

Paragould Housing Authority

612 East Canal Street
Paragould, AR 72450
Fax: (870) 236-2475
Email: pha1@grnco.net
www.paragouldhousing.org

David Lange
Executive Director

Office Telephone:
Pecan Grove (870) 239-8084
Mini-Rise (870) 239-8573
Section 8 (870) 236-7057
TDDY (800)-285-1121

GUIDELINES FOR THE APPLICATION PROCESS

INSTRUCTIONS: This application must be filled out correctly and completely. You must use this application to apply for three of the five housing programs that Paragould Housing Authority has to offer. If you have questions or need any assistance in completing this application, please feel free to contact our office, any of our staff would be glad to assist you.

We **MUST** have a current address on file for you at all times. If you are homeless, please list an address of someone who can get your mail to you. Also, you must notify the housing authority, in writing, if your address changes after you have submitted your application. If we try to contact you and the letter is returned by the Post Office, your name will be removed from the waiting list- **no exceptions**.

Please, include addresses and phone numbers in **all** spaces that are indicated; if you do not know the phone number or address, please look them up. This is especially important on your landlord references.

Please make sure to sign **all** areas that require a signature and date the application.

If you submit an application and do not fulfill all the above requirements, your application will be considered incomplete. It is your responsibility to ensure that the Paragould Housing Authority receives all required information.

We look forward to working with you during the application process. Once again, please feel free to contact our office if you have any questions with the application process.

If you are disable or have difficulty understanding English, please request our assistance and we ensure that you are provided with meaningful access based on your individual needs.

Si usted es desactivar o tiene dificultad para entender Inglés, por favor solicite nuestra ayuda y nos aseguramos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

Haddii aad tahay wuxuu curyaamin ama ay ku adag tahay fahamka Ingiriisi, fadlan codsato gargaarka oo aan loo hubiyo in aad waxaa la siiyaa helaan macno leh oo ku salaysan baahiyahaaga shaqsi.



The Paragould Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Polly Fisk, EAD, has been designated to coordinate compliance with the non discrimination requirements contained in the Dept. of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988).

EQUAL HOUSING
OPPORTUNITY

Paragould Housing Authority (PHA) offers assistance through several different housing projects.

Pecan Grove located at 612 East Canal Street is a 119 unit complex, which consists of one to four bedroom units. The units have recently been remodeled which included new floor coverings, light fixtures, dry wall finish, new baseboards, interior doors, new kitchen cabinets, new door knobs, new tub surrounds, new faucets, concrete patios, washer/dryer hook-ups, ceiling fans and new roofs.

Mini Rise located at 100 W. Walnut Street has 68 units with an on-site manager. These units are available to disabled/handicapped or anyone 62 years or older. The units provide unassisted living. All the units at the Mini Rise are one bedroom and have recently been updated with new floor coverings, kitchen cabinets, ceiling fans and air conditioning systems. The Mini Rise offers an exercise room, laundry facility, game/TV room and a computer center.

Section Eight – Housing Choice Voucher Program is a federal subsidized program, where the participant finds a unit in Greene County and the PHA assists with the rent.

All three programs listed above can be applied for by using this attached application. The programs listed below have a separate application form.

Rolling Hills Estates located at 1102 Fairview Road provides housing to families 55 years of age and older. There are 32 units in this development. If qualified these units have project based assistance attached to the development. Project Based Assistance works the same as the Housing Choice Voucher Program only the assistance is attached to the property not the participant. To apply for a project based voucher you must first apply for Rolling Hills Estates. This housing development has just recently been constructed and provides such amenities as a washer/dryer, dishwasher, screened-in back porch, safe room, exercise room, laundry facility and walking track. This development is a smoke free environment.

Lakeview Apartments I & II is located at 3808 Reynolds Park Road. This development provides housing assistance to anyone 62 years or older. The apartments provide a community room; microwave and washer/dryer hook ups, ceiling fans, along with a laundry facility. Lakeview II is a smoke free environment.

Oakwood Villa is located at 506 Canal Street. These units are a one bedroom non-subsidized unit, but they provide a low rent to disabled applicants or anyone 52 years of age who qualify. The units have washer/dryer hook-ups, patio, ceiling fans and fenced enclosure.

Head of Household (Signature and Date)

Co-Head (Signature and Date)

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Pecan Grove _____ Mini Rise _____ Section 8 _____
(Low Rent- PHA Owned Units) (Elderly- 62 or older, or disable)

(CHECK ALL THAT APPLY)

Last Name First Name Middle

*Physical Address

City State Zip Code

*Mailing Address (If different from physical address). Please understand this is where we will send your mail.

