



Housing Authority City of Alamosa

213 Murphy Drive • Alamosa, CO. 81101 • (719) 589-6694 • (719) 589-8474 fax
Office Hours 9:00 a.m. to 3:00 p.m. –Monday through Friday

KIND OF HOUSING

HUD--LOW-INCOME HOUSING

For families, seniors, handicapped and disabled persons

SENIOR APARTMENTS

Requirements:

1. Age 62 or older or disabled or mobility impaired requiring the special design features of a handicap unit.
2. Current HUD income limits:
Income limits posted in lobby

FAMILY APARTMENTS (2,3, and 4 bedroom apartments)

Requirements:

1. Family head of house, age 18 or older
2. Current HUD income limits:
Income limits posted in lobby
3. Disabled and Handicapped persons may apply

RENT

- Rent is 30% of Total Income, regardless of number of rooms
(Total income includes 2% of any fixed assets)
- Security Deposit is \$400.00 for 1-bedroom apartments
- Security Deposit is \$450.00 for 2,3 and 4 bedroom apartments

AVAILABILITY AND APPLICATION

-NO IMMEDIATE OR EMERGENCY HOUSING IS AVAILABLE

-Waiting lists only

-Applications taken at Main Office
 213 Murphy Drive
 Alamosa, CO 81101-2348

-Office Hours are Monday through Friday 9:00 a.m. to 3:00 p.m.

-Waiting lists varies according to bedroom size, time and date of application



EQUAL HOUSING
OPPORTUNITY



Housing Authority City of Alamosa

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Please be sure to sign and date all required areas.

APPLICATION for PUBLIC HOUSING

This is not a Section 8 application and cannot be used for the Housing Voucher program.

Instructions: Please read Carefully. Incomplete applications will not be processed.

1. This application is valid for all public housing properties operated by the Housing Authority
2. To be qualified for admission to public housing an applicant must:
 - (a) Be a family as defined in PHA's Admission and Continued Occupancy policy;
 - (b) Meet the HUD requirements on citizenship or immigration status;
 - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices.
 - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
 - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session, if requested to do so;
 - (f) Pay any money owed to PHA or any other housing authority;
 - (g) Not have had a lease terminated by PHA in the past 12 months;
 - (h) Be able and willing to comply with the Housing Authority lease; and
 - (i) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.
3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.
4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.
5. Applicants with disabilities may seek assistance with the completion of the application at PHA's Admissions and Occupancy Department, at the address above.
6. PHA will conduct a criminal record check on all applicants age 15 years and older.

The Housing Authority is an Equal Housing Provider

Admission will be denied during screen process when;

- Illegally selling drug equipment
- Possession of controlled substance
- Unlawful delivery of imitation controlled substance
- Registered Sex Offender (For Life)
- Convicted of manufacturing or producing methamphetamine (For Life)
- Aggravated murder
- 1st & 2nd degree assault
- 1st degree criminal mistreatment
- Criminally negligent homicide
- Dealing in depiction of sexual conduct involving a child
- 1st & 2nd degree kidnaping
- 1st & 2nd degree manslaughter
- Murder
- Paying for viewing sexual conduct involving a child
- Possession of depiction of sexual conduct involving a child
- 1st degree rape
- 1st degree sexual abuse
- 1st degree sodomy
- Transporting child pornography into State
- 1st degree unlawful sexual penetration
- Using child in display of sexually explicit conduct
- 1st degree aggravated theft
- 1st & 2nd degree arson
- 1st degree burglary
- 1st degree criminal mischief
- Reckless burning
- 1st & 2nd degree robbery
- 1st degree theft
- Theft by extortion
- Firearm use in felony
- 1st degree intimidation
- Possession of destructive device
- Possession of firearm by felon
- Racketeering
- Riot
- Setting spring-gun or set-gun
- Treason
- Unlawful paramilitary activity
- Unlawful possession of armor piercing ammunition
- Unlawful possession of firearm
- Unlawful possession of machine gun, short-barreled firearm or silencer
- Compelling prostitution
- Abandonment of child
- 3rd degree assault

