



Benson Housing Authority

*1000 S. Williams Drive, Suite 413
P.O. Box 26
Benson, N.C. 27504*

*Allen Brown, Executive Director
Donelle Bell, Chairman
Phone: 919-894-4710
Fax: 919-207-0444
Email: abrown@bensonhousing.org*

You Will Need The Following Information To Apply For Housing With Us:

**Photo ID for All Adults in the Household
Original Birth Certificate for Everyone in the Household
Original Social Security Cards for everyone in the household**

Please be advised that only once you appear to be within 90 days of being housed with our agency will a full verification process be completed. This will include but may not be limited to a criminal history check, family income and asset verification as well as landlord references. At that time we will request the following:

**Landlord's Name, Address and Phone Number
Proof of Income
Employer's Name, Address and Phone Number
Last Bank Statement if you have a Checking or Savings Account**

***Anyone 18 or Older must come into the office and fill out paper work**

***Call to make an appointment to turn in application**

Appointment Date and Time:_____

BENSON HOUSING AUTHORITY

INITIAL APPLICATION/RENEWAL QUESTIONNAIRE

Name:		Date:
Address		City:
Phone:	Emergency Contact	Phone:

Have you ever lived in public housing? _____ If so, which public housing agency? _____

Complete for ALL household members (including head of household, all adults and all minors):

Name	Relationship to Head of Household	DOB, age	Social Security Number	Full Time Student? (circle)		Employed? (circle)		Disabled? (circle)	
				Yes	No	Yes	No	Yes	No

List ALL source of income for all members of the household you have disclosed on page 2 of this questionnaire:

Name of Household Member	Source of Income	Mailing Address	Phone # & Contact Person	Gross Amount (list by week, month, etc.)

List ALL assets for all members of the household you have disclosed on page 2 of this questionnaire:

Name of Household Member	Type of Asset (Checking, savings, CD's, etc.)	Mailing Address	Phone # & Contact Person	Gross Amount (list by week, month, etc.)

Deductions from Annual Income

	Circle	
	Yes	No
Do you or any member of your household have a Medicare Discount Card?		
If the head, co-head, spouse or sole member is 62 or older or disabled, do you pay out-of-pocket medical expenses?		
Do you have out-of-pocket child care expenses not paid or reimbursed from any source, for children under age 13 year?		

Have you or anyone in your family been arrested in the past 12 months? Yes _____ No _____

Explanation: _____

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact Estrella C. Patiño at Benson Housing Authority at 919-894-4710.

I certify that the information listed above is true and correct to the best of my knowledge. I acknowledge that I have been informed that this information is being obtained to verify the household's eligibility and compliance with the Housing Assistance Payment Program.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please circle YES or NO for every item listed below and indicate amount under the appropriate HH member's name.

Does any Household Member have any:	Member (Head)			(#2)			(#3)		
Checking Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Saving Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Certificates of Deposits	Yes	No	\$	Yes	No	\$	Yes	No	\$
Money Market Funds	Yes	No	\$	Yes	No	\$	Yes	No	\$
Stocks/Bonds	Yes	No	\$	Yes	No	\$	Yes	No	\$
Treasury Bills	Yes	No	\$	Yes	No	\$	Yes	No	\$
IRA/Keogh Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Company Retirement Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Life Insurance Policies (Whole Life)	Yes	No	\$	Yes	No	\$	Yes	No	\$
Pension Funds	Yes	No	\$	Yes	No	\$	Yes	No	\$
Trust Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
If yes, is it irrevocable?	Yes	No	\$	Yes	No	\$	Yes	No	\$
Cash held in Safety Deposit Boxes, etc.	Yes	No	\$	Yes	No	\$	Yes	No	\$
House/Real Estate	Yes	No	\$	Yes	No	\$	Yes	No	\$
Rental Property	Yes	No	\$	Yes	No	\$	Yes	No	\$
Other Investments	Yes	No	\$	Yes	No	\$	Yes	No	\$
Have you received any lump sum payments such as the following:	Potential Assets								
Inheritances	Yes	No	\$	Yes	No	\$	Yes	No	\$
Lottery or other Winnings	Yes	No	\$	Yes	No	\$	Yes	No	\$
Insurance Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
Workers' Compensation Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
Social Security Disability Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
Unemployment Compensation Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
VA Disability Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
Severance Pay	Yes	No	\$	Yes	No	\$	Yes	No	\$
Capital Gains	Yes	No	\$	Yes	No	\$	Yes	No	\$
Other	Yes	No	\$	Yes	No	\$	Yes	No	\$
Have you disposed of any assets for less than fair market value in the past 2 years?	Yes	No	\$	Yes	No	\$	Yes	No	\$
Do you receive any of the following:									
Wages, Salary, etc. thru Employment	Yes	No	\$	Yes	No	\$	Yes	No	\$
Income from a Business or Profession	Yes	No	\$	Yes	No	\$	Yes	No	\$
Social Security	Yes	No	\$	Yes	No	\$	Yes	No	\$
SSI	Yes	No	\$	Yes	No	\$	Yes	No	\$
WFFA, Food Stamps or other Public Assistance	Yes	No	\$	Yes	No	\$	Yes	No	\$
Alimony	Yes	No	\$	Yes	No	\$	Yes	No	\$
Child Support	Yes	No	\$	Yes	No	\$	Yes	No	\$
Unemployment Compensation Benefits	Yes	No	\$	Yes	No	\$	Yes	No	\$
Workers' Compensation Benefits	Yes	No	\$	Yes	No	\$	Yes	No	\$
Severance Pay	Yes	No	\$	Yes	No	\$	Yes	No	\$
Retirement Income	Yes	No	\$	Yes	No	\$	Yes	No	\$
Annuities Income	Yes	No	\$	Yes	No	\$	Yes	No	\$
Insurance Policies Income	Yes	No	\$	Yes	No	\$	Yes	No	\$
Disability or Death Benefits	Yes	No	\$	Yes	No	\$	Yes	No	\$
Income from Rental Property	Yes	No	\$	Yes	No	\$	Yes	No	\$
Regularly Recurring Monetary Gifts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Tuition Assistance/Higher Education	Yes	No	\$	Yes	No	\$	Yes	No	\$

Employee Initials _____

Supplement to Application

Have you ever lived in Public Housing? Yes _____ No _____

If Yes Where? _____

Have you or any member of your household ever been evicted or terminated from Public Housing? Yes _____ No _____

If yes, provide the following information: When? _____

Where? _____

For what reason? _____

Have you or any member of your household ever been convicted of a Felony?

Yes _____ No _____ If Yes please explain _____

Are you or any person in the household registered as a lifetime sex offender?

Yes _____ No _____ If yes please explain _____

I certify that the information listed above is true and correct to the best of my knowledge.

Signature: _____ Date _____

BHA Representative: _____ 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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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(I)(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		
_____		_____	_____
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.