

Thomas D. Baker
Executive Director



63 BoPete Manor Road
PO Box 1258
DeFuniak Springs, FL 32435
Phone: 850-892-8185
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Email: hud@co.walton.fl.us

APPLICATION SECTION 8 HOUSING

You have a right to apply for assistance and to have determination of your eligibility made without regard to race, color, sex, age, family status, disability, religion, national origin, marital status, or political belief.

It is a matter of Fraud to knowingly present false information in this application. All information will be verified. Presenting fraudulent information will disqualify you from receiving assistance. It is your responsibility to keep your application information updated. Updates including change of address or phone number should be made as often as they may change. Attempts to contact you will be made by phone, letter and possibly e-mail. If you do not respond in a timely manner (within 10 days), we will move on to the next applicant and you will be removed from the waiting list. Changes must be in writing and each change must be signed and dated.

AGENCY PREFERENCE FOR LIVING AND WORKING IN WALTON COUNTY:

Effective April 1, 2016, applicants living or working in Walton County have a preference when placed on the Agency waiting list. There are Agency criteria to determine if you currently live or work in Walton County, FL. Please contact the Agency about details.

TO THE APPLICANT

- This is an application for assistance from the Walton County Housing Agency. We are not an emergency housing Agency. You must supply true, accurate and complete information about all family members. This information will be used to determine the eligibility of your family. If you live or work in Walton Co. you will be placed on the Agency waiting list in the order in which the completed application is received.
- If you have difficulty with reading or understanding any part of this application a representative of HUD will assist you in any way possible.
- If you are disabled and need assistance, please let us know. We will assist you with obtaining reasonable accommodations.
- Required documentation must be attached to this application.
- Current family income information and family composition must be included with your completed application. It is important to note that this Agency adheres to two people per room concept. If you don't understand this, please talk with an Agency representative.
- A complete background inquiry will be conducted on all family members over 18 years of age.

We look forward to assisting you.

Thomas D. Baker
Executive Director
Walton County Housing Agency

YOU MUST PROVIDE THE FOLLOWING DOUMENTS:

Failure to provide all required documents may cause your application to be rejected.

- Social Security Cards for all family members.
- Valid photo ID, for all adult family members.
- Birth Certificate for all family members.
- Marriage Certificate
- Income Verification: Wages, SS, SSI, VA, TANF, CS, Unemployment, Worker's Compensation, Retirement, Alimony.
- Child Care Verification
- Most recent checking and savings account statements.
- Asset information (Property you may own over the last 2 years).
- If elderly or disabled proof of out of pocket medical expenses.
- US citizenship or eligible immigration status.
- Proof of food stamp assistance.

INCOME QUALIFICATION LIMITS

- 1 Person \$20,600
- 2 Person \$23,550
- 3 Person \$26,500
- 4 Person \$29,400
- 5 Person \$31,800
- 6 Person \$34,150
- 7 Person \$36,500
- 8 Person \$38,850

PHA ONLY

APP NUMBER _____ DATE RECORDED _____ TIME _____

APPLICATION

Date: _____ Name: _____

Present Address: _____

Street

City

State/Zip

Mailing Address: _____

Street

City

State/Zip

Phone Number: _____ Email: _____

Additional Number: _____ Current Rent: _____

Landlord's Name and Address: _____

Name

Street

City

State/Zip

HOUSEHOLD MEMBERS*(Name as it appears on Social Security Card. Also include maiden name or aliases)*

	Name of Family Member			Relation	Date of Birth	Age	Sex	Social Security #	Race/Ethnicity	US Citizen?
	First	MI	Last							
1										
2										
3										
4										
5										
6										
7										
8										

Are there any special housing needs? _____

Are you expecting your family size to change? _____

Is any household member a full time student? Yes No If yes, who? _____Has any household member ever been arrested? Yes No

If so, who and explain. _____

Has any member ever received housing assistance (Including all Section 8 or Public Housing Program)? Yes No

If so, who, when and where? _____

Has any family member ever been evicted or identified with a fraud against another housing agency? Yes No

If so, who, when and where? _____

HOUSEHOLD INCOME

It is important that all sources of income be reported. Income includes wages, tips, self-employment, social security, railroad retirement, disability, SSI, other disability, VA income, pension, civil service, unemployment, workman's comp, child support, alimony, dividends, interest income, stipend, money from another person, annuity, rental income, estate/trust income, public assistance, scholarships, student loans, reparation payments, training allowance, etc.