Assaulting public safety officer
1st or 2nd degree child neglect
Coercion
2nd degree criminal mistreatment
Menacing
Public indecency
Reckless endangerment
2nd & 3rd degree sodomy
2nd degree sexual abuse
2nd degree unlawful sexual penetration
2nd degree burglary
2nd degree criminal mischief
1st degree criminal trespass
Criminal trespass while in possession of firearm
Interfering with police animal
Possession of burglar's tools
2nd degree theft
Theft of services
Unauthorized use of a vehicle
Criminal possession of a forged instrument, 1st & 2nd degree
Criminal possession of a forgery devise
Criminal simulation
1st & 2nd degree forgery
Fraudulently obtaining a signature
Fraudulent use of a credit card
Interfering with public transportation
2nd degree intimidation
Negligently wounding another
Obliteration or change of identification number of firearm
Pointing firearm at another
Possession of firearm in public building
Unlawful purchase of firearm
Displaying obscene materials to minors
Distribution of obscene material
Exhibiting an obscene performance to a minor
Frequently a place where controlled substances are used
Furnishing obscene materials to minors
Prostitution
Publicly displaying nudity or sex for advertising purposes
Sadoomasochistic abuse or sexual conduct in live show
Sending obscene materials to minors
Tampering with drug records
Promoting prostitution
Manufacture or delivery of controlled substance
Illegal drug users and alcohol abusers are not eligible for PUBLIC HOUSING

PHA use Only: Pre-app Pref claimed: Displacement Upward Mobility
 Date of application: _____ Time of Application: _____ App # _____ Tier I Tier II

Name of head of household: _____
 Name of adult co-head of household: _____
 Current address, Street, Apt. # _____
 Current City, State and Zip _____
 Current Area Code, Home & Work Phone #s _____

For Statistical Purposes Only

4. Race of Head: Caucasian/White African American/Black Asian or Pacific Islander
 Native American/Alaskan Native

5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the PHA unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	relation to Head	Disabled Person	Birthplace Country	Full-time student
H				_____	Head			
2				_____				
3				_____				
4				_____				
5				_____				
6				_____				
7				_____				
8				_____				

Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, etc.? Yes No. If yes, who can verify this? Please give name, address and phone #. _____

Is the applicant family displaced by governmental action through no fault of their own? Yes No
 If yes, who can verify this? Please give name, address & phone #: _____

Is the applicant family displaced by domestic violence? Yes No If yes, who can verify this?
Please give name, address, and phone number _____

Is any adult family member employed? Yes No If yes, name, address & phone # of employer: _____

Is any adult family member enrolled in a job training program, including one required under the Welfare program? Yes No If yes, who can verify this? Please give name, address & phone #: _____

Is any adult family member enrolled in an education program full-time? Yes No If yes, who can verify this? Please give name, address and phone #: _____

Family Income Information: Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

Family Member Name	Income Source	Amount \$	Frequency - Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? Yes No If yes, describe the type of asset(s) please: _____
What is the market value of all assets? _____

Do you own any real estate? Yes No If yes, what is the address? _____

Have you sold any real estate in the past two years? Yes No If yes, what was the address? _____

Current Landlord's name and phone # _____

Date Family Moved to this location _____

Most recent former address, Street, Apt. # _____

Most recent former City, State and Zip _____

Most recent former Area Code and Phone # _____

Most recent prior landlord's name, phone # _____

Date Family Moved to this location _____

Screening Questions: A "yes" answer will not necessarily disqualify you for admission.

Have you ever been evicted from housing? Yes No If yes, why? _____

Have you ever lived in public housing before? Yes No If yes, where? _____

Dates: From _____ To _____ Name of Lessee: _____

Do you owe any money to the housing authority? Yes No

Do you have any relatives who are currently living in this public housing? Yes No If yes, please name all relatives and addresses.

Do you have any past due utility bills? Yes No If yes, please describe and give amount owed: _____

Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, please explain the nature of the problem and who was involved: _____

Is anyone in your household currently on parole or probation? Yes No If yes, please explain: _____

Qualifying for Deductions in Calculating Rent:

Is the head of household or spouse age 62 or older or a person with a disability? Yes No If yes, please answer the following questions. If no, please skip down to question # 22.

