to be of long-continued and indefinite duration, substantially impedes the person's ability to live independently, and the ability to live independently could be improved by more suitable housing conditions.
2. Inability to engage in any substantial gainful activity because of any physical or mental impairment which is expected to result in death or has lasted or can be expected to last continuously at least twelve months.
3. For a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
4. A severe, chronic disability which (a) is attributable to a mental and/or physical impairment; (b) was manifested before age 22; (c) is likely to continue indefinitely; (d) results in substantial functional limitations in 3 or more of the following areas: capacity for independent living, self care, receptive and expressive language, learning, mobility, self direction, and economic self sufficiency; and (e) requires special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

We would appreciate your completing the certification on the reverse of this letter for the above-referenced individual and returning this form in the enclosed self-addressed envelope. This information will be kept in strict confidence and used only for the purpose of establishing eligibility for these allowances.

 Date Property Manager

I hereby give my consent for the information requested below to be released as required.

 Date Applicant/Resident Signature

Yes No

_____ In my professional opinion, _____ is handicapped or disabled under one or more of the descriptions listed below:

1. Physical or mental impairment which is expected to be of long-continued and indefinite duration, substantially impedes the person's ability to live independently, and the ability to live independently could be improved by more suitable housing conditions.
2. Inability to engage in any substantial gainful activity because of any physical or mental impairment which is expected to result in death or has lasted or can be expected to last continuously at least twelve months.
3. For a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
4. A severe, chronic disability which (a) is attributable to a mental and/or physical impairment; (b) was manifested before age 22; (c) is likely to continue indefinitely; (d) results in substantial functional limitations in 3 or more of the following areas: capacity for independent living, self care, receptive and expressive language, learning, mobility, self direction, and economic self sufficiency; and (e) requires special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

 DATE SIGNATURE OF PROFESSIONAL

 TELEPHONE NUMBER PRINTED NAME OF PROFESSIONAL

 FACILITY NAME PROFESSIONAL TITLE

VETERANS ADMINISTRATION BENEFITS VERIFICATION

TO: _____

RESPOND TO: _____

RE: _____
SS# _____

Dear Sir/Madam:

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Your prompt return of this letter will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call _____.

Cordially,

I hereby authorize the release of this information.

DATE

SIGNATURE

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1. Periods of Active Duty: From _____ To _____
2. Allowances for Education or Training: School On-the-Job Monthly Amount: \$ _____
Effective Date of Current Award: _____ Ending Date: _____
Name and Address of Employer:

3. COMPENSATION (service connected): Disability Death Dependency and Indemnity
PENSION (non-service connected): Disability Death
Effective Date of Current Award: _____
Monthly Amount \$ _____
4. Other Payments (Insurance, etc.): _____
Monthly Amount: \$ _____
5. Changes: If any change is contemplated, check here () and explain

VETERANS ADMINISTRATION

BY: _____ DATE: _____

TITLE: _____ PHONE: _____

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Form R021