Eligibility Application

HOUSING CHOICE VOUCHER PROGRAM

Fax: 504-758-3927
Main Office: 504-321-HAJP (4257)
Westwego, LA 70094

Jefferson Parish
Housing Authority of Jefferson Parish

If you are elderly or disabled and need assistance with completing this application, please call 504-321-4257 to request assistance.

Date
Head of Household Signature
Printed Name of Head of Household
The information you provide will be verified. (See Penalty of Perjury Part II)

If yes, please provide name of household member and due date:

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Immigrant Status</th>
<th>Current Age</th>
<th>Date of Birth</th>
<th>Last 4 Soc. Sec. No</th>
<th>Gender</th>
<th>Head of Household Relationship</th>
<th>Name of Household Member</th>
</tr>
</thead>
</table>

Please complete this table for all family members that will be residing in the home with you upon admission to the program.

**Part 2 - Household Composition**

<table>
<thead>
<tr>
<th>City</th>
<th>Zip</th>
<th>State</th>
<th>Mailing Address (if different from above):</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th>Cell or Home Phone Number:</th>
</tr>
</thead>
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</table>

Current Address: Head of Household Name: Date Received (if applicable)

Housing Authority of Jefferson Parish
The information you provide will be verified. See penalty of perjury Part II.

Note: The Housing Authority of Jefferson Parish (HAP) is now using HUD's centralized Enterprise Income Verification (EV) system to validate and compare applicant/participant reported information with EV data. This system will validate identification of all family members, previous housing assistance, any debts owed to other housing agencies, and will provide us with information related to income from all family members. It is important that you provide accurate information to prevent disqualification from the program.

Outstanding Balance:

Reason for moving out:

Name of housing agency:

Name(s) of housing program:

If yes, please provide the following information:

Do any of your family members currently live or have lived in a Federal Low-Income Housing Program including but not limited to: Project-Based Section 8, VASH, Shelter Plus Care?  

Are you or any of your family members currently living or have lived in a Federal Low-Income Housing Program including but not limited to: Project-Based Section 8, VASH, Shelter Plus Care?  

Do you have a foster parent or any household member 17 years of age or younger?  

Do you have children who are temporarily placed out of your home?  

Do you have a child under the age of six who has an elevated blood lead level?  

Please answer the following:

Housing Authority of Jefferson Parish
**Income**

<table>
<thead>
<tr>
<th>ESTIMATED ANNUAL INCOME</th>
<th>BUSINESS START DATE</th>
<th>TYPE OF BUSINESS</th>
<th>NAME OF BUSINESS</th>
<th>HOUSEHOLD MEMBER NAME</th>
</tr>
</thead>
</table>

If you have a copy of the audited financial statement, please provide it. If not audited, please provide a statement of income and expenses.

If Yes, please provide last year's tax return Form 1040 filed with the IRS with all attachments. An audit was conducted for the previous fiscal year. Please provide a copy of the audited financial statement. If not audited, please provide a statement of income and expenses.

**Self-Employment**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MONTHLY</th>
<th>ANNUALLY</th>
<th>SALARY AMOUNT</th>
<th>HIRE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Specifying week, month, tips/bonus/overtime)</td>
<td>(Weekly, Bi-weekly, Bi-monthly, Annual)</td>
<td>(Weekly, Bi-weekly, Bi-monthly, Annual)</td>
<td>(Weekly)</td>
<td></td>
</tr>
</tbody>
</table>

If Yes, please provide last year's tax return Form 1040 filed with the IRS with all attachments. An audit was conducted for the previous fiscal year. Please provide a copy of the audited financial statement. If not audited, please provide a statement of income and expenses.

**Name of Human Resources (Supporter, Payroll) or Employer Contract**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>EMPLOYER NAME &amp; ADDRESS</th>
<th>OCCUPATION</th>
<th>NAME</th>
<th>HOUSEHOLD MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYER PHONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

If Yes, please provide last year's tax return Form 1040 filed with the IRS with all attachments. An audit was conducted for the previous fiscal year. Please provide a copy of the audited financial statement. If not audited, please provide a statement of income and expenses.