Does your household have any medical expenses (include insurance, medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? Yes No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense: _____

Monthly medical expense: \$ _____ Please give us the name, address & phone # of someone who can verify the expense: _____

Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes No If yes, describe the nature of the expense and the monthly amount: _____ Please give us the name, address & phone # of someone who can verify the expense: _____

Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training? Yes No If yes, please list the name, address and phone # of your child care provider: _____ Monthly unreimbursed child care cost: \$ _____

Is any member of the household age 18 or older other than the family head and spouse a full time student or a person with a disability? Yes No If yes, please give us the name of the family member and the name and address of someone who can verify this information: Name of family member: _____ Please give us the name, address & phone # of someone who can verify this information: _____

Drivers License or State ID #: Applicant: _____ Co-applicant: _____
Automobile: Year: _____ Make: _____ Model: _____ License: _____

Do you own a/any pet/pets? _____ yes/no
Are you in need of a wheelchair accessible apartment? _____ yes/no

PHA will be contacting all former landlords for the period three years from the date of application

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-applicant Signature

Date

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



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AUTHORIZATION TO RELEASE INFORMATION

I have applied for residency or I am a resident at the Alamosa Housing Authority. As a part of the process, AHA may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to AHA for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references.
- Other consumer credit references.

The information AHA obtains is only to be used in the processing of my request for assistance.

A copy of this authorization maybe accepted as an original.

Your prompt reply is appreciated.

Signature

Date

DECLARATION OF CITIZENSHIP

PLEASE COMPLETE THIS FORM AND RETURN TO:

ALAMOSA HOUSING AUTHORITY; 213 Murphy Drive; Alamosa, CO 81101

Part 1: Applies to All Family Members

Each person who will benefit under the ^{Public Housing or} Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call at 719-589-6694 to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS-VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

Authorization for the Release of Information

PHA requesting release of information:

ALAMOSA HOUSING AUTHORITY
213 Murphy Drive
Alamosa, CO 81101

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

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

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 this form is restricted to the purposes cited above. 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.

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 review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

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

Authorization for the Release of Information/ Privacy Act Notice

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

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

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

ALAMOSA HOUSING AUTHORITY
213 Murphy Drive
Alamosa, CO 81101

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 the wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	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 (42U.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.



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Office Hours 9:00 a.m. to 3:00 p.m. –Monday through Friday

PUBLIC REQUEST FOR ARREST INFORMATION ELECTRONIC SUBMISSION Colorado Bureau of Investigation

The following information is needed to complete electronic submission by the Alamosa Housing Authority.

I authorize the Alamosa Housing Authority to receive the Electronic report from the Colorado Bureau of Investigation.

Signature Date

LAST NAME FIRST NAME MIDDLE NAME

SEX (M-F) DATE OF BIRTH SOCIAL SECURITY NUMBER

THE RECORDS REQUESTED SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.

CBI ARREST FILE COMPLETENESS. Not all arrests are documented in CBI files stores only records of arrest which occurred in Colorado and for which readable fingerprints were taken and sent to the CBI. While arrest fingerprint submission to the CBI is required by law, that does not insure either submission or submission of quality sufficient for use. A varying number of prints are returned to contributors due to poor prints quality that prevents a thorough search of the file.

There is a normal delay of one to two weeks between the time of arrest and the time the CBI receives the card documenting the arrest. A person screened may have been arrested during the prior several days and the CBI may have the card but has yet to add it to the file. In such cases, if the arrest card in process is the person's only know Colorado arrest, the reply would indicate "No Record Found".

Sealing is permitted only when the arrestee has petitioned the court for sealing, and he/she has either been acquitted of all charges relating to an arrest, or no charges were filed after the arrest, or all charges were dismissed. Fewer than one per cent of our records have been sealed by court order, and are unavailable.

RECORD RETENTION AND PURGE. A person's record is purged when he reaches 80 years of age, and has been free of arrest or criminal justice supervision (incarceration, parole, probation) for ten year.



Housing Authority City of Alamosa

213 Murphy Drive • Alamosa, CO. 81101 • (719) 589-6694 • (719) 589-8474 fax
Office Hours 9:00 a.m. to 3:00 p.m. –Monday through Friday

PUBLIC REQUEST FOR ARREST INFORMATION ELECTRONIC SUBMISSION Colorado Bureau of Investigation

The following information is needed to complete electronic submission by the Alamosa Housing Authority.

I authorize the Alamosa Housing Authority to receive the Electronic report from the Colorado Bureau of Investigation.

Signature Date

LAST NAME FIRST NAME MIDDLE NAME

SEX (M-F) DATE OF BIRTH SOCIAL SECURITY NUMBER

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