



1500 Chawen Springs Loop
Great Falls, MT 59405-2564
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Affordable Housing

The Sand Hills and Holland Court Apartment Complexes are affordable housing sites operated by the Great Falls Housing Authority. Families are selected according to the regulations set forth by the HOME program.

Families or individuals will be selected according to the regulations set forth by the HOME program. Twenty percent (20%) of the units will house families or individuals whose incomes are fifty percent (50%) of the median income for this area, and eighty percent (80%) of the units will become home for families whose income is sixty percent (60%) of the median.

Rent will be set in accordance with HOME Program rent limits.

Applicants are required to furnish a favorable landlord reference, agree to a police background investigation, and document income and assets. The final step for consideration is a favorable credit report.

Please complete the application and sign the request for background screening and Authorization for Release of Information. The Housing Authority will verify the information and obtain a credit report when processing the application.

The Great Falls Housing Authority is an equal opportunity housing provider. GFHA does not discriminate because of age, marital status, race, color, religion, sex, national origin, family status or physical/mental disabilities. If you feel you are being unfairly treated, please contact the Montana Human Rights Commission at 1-406-444-2884 or 1-800-542-0807.

Restrictions on assistance to students enrolled in an institution of higher education.

Please see site leasing manager for more information concerning eligibility.



Affordable Housing Application

List each person who will live in your household. Please complete the entire form, starting with the Head of Household.

Last Name	First	Relationship	Sex	Race/Ethnic
		Head of Household		
Social Security #		Date of Birth		

Last Name	First	Relationship	Sex	Race/Ethnic
Social Security #		Date of Birth		

Last Name	First	Relationship	Sex	Race/Ethnic
Social Security #		Date of Birth		

Last Name	First	Relationship	Sex	Race/Ethnic
Social Security #		Date of Birth		

Last Name	First	Relationship	Sex	Race/Ethnic
Social Security #		Date of Birth		

Please complete the Mailing Address section carefully. If your address changes, please notify our office of the changes.

Mailing Address: _____ Phone: _____
City/State/Zip: _____

Are you applying for: Holland Court Sand Hills (Please circle one or both)

Is any household adult employed or self-employed? _____

Please complete the following information for each employed person:

Person employed: _____

Occupation: _____

Name of Business: _____

Address/City/State/Zip: _____

Person employed: _____

Occupation: _____

Name of Business: _____

Address/City/State/Zip: _____

Does any person receive retirement benefits from previous employment? _____

If yes, state company name, address/city/state/zip: _____

Does any person receive income from insurance, annuity, workmen's comp? _____

If yes, state company name, address/city/state/zip: _____

Does any person receive Public Assistance (welfare) or expect to? _____

If yes, state State/County: _____ Caseworker's name: _____

Please answer all of the following questions for all household members:

Does any person now receive Social Security benefits or expect to?	Yes	No
Does any person now receive Supplemental Security Income benefits	Yes	No
Does any person now receive Unemployment Benefits or expect to?	Yes	No
Has any person worked during the previous 12 months?	Yes	No
Has any person worked as a farm worker or forest fire fighter?	Yes	No
Does any person work for someone who pays him or her in cash?	Yes	No
Is any person on leave from work due to a lay off?	Yes	No
Is any person on leave from work due to medical or maternity leave?	Yes	No
Is any household member an owner, employee, agent or consultant in any GFHA HOME assisted unit?	Yes	No

Does any person now receive alimony payments or expect to? Yes No
 Was any person awarded child support or is entitled to support? Yes No
 If yes, the courts awarded \$ _____ per month.

Explain all income every household member expects to receive:

Household Member	Source	Amount	Pay Periods

Does your family require handicapped accessible housing? _____ Comments: _____

NOTE: The Great Falls Housing Authority requires one favorable landlord reference from all applicants. Please be sure the following is complete.

Have you ever lived in a HUD/rent subsidized place? _____ When? _____

Address/City/State/Zip: _____

Landlord Name: _____

Landlord Address/City/State/Zip: _____

Who is your current landlord? _____

Landlord Address/City/State/Zip: _____

Have you been asked to move by your landlord? _____ If yes, for what reason? _____

If you have not rented before and cannot provide landlord references, please provide two professional references, name and mailing address must be included; i.e. Employer, case worker, teacher, doctor, minister, counselor, etc. (Friends and relatives cannot provide these references).

Name: _____ Phone: _____

Address: _____ Relationship to applicant: _____

Name: _____ Phone: _____

Address: _____ Relationship to applicant: _____

Please list two emergency contacts:

Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____

Except for personal belongings and vehicles, does any person on this application have assets?

If yes, please explain: _____

Does any person have a checking/savings account or investments? If yes, name bank name, address/city/state/zip: _____

Is any household adult attending or registered to attend college or other training programs?

If yes, please explain who is enrolled and which school: _____

Signature and Date

Other adult signatures

EMPLOYMENT VERIFICATION

To: (Name & Address of Employer) _____ Date: _____

Re: _____
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Don Halber

Project Owner/Management Agent

THE FOLLOWING SECTION IS TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ No _____
Date Employed Last Day of Employment

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week _____ Year-to-date earnings \$ _____ thru ____ / ____ / ____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) _____

Additional Remarks: _____

Employer's Signature Employer's Printed Name Date

Employer (Company) name and address

Phone # Fax # E-Mail

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make wilful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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

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

Great Falls Housing Authority
1500 Chowen Springs Loop
Great Falls MT 59405

406-453-4311 TDD 406-453-6327
Fax: 406-727-5566

IHA requesting release of information: (Cross out space if none)
Full address, name and 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 will 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(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]).

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 HA's 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	Other Family Member over age 18	Date
_____	_____	_____
Other Family Member over age 18	Other Family Member over age 18	Date
_____	_____	_____
Other Family Member over age 18	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.

Great Falls Housing Authority
 1500 Chowen Springs Loop
 Great Falls, MT 59405

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 FAX (406) 727-5566
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 e-mail: gfhousing.

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 HUD9886. 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.

Original is retained by the requesting organization.

Form HUD-9886



**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 recordkeeping 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 04/30/2023.

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

City of Great Falls Police Department
Cascade County Sheriff Office
Great Falls MT 59403

Date of Request

The people described below have applied for housing subsidized by the U.S. Department of Housing and Urban Development. The Housing Authority must determine the family's suitability for tenancy. By signing this form the applicant consents to the release of the information listed below. **PLEASE PRINT LEGIBLY.**

<u>Client Name/18 yrs and older</u>	<u>Date of Birth</u>		<u>Social</u>
<u>Last Name, First Name, Middle</u>	<u>Month, Day, Year</u>	<u>Male or Female</u>	<u>Security Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please conduct a background screening, searching for events listed below for this person. A computer query report may be attached in lieu of hand written information. Thank you for your cooperation and prompt reply to this request.

Endangerment of a family member's welfare; Non-Payment of financial obligations; Imperilment to health, safety, or physical environment. Conviction for drug or alcohol abuse; Disregard for the Welfare or rights of non-family members; Conviction for other criminal activity; Physical or domestic Violence; Probation or parole violations; destruction of family's or other's property.

The above information is true and correct to the best of my knowledge. I/we understand that providing false or fictitious information may be grounds for ineligibility for housing assistance.

I consent to the release of information listed above to the Great Falls Housing Authority.

Signatures and Social Security Number

Great Falls Housing Authority
1500 Chowen Springs Loop
Great Falls MT 59405