**Part 3—Employment**

Everyone in the household 18 years old and older that is employed must provide copies of three (3) consecutive pay stubs or a payroll log from their employer verifying their salary and or wages earned within the last 60 days. If any of the income is from tips, please provide a copy.

Housing Authority of Jefferson Parish
<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER NAME</th>
<th>TYPE OF INCOME</th>
<th>AMOUNT</th>
<th>HOUSEHOLD MEMBER NAME</th>
<th>TYPE OF INCOME</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

If yes, please complete check the income type and provide the person's name and amount. Supporting documentation is required for all income.

Does any family member receive any of the following income types listed?  

PART 4—OTHER INCOME

Housing Authority of Jefferson Parish
The information you provide will be verified (see penalty of perjury part II).

| Phone # (includes street, city, state & zip) | Support | Full name of paying child | Payment amount | Monthly support
| --- | --- | --- | --- | ---

Part 5—Child Support

If yes, please provide the following information below.

Does any member of the household receive payments from child support?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Part 6—Students

Documentation must include the number of units/credits being taken.

Is any family member, 18 years old and above, currently enrolled in school?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>
PART 7—REGULAR CONTRIBUTIONS & GIFTS

The information you provide will be verified (see penalty of perjury part II).

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBERSHIPS CLAIMING</th>
<th>NO-INCOME STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOUSEHOLD</td>
<td></td>
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</tbody>
</table>

If in adult family member has no income and does not receive any contributions or gifts, please list the household member below and indicate so in the Yearly Contribution to Household column.

PART 8—ZERO INCOME

If yes, please complete the following for all family members receiving non-cash contributions or gifts:

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER NAME</th>
<th>TYPE OF PROVIDER</th>
<th>ADDRESS OF PROVIDER</th>
<th>CITY, STATE, ZIP</th>
<th>NUMBER</th>
<th>SOURCE OF ASSISTANCE</th>
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</table>

Does any adult household member receive contributions or gifts on a regular basis?

YES □ NO □

Regular contributions include cash or other support received by household members from any person or organization outside of the household. This includes the value of anything paid for on behalf of the family, such as groceries, credit cards, utilities, or car payments. That is expected to continue on a regular basis.
<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Type of Account</th>
<th>Name and Address of Bank/Institution</th>
<th>Status/Account Balance</th>
<th>PTA/IBA/A/PIC/CAO, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Active/Paid</td>
<td>Closed</td>
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<td>Active/Paid</td>
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<td>Active/Paid</td>
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<td>Active/Paid</td>
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<td>Active/Paid</td>
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<td></td>
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<td></td>
<td>Active/Paid</td>
<td>Closed</td>
</tr>
</tbody>
</table>
 Have you or anyone in your household been terminated from a housing program within the last five (5) years?  

| ☐ Yes | ☐ No |

Are you or any member of your household currently on probation or parole?  

| ☐ Yes | ☐ No |

D. Program?  

| ☐ Yes | ☐ No |

Are you or any member of your household, including minors, subject to a lifetime registration under a State Sex Offender Registration?  

| ☐ Yes | ☐ No |

C. Have you or any member of your household ever been arrested, charged or convicted for any sex-related criminal activity?  

| ☐ Yes | ☐ No |

B. Have you or any member of your household ever been arrested, charged or convicted for any violent criminal activity in which you or any individual 18 years old and older.  

| ☐ Yes | ☐ No |

By signing this form, you are allowing HAC to run a Criminal Background Check on each household member 18 years old and older.