Name of Family Member	Type of Income or place of employment	Gross Amount	How often?	Start Date
		\$		
		\$		
		\$		
		\$		

FAMILY ASSETS

Do you or any family members own or have interest in any assets such as real estate, checking accounts, savings accounts, money markets, vehicles, stocks or bonds? Yes No

Have you or anyone in the household disposed of any assets within the last two year? Yes No

If yes, please explain: _____

What was the value of the asset? _____ How much did you receive? _____

Does any household member have or own the following?

Checking/Savings?	Balance \$: _____	Stocks or Bonds?	Value \$: _____
CDs?	Value \$: _____	Any type of property?	Value \$: _____
Vehicles: Type: _____	Value \$: _____	Mortgage Notes?	Value \$: _____
IRAs?	Value \$: _____	Trust?	Value \$: _____
Koegh Plan?	Value \$: _____	Burial contract/Burial Plots?	Value \$: _____
Paid Funeral Expenses?	Value \$: _____	Lump sums of money?	Value \$: _____
Health/Life Insurance?	Value \$: _____	Medicaid qualifying trust?	Value \$: _____
Medicare supplement?	Value \$: _____	Any other asset?	Value \$: _____

EXPENSES

List information about any of the following expenses you or any household member may have and who is paying for them.

Rent	\$ _____	Utilities	\$ _____	Car Payment	\$ _____
Fuel for Car	\$ _____	Car Insurance	\$ _____	Telephone	\$ _____
Cable/Satellite	\$ _____	Day Care	\$ _____	Personal	\$ _____
Food	\$ _____	Medical	\$ _____	Other	\$ _____

Who has been paying for these expenses? _____

STATEMENT OF UNDERSTANDING

Information that you provide with this application and during any interview is subject to verification. Any required documentation must be turned in within 10 calendar days of being contacted. Failure to do so may result in denial of assistance. With your signature, you agree to the following:

- My signature authorizes the HUD office to conduct inquiries to determine if the information submitted in this application is true and correct and to determine my eligibility for assistance.
- My signature authorizes the release of information to the Walton County Housing Agency from past and present landlords, places of employment, the Department of Children and Families, the Social Security Administration, law enforcement agencies, HUD's Enterprise Income Verification System (EIV), credit agencies and/or other business or government agency.
- I agree to immediately report any change of information that I have submitted on this application.

I submit this application for consideration and the contents are to the best of my knowledge true and correct. I understand that any false information supplied in this application can cause me to be disqualified for assistance.

Applicant Signature: _____ **Date:** _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document of writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined no more than \$10,000 or imprisoned for not more than five years or both.

PHA USE ONLY

Comments: _____

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

OMB CONTROL NUMBER: 2501-0014

Exp. 1/31/2014

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

Walton County Housing Agency Thomas D. Baker, Ex. Director
63 BoPete Manor Road Kerri D. Aplin, Housing Manager
P.O. Box 1258
DeFuniak Springs, FL 32435

(850) 892-8185 – Phone
(850) 892-8089 – Fax
hud@co.walton.fl.us

IHA requesting release of information: **(Cross out space if none)**
(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 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 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 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].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAS that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

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 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.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Determination of Local Status for Waiting List Purposes

Walton County Housing Agency applies a Local Preference when placing applicants on the agency waiting list. Applicants shall be classified as Local or Out of County for the purpose of determining placement on waiting list. Applicants who work or live in Walton County will be placed on the agency waiting list in the order that they are received. Families applying from outside Walton County or not working in Walton County will be placed at the base of the waiting list in order that they are received. These families will be selected for assistance when all local families and those working in Walton County have been served.

In order to be classified as Local applicants must have established legal residence or work history in Walton County, FL and must have maintained this status for at least 6 consecutive months immediately prior to his or her application for rental assistance.

An applicant shall not be classified as Local until he or she has provided clear and convincing documentation related to legal residence or employment and its duration.

Applicants must provide two or more documents as identified below. No single piece of evidence shall be conclusive. Items may NOT be from the same source. For example an applicant could NOT use: Vehicle registration and vehicle title for same vehicle or documentation for multiple vehicles, Water and gas bill from the same utility company, Wireless, cable and telephone bills from the same company. All items are required to be current documents within the past six (6) months.

