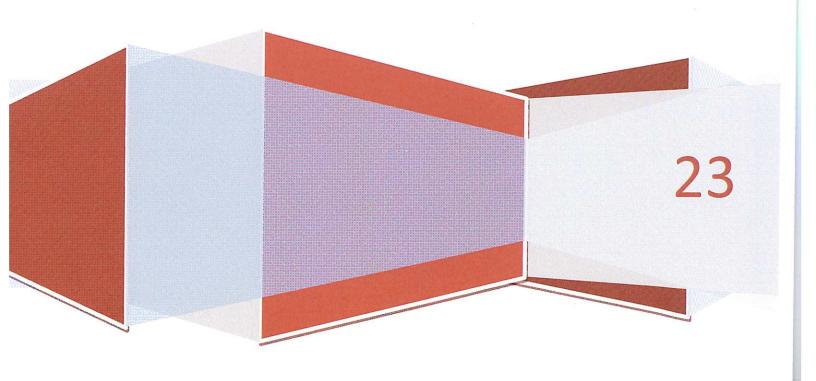
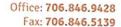
# MHA Housing Re-Exam Application

Re-Exam

Felicia Warren







ManchesterHousingGA.org

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### Authority for Release of Information

U.S. Department of Housing and Urban Development Office of Inspector General

To Whom It May Concern:

I hereby authorize any Investigator or duly accredited representative of the U.S. Department of Housing and Urban Development bearing this release, or a copy thereof, within one year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary and arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use and may be disclosed to such third parties of the Department as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature (Full Name)	
Full Name (Printed)	
Other Names Used	
Parent or Guardian (If required)	
Date	
Current Address	
Telephone Number	

#### **Privacy Act Notice**

Authority for Collecting Information

E.G. 10450; 5USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301.

### Purposes and Uses

Information provided on this form will be furnished to individuals in order to obtain information regarding your activities In connection with an investigation to determine (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and (3) security clearance or access. The information obtained may be furnished to third parties of the Department as necessary in the fulfillment of official responsibilities,

### Effects of Nondisclosures

Furnishing the requested information is voluntary, but failure to provide all or part o[ the information may result in a iack of further consideration for employment, clearance or access, or in the termination of your employment. form HDD-1453 (4/78)



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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.

Head of Household	Date	_	
ocial Security Number (flany) 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 your 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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TO:		D	ATE:			
<u> </u>						
The margan named share has all		C 11	S. S#:	-		
The person named above has ask			nation for this off	ice:	-	
	Account Number	Balance of Account	of Interest	Interest earned to date	Interest paid quarterly	Interest paid mont
Regular Savings						
Checking						
Certificate						
Treasury Bill						
Market Access						
IRA						
Social Security						
S.S.I.						
Any other accounts						2
We will appreciate your supplying	g this information w	hich will be kept	confidential.			
Authority to release information:						
SIGNATURE OF RESIDENT			Firm			
M.H.A. Use Only:						
Dale Received By		Add				
			D-4-			_

Form No. 31<sup>^</sup>



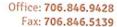


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## **EMPLOYMENT TERMINATION NOTICE**

	DATE:
	RE:
	APT #:
	SOCIAL SECURITY #
TO WHOM IT MAY CONCERN:	
YOUR NAME HAS BEEN GIVEN AS THE EMPLOYER O	SE THE ABOVE NAMED DEDCON MAILO STATES THAT
	ERMINATED. WE WILL APPRECIATE YOU SUPPLYING
US WITH THE INFORMATION REQUESTED BELOW, S	
35 WITH THE IN ORWATION REQUESTED BELOW, S	THAT THIS WAT BE VERIFIED.
AUTHORIZATION TO RELEASE INFORMATION:	SINCERELY YOURS:
THE THE TELEVISION ON SHAPE OF THE SHAPE OF	SINCEREE TOOKS.
SIGNATURE OF RESIDENT	SIGNATURE OF HOUSING AUTHORITY OFFICIAL
LAST DAY WORKED:	
DEACON FOR HIS WIFE TO MAKE THE TO THE TOTAL OF THE TOTAL	
REASON FOR HIS /HER TEMINATION OF EMPLOYME	NT WITH YOUR FIRM:
DISCHARGED: VES	NO IESO PEACON
DISCHARGED:YES	
QUITYESNO IF S	O, WHY?
ON ACCOUNT OF ILLNESS?	TO
TAKE ANOTHER JOB?YESNO	IF SO, WHERE?
FIRM:	H.A.C.M. USE ONLY:
BY:	DATE RECEIVED:
TITLE	BY:
PHONE:	