City State Zip Code

Social Security Number Phone Number Message Phone

*Please note if your address changes you MUST notify PHA in writing. If we contact you by mail and your mail is returned your name will be dropped from the waiting list.

The Paragould Housing Authority is an Equal Housing Opportunity Provider

Date Entered: _____	Date Received: _____
Staff Initials: _____	Time Received: _____
	Staff Initials: _____



FAMILY COMPOSITION

Family Composition: List all person (s) who will be residing with you. Include yourself.

Please note following codes for race:

W- White B- Black A- American Indian/Alaskan Native

A/P- Asian or Pacific Islander

Please note the following codes for Ethnicity:

H- Hispanic N/H -Non-Hispanic

*Please list Head of Household in box #1. Please print clearly.

Family Member Name		Family Relationship	Date of Birth	Age	Social Security #	Race	Ethnicity
First	Last						
*1							
2							
3							
4							
5							
6							
7							
8							

Have you ever lived in subsidized housing or any government rental assistance program?

Yes _____ No _____ Under What Name _____

If "YES", Name of Housing Authority? _____

Enter the Dates of Occupancy _____

Address of Housing Authority: _____ State: _____

Phone Number: _____

Fax Number: _____ Zip Code _____



What other names have you used other than the name on this application?
 Include maiden and/or married.

What Name: _____ When: _____

What Name: _____ When: _____

FAMILY INCOME

Total Family Income: List all sources of income- earned, unearned and gifts.
 Includes the following: Food Stamps, Tea, Child Support, Social Security (SS), Supplemental Security Income (SSI), any Pensions, Unemployment Benefits, any Employment Wages, Families First, any Contributions and any lump sum of funds.

Family Member #	Source of Income	Anticipated Income for the Next 12 Months
		\$
		\$
		\$
		\$
		\$
		\$

If you receive SSI or Social Security you must provide proof by submitting your proof of income letter with application in order to receive 100 preference points.

If you are working you must submit six (6) consecutive months of check stubs in order to receive 100 preference points.



BACKGROUND AND SEXUAL OFFENDER VERIFICATION

Is any member of your household subject to a life time sex offender registration program in any state?

No _____ Yes _____

If So, Who _____ What State? _____

Have you or any member of your family ever been convicted of any charges other than minor traffic violations? This includes any misdemeanor charges.

Yes _____ No _____

If yes, please give information below.

Family Member Name	Date	Place	Charge

CITIZENSHIP

Are all members of your family U.S. citizens? Yes _____ No _____

Or have eligible immigration status? Yes _____ No _____



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FOR COLLEGE STUDENTS ONLY

**** If you are not enrolled in college or have no any future plans to do so, please mark a line through this page and proceed to the next page****

Do you have any future plans to attend college? _____

What is your age? _____ Are you married? _____

Do you have a dependent child living with you? _____

Are you a veteran of the US military? _____

Have you lived independently (separate from parents or guardians) for at least one year? _____

Are you receiving financial aid? _____

Grants? _____

Scholarship? _____

If you receiving a scholarship, please specify the type of award (academic, athletic, etc.) _____



PAST RENTAL HISTORY

Please list your present and past landlords (for the past five (5) years below). If you have had more than two (2) previous landlords in the past five (5) years, please list them on the back of this form. Failure to list at least three (3) landlords without an explanation could cause delay or denial of housing.

PRESENT LANDLORD: This is where you live now even if it's with your family/parents.

Landlord's Name: _____ Phone# _____

Landlord's Address: _____

City: _____ State: _____ Zip Code: _____

Have lived at this address since: _____

PAST LANDLORD:

Landlord's Name: _____ Phone # _____

Landlord's Address: _____

City: _____ State: _____ Zip Code: _____

Address of unit occupied: _____

Have lived at this address since: _____

Name used while renting from this landlord: _____

PAST LANDLORD:

Landlord's Name: _____ Phone # _____

Landlord's Address: _____

City: _____ State: _____ Zip Code: _____

Address of unit occupied: _____

Have lived at this address since: _____

Name used while renting from this landlord: _____



Federal rules and regulations state that we must try to assist applicants who qualify for a preference before we can assist other applicants. By completing this application it does not mean that all paperwork has been completed nor does it mean that all requirements have met for assistance.

I hereby certify the information I have provided in this application is true, correct and complete to the best of my knowledge. That all information I have provided herein relative to family composition, income and assets are correct as of the date and time of signing this form. I also realize that making a false statement or representation could make me subject to criminal prosecution. I hereby authorize the Paragould Housing Authority to make inquiries from any source for the purpose of verifying the facts herein stated.