1. The documents must include at least one of the following and must be current:
 - a. Voter's registration card
 - b. Driver license
 - c. State identification card
 - d. Vehicle registration
 - e. Proof of a homestead exemption
 - f. School Transcripts
 - g. Proof of permanent full-time employment in Walton County, FL for at least 30 hours per week for a 6-month period. (Ex. Signed letter from employer on company letterhead, paystubs)
 - h. Military orders
 - i. Official state, federal, or court document

2. The documents may include one or more of the following:
 - a. Lease agreement
 - b. Utility bills
 - c. Bank Statements
 - d. Insurance policy
 - e. Professional or occupational license
 - f. Proof of membership in a Walton County, FL-based charitable or professional organization
 - h. Any other documentation that supports the applicants request for Local status

If any documentation is contradictory then an applicant will be treated as Out of County.

Statement of Local Status

I _____ (printed name) make an oath and declare that I have lived or worked in Walton County, FL for the past 6 consecutive months or longer.

I understand that Information provided with this application is subject to verification.

I further certify that the above information is true and accurate to the best of my knowledge. I realize that should any of this information be false I may be denied assistance.

Any person who knowingly and with intent misrepresents, misstates, or withholds information to defraud or deceive the agency or files a statement of claim or an application containing any false, incomplete, or misleading information may be denied rental assistance and subject to other penalties.

Applicant Signature

Date

Statement of Out of County Status

I _____ (printed name) DO NOT claim Local status and understand that I will be treated as Out of County. I understand that any applicant with Local status will be given preference. I understand that it is my responsibility to update the Walton County Housing Agency if my status changes and that I must provide documentation.

Applicant Signature

Date

Thomas D. Baker
Executive Director



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CONSENT FOR BACKGROUND CHECK, CREDIT CHECK AND THE RELEASE OF CRIMINAL RECORDS

By execution of this consent form, all household members 18 years of age and older identified below authorizes any federal, state or local agency, organization, business or individual to release any information or materials needed to complete and verify my specification for participation, and/or to maintain my continued assistance under Section 8 Rental HCV program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing the program rules and policies.

By execution of this consent form, I/we understand that the Walton County Housing Agency may use the criminal records, credit reports and/or landlord checks obtained to screen applicants for admission to housing programs, for lease enforcement, for termination of assistance and for the eviction of families receiving Section 8 Housing Choice Voucher assistance.

I/We hereby authorize Walton County Housing Agency, its agents and employees, to obtain my criminal records, credit reports, tenant background information and information regarding employment and other income sources.

INFORMATION COVERED:

I understand that depending on program policies and requirements previous or current information regarding me or my household may be needed. Verification and inquires that may be requested include but are not limited to

- Identification of marital Status
- Credit and Criminal Activity
- Medical or Child Care Allowances
- Residence and Rental History
- Employment Income and Assets
- Federal and State Tax Returns

GROUP OR INDIVIDUAL THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to: Previous Landlord (including public housing agency), past and present employers, Veterans Administration, Welfare Agency, Retirement Systems, Court and Post Offices, State Unemployment Agencies, Banks and other Financial Institutions, Schools and Colleges, Social Security Administration, Credit Providers and Credit Bureaus, Law Enforcement Agencies, Medical and Child Care Providers, Utility Companies and Support and Alimony Providers.

COMPUTER MATCHING NOTICES AND CONSENT:

I understand and agree that HUD or the Public Housing Agency may conduct computer matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of my adverse information found and a chance to disprove the information. HUD may in course of its duties exchange such automated information with other Federal, State or Local Agencies, including but not limited to, State Employment, Security Agencies, Department of Defense, Office of Personnel Management, the US Postal Service, the Social Security Agency and State Welfare and Food Stamp Agencies.

CONDITIONS:

I agree that a photocopy of the authorization may be used for the purposes listed above. This authorization will stay in effect for a year and one month from the date signed. This form must be signed by all members of the household 18 years of age or older or this application will be deemed incomplete and disqualify you for admission.

Head of Household Print and Sign Date

Co-Applicant Print and Sign Date

Other Adult Member Print and Sign Date

Other Adult Member Print and Sign Date

Persons with Disabilities

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Walton County Housing Authority.

Limited English Proficient Persons

If you are a person with limited English proficiency (LEP) you may request a competent interpretation free of charge.

VAWA

*The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.

*You cannot be denied admission, denied assistance, terminated from participation or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

For Additional Information: You may view a copy of HUD's final VAWA rule at {<https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>}.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact Walton County Housing Agency.