

Each/Other
Household
Member 18 y/o+
Must Complete
the Following
Forms



Guthrie Housing Authority
1524 E. Perkins Ave. - Guthrie OK 73044
Telephone: 405-282-3246 - Fax: 405-282-2884
TDD: 405-293-9797 www.guthriehousing.org

POLICE/CRIMINAL BACKGROUND VERIFICATION

Police Department/Agency: **GUTHRIE POLICE DEPARTMENT**

Date: _____

Federal law requires Guthrie Housing Authority to verify criminal information about all persons living in or applying for housing at Guthrie Housing Authority. Specifically, GHA wishes to avoid housing people involved in criminal activity that would adversely affect the health, safety, or welfare of other tenants. Federal law also requires your cooperation in supplying information on criminal activity (if any) of any persons listed below. Your prompt return of this information will be appreciated. If you have questions, please call Guthrie Housing Authority at (405) 282-3246.

Jennifer K. Ricker

Jennifer K. Ricker, GHA Executive Director

APPLICANT/TENANT'S PERMISSION TO RELEASE INFORMATION

I, the undersigned individual, authorize and give permission to Guthrie Housing Authority to contact any person, business, organization, or agency which GHA deems necessary to verify criminal background in order to determine eligibility for housing assistance and determination of rent.

IMPORTANT NOTE: A Police/Criminal Background Verification is required for all family members over the age of 18 who will be living in the unit.

Applicant **Social** **Date of**
Name Printed: _____ **Security #:** _____ - _____ - _____ **Birth** ____/____/____
Applicant Signature: _____ **Date:** _____

FOR POLICE DEPARTMENT USE ONLY

Using the numbers below, please indicate whether any person(s) listed below have been arrested for or convicted of any crimes relating to the following:

- | | |
|--|---|
| 1. Homicide/Murder | 8. Child Abuse/ Domestic Violence |
| 2. Rape or Child Molesting | 9. Public Intoxication/Drunk & Disorderly |
| 3. Burglary/Robbery/Larceny/Theft | 10. Receiving Stolen Goods |
| 4. Threats or Harassment | 11. Fraud |
| 5. Destruction of Property/Vandalism | 12. Prostitution |
| 6. Assault or Fighting | 13. Disorderly Conduct |
| 7. Drug Trafficking/Use/Possession/Manufacturing | 14. No Record Found |

Crime No.	Description	County / Jurisdiction	Date of Offense	Status/Disposition
			___/___/___	
			___/___/___	
			___/___/___	
			___/___/___	
			___/___/___	
			___/___/___	

Additional Comments:

Signature

Date

Name & Title of Person Completing this form (Print)

Telephone & FAX Number

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at ****208 (a) (6), (7) and (8).**** Violations of these provisions are cited as violations of 42 USC ****408 (a) (6), (7) and (8).****

DISCRIMINATION STATEMENT:

In accordance with the Dept. of Housing and Urban Development and all applicable Federal and State laws, Guthrie Housing Authority does not discriminate on the basis of race, color, national origin, age, disability, sex, marital status, religion, political beliefs, sexual orientation, or familial status in the admission, access, treatment, or employment in its federally assisted programs and/or activities. (Not all prohibited bases apply to all programs). To file a discrimination complaint, call the Fair Housing and Equal Opportunity National toll-free hotline at 1-800-424-8590 or local Fair Housing Hotline at 1-866-677-7541.



"This Institution is an equal opportunity provider and employer."





LANDLORD VERIFICATION

APPLICANT/TENANT'S PERMISSION TO RELEASE INFORMATION

I, the undersigned individual(s), authorize and give permission for Guthrie Housing Authority to contact my current and previous landlords to verify my rental history in order to determine eligibility for housing assistance.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Note to Applicant/Co-Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

FOR LANDLORD USE ONLY

To: _____

Applicant: _____

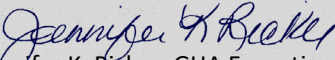
Last 4 SS#: _____ DOB: _____

Co-Applicant: _____

Last 4 SS#: _____ DOB: _____

The person(s) listed above have applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page.

Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.


 Jennifer K. Ricker, GHA Executive Director

The applicant(s) were a tenant at the following address: _____

Dates of applicant's tenancy: From: _____ To: _____

Names of adult members of the household: _____

PLEASE CIRCLE YOUR RESPONSE TO THE FOLLOWING:

Are you a relative or friend of the applicant? If yes, describe the relationship: _____	YES	NO
Did the tenant keep the unit clean, safe, and sanitary?	YES	NO
Did the tenant keep tenant-supplies utilities in service?	YES	NO
Did the tenant or any of the tenant's household members engage in any criminal activity including drug-related criminal activity, or have a pattern of drug/alcohol abuse?	YES	NO
Did the tenant's pay rent on time? If no, was there any reason given: _____ Amount of monthly rent: \$ _____ # of times tenant was late with rent: _____	YES	NO
Was the tenant ever evicted for nonpayment of rent or other lease violations?	YES	NO
Did the tenant get along with other tenants/neighbors?	YES	NO
Would you accept this person as a tenant again? If no, why: _____	YES	NO
Does tenant owe for unpaid rent, damages, other charges, etc.? If yes, how much? _____ For what reason(s): _____	YES	NO
Did tenant or household member ever receive Earned Income Disallowance-EID? If yes, who: _____ Start Date: _____ End Date: _____ How many months at 100%: _____ 50%: _____	YES	NO

Additional Comments:

Signature

Date

Name & Title of Person Completing this form (Print)

Telephone & FAX Number

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DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive housing assistance, each applicant for, or recipient of housing assistance must be lawfully within the U.S. Please read this Declaration of Citizenship Status carefully, sign and return to the Guthrie Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing. **IMPORTANT NOTE:** A Declaration of Citizenship Status is required for all family members who will be living in the unit.

Instructions to Family Member for Completing Form: Print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child. See next page for footnotes.

I, _____ certify, under penalty of perjury¹, that, to the best of my knowledge, I am lawfully within the United States because *(please check the appropriate box below)*:

- I am a citizen by birth, a naturalized citizen, or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age²; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed Verification Consent Form.
- Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)³; or
- Permanent residence under §249 of INA⁴; or
- Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or
- Parole status under §§212(d)(5) of the INA⁶; or
- Threat to life or freedom under §243(h) of the INA⁷; or
- Amnesty under §245A of the INA⁸.

Signature of Applicant/Family Member

Date

- Check box on left if signature is of adult residing in the unit who is responsible for child named above.

Housing Authority Instructions: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A GHA signature is not required.

Enter INS/SAVE Primary Verification #: _____ Date: _____

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

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2 Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3 Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4 Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5 Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6 Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7 Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8 Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Guthrie Housing Authority OK055 & OK56R000002 1524 E Perkins Ave
Name of Property Project No. Address of Property

Guthrie Housing Authority Section 515 & Public Housing
Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

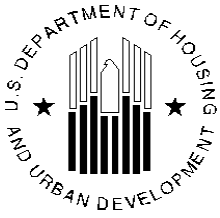
The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name