Have you or any member of your household ever been arrested, charged or convicted for any drug-related criminal activity?  

| ☐ Yes | ☐ No |

Part 10—Criminal History/Screening
WARNING: THE 18TH SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLFULLY MAKING FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature</th>
<th>Other Adult Member (print name)</th>
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</table>

Head of Household (print name)

All adult members of the household 16 years old and older MUST sign this application.

By signing below, I declare, under penalty of perjury, under the laws of the State of Louisiana, that the information provided is true and correct.

PART I—APPLICANT CERTIFICATION

Housing Authority of Jefferson Parish
AUTHORIZATION FOR THE RELEASE OF INFORMATION

PHA requesting release of information:

HOUSING AUTHORITY OF JEFFERSON PARISH
HOUSING CHOICE VOUCHER PROGRAM
1347 WESTBANK EXPWY, UNIT D
WESTWEGO LA 70094

Purpose: In signing this form, you are authorizing the Housing Authority of Jefferson Parish (HAJP), to request information regarding eligibility for or continued participation in the Housing Choice Voucher Program (HCVP). The Housing Authority (HA) needs this information to verify information that you reported, to determine your eligibility for assisted housing benefits and to ensure that the benefits are at the correct level.

Sources of Information to be Obtained: Information may be obtained regarding wages or unemployment compensation from State Employment Security agencies. Inquiries may also include, but are not limited to:

- Wages, Other Income, Pensions and Assets
- Federal, State, and Local Benefits
- Social Security Number Verification
- Identity, Marital Status
- Family Composition
- Child Care Expenses
- Medical Expenses
- Criminal Background Screening
- Credit History
- Rental History
- Disability Assistance Expense

Individuals or Organizations that May Release Information: Any individual or organization, including any governmental organization, may be asked to release information. Information may be requested from, but not limited to the following sources:

- Banks or Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers (current and former)
- Landlords
- Providers of Child Support, Childcare, Alimony, Credit, Disability Assistance, Medical Care, Pensions/Annuities
- Schools and Colleges/Universities
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

Who Must Sign the Consent Form: Each member of your household who is 18 years of age and 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.

Failure to Sign Consent Form: Your failure to sign this consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of your assistance is subject to the HA’s Informal Review or Informal Hearing procedures.

Computer Matching Notice and Consent: HAJP and HUD may participate in computer-matching programs with other governmental agencies, including Federal, State, Tribal or Local Agencies. The governmental agencies include but are not limited to:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

Consent: I consent to allow the Housing Authority of Jefferson Parish (HAJP) to request and obtain information for the purpose of verifying my eligibility and or continued eligibility and level of benefits as an applicant/participant in its Housing Choice Voucher Program. I understand that HAJP will use the information obtained exclusively for making a determination of my eligibility, and that the information will be released only to those persons directly involved in reaching that determination, unless otherwise provided by law.

This consent form expires 15 months after signed.

Signatures:

<table>
<thead>
<tr>
<th>Printed Name of Head of Household</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Head of Household</td>
<td>Date</td>
</tr>
<tr>
<td>Co-Head/Spouse</td>
<td>Date</td>
</tr>
<tr>
<td>Other Family Member over age 18</td>
<td>Date</td>
</tr>
<tr>
<td>Other Family Member over age 18</td>
<td>Date</td>
</tr>
<tr>
<td>Other Family Member over age 18</td>
<td>Date</td>
</tr>
</tbody>
</table>

01/2020
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)

<table>
<thead>
<tr>
<th>PHA requesting release of information: (Cross out space if none)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Full address, name of contact person, and date)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HA requesting release of information: (Cross out space if none)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Full address, name of contact person, and date)</td>
</tr>
</tbody>
</table>

Housing Authority of Jefferson Parish
Housing Choice Voucher Program
1347 Westbank Expressway, Unit D
Westwego LA 70094

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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1
form HUD-9886 (7/94)
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

Social Security Number (if any) of Head of Household

Spouse

Other Family Member over age 18

Other Family Member over age 18

Other Family Member over age 18

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.