Applicant's Signature and Date

Spouse /Co-Tenant's Signature and Date

All Other Adults the Age of 18 and Older Must Sign and Date this Form

*******All Section Housing Choice
Vouchers holders must live in
Greene County, AR for the first year
of their initial lease up*******



GROUNDS FOR DENIAL OR TERMINATION OF ASSISTANCE

1. If any of the family violates any family obligations under the program.
2. Failing to repay a previous debt to a housing agency or owner.
3. Committing fraud in connection with any HUD program, or failing to disclose previously committed fraud in connection with any HUD program.
4. Providing false information on the application or at the time of re-evaluation.
5. Applicant/tenant non-co-operation during application interview or at rent redetermination.
6. Refusing or failing to complete the required forms or supply requested information.
7. If the family has engaged in or threatened abusive or violent behavior toward PHA personnel.
8. If any member of the family has ever been evicted from public housing.
9. If a housing authority has terminated assistance under the certificate or voucher program.
10. If the housing authority has determined that any member of the family is illegally using a controlled substance.
11. If the housing authority has determined that any member of the family is abusing alcohol and interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
12. If any member of the household is an individual who is subject to a lifetime registration requirement under a state sex offender registration program.
13. If any member of the family has ever been convicted of drug related or violent criminal activity.
14. If the applicant does not disclose and verify all social security numbers.

I am stating that I have read and understand the above Grounds for Denial or Termination of Assistance:

Signature

Date

Adult Family Member

Date

Adult Family Member

Date

All Adults the Age of 18 and older must Sign and Date this Form.



CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the HOUSING AUTHORITY OF THE CITY OF PARAGOULD, ARKANSAS any information or materials needed to complete and verify my applicable for participation, and/or maintain my continued assistance under the Section 8, Low-Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administration and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED

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

- Identity and Marital Status Employment, Income and Assets Resident Rental Activity
- Medical or Child Care Allowances Credit and Criminal Activity Federal or State Assistance

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

GROUP OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but not limited to the following:

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

COMPUTER MATCHING NOTICE AND CONSENT

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

CONDITIONS

I agree that a photocopy or facsimile of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

Note: This Consent form may not be used to request a copy of an Income Tax Return. If a copy of an Income Tax Return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.

APPLICANT/TENANT CERTIFICATION

Giving True and Complete Information

I certify that all information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 or 50059, whichever applies to me, and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know am required to report immediately in writing within ten (10) days any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received previous Federal Housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal Housing assistance while I am in the current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits or to verify my true circumstances. Cooperation includes responding to requests from the housing office, attending pre-scheduled meetings, and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature of Household Adults

Date

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)

Paragould Housing Authority
612 East Canal Street
Paragould, AR 72450

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

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

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

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Paragould Housing Authority (PHA) ACOP and Administrative Plans provides for preference points to certain applicants who qualify. In order to receive these preference points you must provide proper documentation as listed below with your application or when available in order to receive these preference points.

My household qualifies for the following preference points:

- _____ 1. Head of Household is 55 years of age.
- _____ 2. Head of Household or other member of household meets Housing and Urban Development (HUD) definition of disabled/handicapped. (Must have proper medical authority complete PHA form Disability Status, only documentation accepted.)
- _____ 3. Head of Household is currently working and has also worked for the past six consecutive months. (Must provide six months of check stubs.)
- _____ 4. Head of Household is currently living in Greene County. (Provide Arkansas Divers License.)
- _____ 5. Veteran of United States Armed Forces. (Any member of Household that can provide the following:
 1. DD Form 214 Certificate of Release or Discharge from Active Duty
 2. Military I.D. (Active or Retired)
 3. Veterans' Administration Card
 4. Or other documentation deemed viable by the PHA Administration

Documents provided on _____

Confirmed by: _____ Date: _____

Points Applied: _____ Date: _____

If you are disabled or have difficulty understanding English, please request our assistance and we ensure that you are provided with meaningful access based on your individual needs.

Si usted es desactivar o tiene dificultad para entender Inglés, por favor solicite nuestra ayuda y nos aseguramos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

Haddii aad tahay wuxuu curyaamin ama ay ku adag tahay fahamka Ingiriisi, fadlan codsato gargaarka oo aan loo hubiyo in aad waxaa la siiyaa helaan macno leh oo ku salaysan baahiyahaaga shaqsi.



EQUAL HOUSING
OPPORTUNITY

The Paragould Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Polly Fisk, EAD, has been designated to coordinate compliance with the non discrimination requirements contained in the Dept. of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988).