GREAT FALLS
HOUSING AUTHORITY

1500 Chowen Springs Loop
Great Falls, MT 59405-2564
Office: 406-453-4311
Fax: 406-727-5566
TDD: 406-453-6327
e-mail: gfha@gfhousing.org
Website: www.gfhousing.org

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.

EQUAL HOUSING OPPORTUNITY

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

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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

Are you a veteran that was honorably discharged? Yes or No Please provide a copy of DD Form 214 or VA card

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? _____

_____

Please list at least two places you have lived where you paid rent and were on the lease.

Address/City/State/Zip: _____

Move in date: _____ Move out date: _____

Landlord's name: _____

Landlord Address/City/State/Zip: _____

Address/City/State/Zip: _____

Move in date: _____ Move out date: _____

Landlord's name: _____

Landlord Address/City/State/Zip: _____

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

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HOUSING AUTHORITY OF GREAT FALLS
Authorization for the Release of Information

This release of information form, and/or copies of this form, allows the Housing Authority of Great Falls (GFHA) to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining employee income information from current and previous employers and wage and claim information from the State Department of Wage and Labor, along with other groups and individuals, which would permit the GFHA or HUD to verify:

- Identity and Marital Status
- Employment, Income and Assets
- Medical or Child Care Allowance
- Residences and Rental Activity

"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 statement 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 use 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 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited a violation of 42 U.S.C. 408 (f), (g), and (h).

This release authorizes consent to provide the Housing Authority of Great Falls with information about household income as derived from IRS and/or Social Security Administration.

The following groups and individuals who may also be asked to release information include but are not limited to:

Previous & Current Landlords	Past & Present Employers	Courts and Post Offices
Support or Alimony Providers	Schools and Colleges	Veterans Administration
Medical Care Providers	Credit Providers	Law Enforcement Agencies
State Unemployment Agencies	Credit Bureaus	Social Security Administration
Retirement Systems	Welfare Agencies	Child Care Provider
Utility Companies	Dept. of Family Services	Worker Compensation Programs
Legal Offices	Other Public Housing Agencies	

The Housing Authority of Great Falls must maintain a signed copy of this consent form, as well as a signed HUD 9886 Form in each tenant's file. This form will expire 15 months from the date it is signed by tenant. **Failure of any applicant to sign the consent form constitutes grounds for denial of eligibility or termination of assistance or tenancy.**

_____ _____

Signature of Head of Household | Signature of Other Adult Member

_____ _____

SS # Date | SS # Date

If other Adult members reside in household, place signatures, SS #'s and date on back of form.

EQUAL HOUSING OPPORTUNITY

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.

Dan Halbert
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.

OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

OMB No. 2577-0266 Expires 10/31/2019

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 10/31/2019.

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

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HOUSING AUTHORITY

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e-mail: gfha@gfhousing.org
Website: www.gfhousing.org

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.**

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

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

EQUAL HOUSING OPPORTUNITY