

RECORD VERIFICATION

For: Arcadia Housing Authority
P.O. Box 210
Arcadia, LA 71001

Date _____

To Records Department:

Our resident selection policy obliges us to verify certain information about all members, 18 years old or older, of families living in or applying for admission to our Authority. Specifically, we wish to avoid admitting a family or any one of whose members are involved in criminal activity which would adversely affect the health, safety or welfare of other residents. To comply with this requirement, we ask your cooperation in supplying information on the criminal records (if any) of the persons listed below.

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

Name	Social Security Number	Crime#/Date	Status/Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STAFF	Title	Date

APPLICANT'S RELEASE

I hereby authorize the release of the information requested above

_____ Applicant's Signature	_____ Date of Birth	_____ Date
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Arcadia Housing Authority
3177 Dance Circle
Arcadia, LA 71001
(318) 263-8471

PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD. List all persons age 18 or older (head/spouse/co-head regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

Name	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Social Security Number
	HEAD					

CHILDREN 17 AND YOUNGER:

List all children who will be living in the home, oldest to youngest.

Name	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Social Security Number

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

Race: Check the appropriate race. (More than one category can be entered if applicable.)		
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
Ethnicity: (Check the ethnicity.) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		

Answer the following questions about all members of the household:

- 1.) Has any adult who will live in the home previously lived in a State other than this State? **YES / NO**
 If yes, which family members? _____ State lived? _____
 _____ State lived? _____

- 2.) Does anyone other than an adult who will live in the home share custody of any of the children listed?
YES / NO If yes, who? _____

3.) Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? **YES / NO**

4.) Is anyone who will be living in the home expecting a child? **YES / NO**

If yes, who? _____

5.) Is there anyone not listed on the application who is temporarily absent from the home? **YES / NO**

If yes, who? _____

6.) Has anyone who will be living in the home ever used another social security number other than the one listed on this application? **YES / NO** If yes, who? _____

7.) Has anyone who will be living in the home ever used another name, other than the one they are using now? **YES / NO** If yes, who? _____

8.) Is there anyone who will be living in the home who is 18 or over and a full-time student? **YES / NO**

If yes, who? _____

9.) Does anyone in your household require any type of accommodations to fully utilize our programs and services? **YES / NO** If yes, who? _____

What do they require? _____

CONTACT INFORMATION: *List the names, addresses and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.*

1.) Contact Name: _____ Phone: _____
Address: _____ City/State/Zip: _____

2.) Contact Name: _____ Phone: _____
Address: _____ City/State/Zip: _____

PART B: PRESENT AND PREVIOUS HOUSING INFORMATION. *List your current address and landlord information. Then list all prior addresses and landlords for the past five (5) years.*

Current Landlord: _____ Phone: _____
Address: _____ City/State/Zip: _____
How Long? _____

Previous Landlord: _____ Phone: _____
Address: _____ City/State/Zip: _____
How long? _____

Second Previous Landlord: _____ Phone: _____
 Address: _____ City/State/Zip: _____
 How long? _____

PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION. *These questions apply to you and all of the members of your household.*

1.) Has any household member ever been arrested for any crime? **YES / NO**
 If yes, how many times? _____ Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed) _____

2.) Has any household member ever been convicted of any crime? **YES / NO**
 If yes, how many times? _____ What crime(s)? _____

3.) Is any household member a subject to lifetime sex offender registration? **YES / NO**
 If yes, who? _____ In what State(s)? _____

4.) Is any household member currently using illegal drugs? **YES / NO** If yes, who? _____

5.) Has any household member ever been evicted from any type of housing? **YES / NO**
 If yes, explain when, where and for what reason _____

6.) Does any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons? **YES / NO** If yes, explain _____

7.) Has any household member received rental assistance in public housing or Section 8? **YES / NO**
 If yes, when? _____ Housing Agency Name _____
 Under what name? _____ Who was head of household? _____

PART D: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY. *(Income includes money or contributions from any and all sources paid to or on your behalf of a family member.)*

1.) Did you or any family member file a federal income tax return for the past year? **YES / NO**
 If yes, who? _____

2.) Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months? Please check yes or no.

	YES	NO
Wages, salaries, tips, fees or commissions from an employer? (full or part time)		
Compensation for personal services?		
Income from the operation of a business or profession?		
Interest, dividends, or other income from real or personal property?		
Payments from Social Security?		
Payments from annuities?		
Payments from insurance policies?		

Payments from retirement funds?		
Payments from pensions?		
Payments from disability benefits?		
Payments from death benefits?		
Lump sum payments for the delayed start of periodic payments?		
Unemployment compensation?		
Disability compensation?		
Worker's compensation?		
Severance pay?		
Welfare assistance payments?		
TANF payments?		
Alimony payments?		
Child support payments?		
Regular contributions or gifts from anyone?		
Money from self employment?		
Regular or special military pay?		
Financial assistance to attend school?		

3.) List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount	Frequency - (circle one)		
			Week	Month	Year

PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY. *An asset is something of value that can be converted to cash.*

1.) Do you or any family member own or have access to any of the following?

Savings account? **YES / NO** Checking account? **YES / NO**
Certificate of deposit? **YES / NO** Money market account? **YES / NO**

Family Member Name	Bank Name	Account Number	Balance

2.) Do you or any family member own or have access to stocks, bonds, property, trust funds, pensions, individual retirement accounts, inheritances, life insurance policies, or any other type of capital investments?

YES / NO Explain any "YES" answers below.

Family Member Name	Type of Asset	Account Number	Value

PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES.

1.) Does any family member have expenses for child care of a child age 12 or younger? **YES / NO**

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone #	

2.) Is any portion of these childcare expenses reimbursed from an outside agency or person? **YES / NO**
 If yes, how much is reimbursed per month? _____

3.) Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities) **YES / NO** If yes, complete the following.

Care Attendant			Amount Monthly
Name	Address	Phone #	

4.) Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities) **YES / NO** If yes, what is the anticipated monthly cost?
 \$ _____

5.) Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent			
Electric			
Gas			
Water			
Telephone			
TV Cable			
Car Payment (s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan			
Rentals			
Furniture			
Food			
Credit Cards			

Medical expenses (These questions only apply if the head, spouse, or co-head is 62 years or older or is disabled) Do you or any other family member pay for medical insurance premiums, long term care insurance, out of pocket prescription expenses, past due medical bills, or other anticipated medical expenses?

YES / NO

Family Member Name	Type of Medical Expense	Monthly Amount

Certification of the Applicant

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing (within _____ days) if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the housing authority. I understand that I must notify the housing authority in writing of any changes to the household due to birth, adoption, or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State Law.

WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States and shall be fined not more than 10,000 or imprisoned for not more than five years or both.

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

Certifications of PHA Representative

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

Signature of PHA Representative

Date