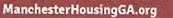
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# **EMPLOYMENT INQUIRY**

	DATE:
	RE:
	APT #:
	SOCIAL SECURITY #
In order to determine the eligibility of all families housed	in the Low Rent Housing required by law to verify the
income of the family. Both your employee and this Office which will be kept confidential.	will appreciate you supplying the following information,
Signature of Employee	Housing Authority Representative
THIS FORM MUST BE COMPLETED	BY EMPLOYER IN INK OR TYPED
Date employed by you	Occupation
Regular hours worked per week	Average hours overtime per week
Present gross rate of pay is \$	per
Gross Amount earned during past calendar year	is \$
Or if employed less than one (1) year, Gross total earns	ed \$
Additional information or explaination	
Data	
Date	M.H.A. USE ONLY:
Firm	Date Received
Phone	Ву:
Signature	







I hereby request that I be exempt from the required community service requirement of the Quality Housing and Work Responsibility Act of 1998.

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Manchester

Housing

I request this exemption for the following reason:
(Check one or more that apply to you)
I am over the age of 62.
I am currently employed at least 20 hours per week in a work activity for which I am paid.
I am blind or disabled or I am a primary care giver for someone who is blind or disabled, and I am prevented from working.  (Documentation to verify disability is required).
(2004).
I am exempt from work activity under Part A, Title IV of the Social Security Act.
I receive assistance, benefits, or services from the Department of Family and Children Services and comply with that program. (Welfare to Work Program).
(Documentation to verify compliance with job training).
Resident's Signature: Date:
NOTE: THIS FORM MUST BE COMPLETED BY ALL ADULT PUBLIC HOUSING RESIDENTS OVER THE AGE OF 18.
Approved by: Date:



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# NOTICE OF FAMILY CHOICE OF RENTAL PAYMENT

1 1	NANT						
H	This is to advise you the egulations require that you a busing family shall annually come Based Rent. Please se	re informed of choose betwee	your choice n two types	e of rent ca of Rents.	alculation. A A Flat Ren	Public t or an	
Ple	ease select your preferred me	ethod of rent ca	lculation be	low:			
My All	My choice is the INC r RENT will be owance Subsidies.					ation.	
	My Choice is the Flag, and I understan ying flat rent to income based tinclude utility allowance sub	d that if I exper	ience a hard	dship, I may	switch from	1	
		BEDROOM SIZE					
	DEVELOPMENTS			BEDROOM SI	ZE		
	DEVELOPMENTS	1BR	2BR	BEDROOM SI 2BR TH	ZE 3BR	4BR	
	DEVELOPMENTS  GA 108-1 (Hilltop)	1BR \$356.00				<b>4BR</b> \$657.00	
			2BR	2BR TH	3BR		







# NON SUPPORT

Manchester Housing

TO WHOM IT MAY CONCERN:

Re: Apt. No	0		
	being duly sworn she is	s/was	
Separated from	Divorced from	And o	does receive
\$per	support from the father(s) o	f my children Do	es not receive
\$			
Child's Name	Father	Support Support	Address of Father
	×		
The above support from	is/	is not sent to	child Support
Recovery Unit. If I should start to r	receive any income from the	above named in	ndividual I will
report it to the rental office at once.			
Subscribed & Sworn to Before Me			
This Day Of20			
Signature of Tenant			
Notary Public In & For the State of G	Georgia		
My Commission Expires on	, 20		



Housing

anatura of Hood of Household

Office: 706.846.9428 Fax: 706.846.5139

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### APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to the Manchester Housing Authority on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information is punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in family composition, income, assets, and expenses of any family member(s) to the Manchester Housing Authority within ten (10) days of the change. I understand that all changes in family composition due to birth, adoption, or court awarded custody must be reported in writing to the Manchester Housing Authority within ten (10) days of the change. Further, no one is permitted to move into my unit without prior written approval of the Manchester Housing Authority. I understand that any attempt to obtain Public Housing, rent subsidy, or rent reduction by false information, impersonation, failure to disclose, or other fraud, is a crime under Title 18, Section 1001 of the United States Code.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY ANDWILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of nead of nousehold.	Date:
Signature of Spouse:	Date:
Signature of Other Family Member over age 18:	_Date:
Signature of Other Family  Member over age 18:	Date:
DO NOT WRITE IN THIS SPACE – FOR PHA USEON	ILY:
I have reviewed this application in its entirety with the above Head of F verify by my signature that this application is complete and any items that the date this application was originally submitted have now been entered, the Head of Household/Spouse and myself.	were not complete on
Signature of PHA Representative	_Date:



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### CONFIDENTIAL DAYCARE INQUIRY

CONFIDENTIAL DAYCARE INQUIRY	DATE
	Tenant
	S.S. #
	Address
	Low Rent Housing Required by law to verify the child care paid by the supplying the following information, which will be kept confidential.
Resident's Signature THIS FORM MUST BE COMPLETED B	Housing Authority Official's BY THE CARE PROVIDER IN INK OR TYPED
Child Name that Care is provided for (Child	I #1)(Child #2)(Child #3)
	d #1)(Child #2 )(Child #3)
3. Child Departure Time from your facility (Chi	ild #1) (Child #2)(Child
#3)	
4. Child Care Cost per week (Child #1)	(Child #2)(Child #3)
5. How is childcare cost paid ( Money Order, 0	Cash, Check )
6. What Days of the week is Child Care provide	ded ?
7. Does your Day Care Facility have a Busines	ss License
8. Day Care Provider's Phone Number	
9. Do you file a 1099 with Internal Revenue Se	ervice
When you sign this certification forms, You are commit misleading information. Information you give on your a	itting fraud if you sign a form knowing that contains false or application varied by your housing agency. In addition HUD rith various, Federal, State, or private agencies to verify that It
Day Care Pro	ovider's Signature
SWORN TO AND SUBSCRIBED BEFORE ME	E THIS DAY OF 20





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### **TENANT STATEMENT# 2**

Date	Time
RE	Apt.#
TO WHOM THIS MAY CONCERN:	
THIS IS TO CERTIFY THAT : I	
<ol> <li>Report all income changes.</li> <li>Report if someone move into my hon</li> <li>Pay my rent on time.</li> <li>Keep my apartment clean, tidy, and i</li> <li>I will not disturb my neighbors.</li> <li>All apartment windows must have cu</li> <li>1 STRIKE AND YOUR OUT POLICY</li> <li>NO DRUGS ON, OFF, OR NEAR TH</li> <li>Tenant is responsible for keeping his offense, a Written Warning. The 3<sup>rd</sup></li> <li>Tenant will have outdoor furniture and</li> <li>Tenant will report all maintenance pro</li> </ol>	n the same condition as move in.  rtains or blinds. NO BED SHEETS.  E PREMISES.  or her front and backyard clean. 1st and 2nd Offense a \$10.00 Fine. d well kept plants on front porch.
I am aware that repeated violations of my le aware that if I or a member of my household manufacturing drugs this will result in eviction	l is caught with, using, selling, and
Signature of Tenant	Signature of other household member



# TENANT POLICY RECEIPT ACKNOWLEDGMENT:

TENANT POLICY RECIEPT ACKNOWLEDGEMENT: form letter to be signed by tenant to indicate he/she has received the following:

- Continued Occupancy Application / Lease
- Notice of Rent Adjustment
- Maintenance Charges
- o Tenant Statements

Housing

- o Family Choice of Rent
- Utility Allowance Schedule
- EIV authorization
- Community Service documents and Policy.

I have received my copies of the above Policies, It is my responsibility to read and understand the matters set forth in these policies. It is a guide to the Manchester Housing Authority policies and procedures.

Head of Household	_	Date	
Other Adult			
Other Adult	-		
Representative Manchester Housing Autho	ritv		



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### Permission to Use Photograph

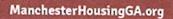
I grant to the <u>Manchester Housing Authority</u> the right to take photographs of me and my household in connection with any identified event. I authorize the <u>MHA</u>, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that the <u>MHA</u> may use such photographs of me and my household with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Head of Household Signature:
HoHh Printed Name:
Housing Authority Representative:
Date

I have read and understand the above:







# Hilltop / Lakeview Communities

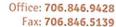
Manchester

Housing

l,	, acknowledge I
received a copy of Manchester	Housing Authority's No Smoking
Policy and the fact that it has bee	n explained to me. I have read the
policy and understand that the vic	plation of the policy can lead to my
family and I eviction from the prope	erty.
	-
Signature	Date
Signature	Date
~.	-
Signature	Date
G'	
Signature	Date
Signatura	
Signature	Date

## Contact Information

House Phone:	
<del></del>	
Security Answer:	





ManchesterHousingGA.org



# **MANAGER'S RECORD**

Apartment #	Tenant's Name
appropriate notes concerning communications we complainants by other parties, deficiencies in ter	ular dated February 7, 1967 this case file is to contain with and about the tenant, including but not limited to nant' obligations, housekeeping observations and other in the case file. Make entries brief but meaningful.
PLEASE ENTER DATE, TIME, SUBJECT	T AND NAME OF PERSON MAKING ENTRY.