



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

BROOKFIELD HOUSING AUTHORITY

PRELIMINARY APPLICATION FOR HOUSING ASSISTANCE AT JOYCE PLACE & FESSLER VISTA

This is a preliminary application for housing assistance at the Brookfield Housing Authority. When you submit this application, we will determine initial eligibility for the public housing program and place your name on the appropriate waiting list. Upon submission of this application in office the Brookfield Housing Authority will submit a credit and criminal background check on every applicant that is at least 18 years old. In addition, we will use the required HUD EIV System to verify identity, income, and assets of every household member.

With this application you will need to provide the following documents to verify identity:

- Social Security Card for all household members
- Birth Certificates for all household members
- Photo ID for head of household & Spouse or Co-Head



Please Note: The Brookfield Housing Authority is now a completely smoke free complex. The policy in place prohibits smoking by all persons, residents, family members, guests, and service providers on or in any property owned or managed by the Brookfield Housing Authority, the ban applies to all tobacco or smoking products including E-cigarettes and chewing tobacco.



OFFICE USE ONLY

Housing Staff Signature: _____

Application Received Date: _____ Time: _____ ID Number: _____

Please be sure to complete all questions on this application. Incomplete forms will not be processed. You are required to update your application if there are any changes as it could affect where your name is placed on our waiting lists.

HOUSEHOLD INFORMATION

Please list below all family members who will occupy the unit:

Last Name	First Name	Middle Initial	Date of Birth (mm/dd/yyyy)	Social Security # (xxx-xx-xxxx)	Gender (M/F)	US Citizen (Y/N)	Race and Ethnicity

Does any family member require the needs of a live-in aid attendant? YES NO

Name of Family Member needing Live-In Aid	Live-In Aid Name	Date of Birth (mm/dd/yyyy)	Social Security # (xxx-xx-xxxx)	Gender (M/F)	Race and Ethnicity

Has any family member listed above used any names other than those listed above? YES NO

Please list all names: _____

Are there any persons not listed above that may visit the unit on a regular basis? YES NO

(ie: housekeepers, children, grandchildren etc.)
Please list all names: _____

Are there any anticipated changes to the household composition in the next 6-12 months? YES NO

(ie: birth of child, marriage, college students moving in or out)
Please list all: _____

CREDIT & CRIMINAL HISTORY INFORMATION

Please complete the following criminal history questions for all household members:

Has any household member ever been convicted of a criminal offense other than a traffic ticket? YES NO
(if yes complete the following information below)

Family Member Name	Offense Date	Probation (Y/N)	Offense Description

Does any household member have any criminal matters pending currently? YES NO
(if yes complete the following information below)

Family Member Name	Offense Date	Probation (Y/N)	Offense Description

Does any household member have a historical pattern of abuse of drugs or alcohol? YES NO
(if yes complete the following information below)

Family Member Name	Offense Date	Probation (Y/N)	Offense Description

Has any household member been convicted of methamphetamine production?

YES NO

Is any household member subject to a lifetime sex offender registry program in any state?

YES NO

Has any household member ever been evicted from a housing assistance program?

YES NO

Has any household member ever declared bankruptcy?

YES NO

Does any household member have an outstanding balance with one of our service providers?

YES NO

Note: Ameren UE and Liberty gas (formerly Empire Gas) are our current utility service providers. A household member must be able to have the utilities turned on in your name before we can give keys to a unit

CURRENT AND PREVIOUS LIVING ARRANGEMENTS

Please complete the following information regarding your living arrangements for the past 10 years

Please list below your address and phone numbers where we can get in contact with you:

*Note: A physical address is **REQUIRED** to do a background check. **DO NOT PUT "HOMELESS"***

Physical Address	City	State	Zip Code	Home Phone	Cell Phone
Mailing Address	City	State	Zip Code	Other Phone	Other Phone

Do you own or rent the current place you are staying?
(Please complete the information below)

Own Rent

Current Address	Landlord Name	Landlord Phone #	Move In Date	Reason you are leaving

Prior to your current address did you own or rent the place where you lived?
(Please complete the information below)

Own Rent

Previous Address	Landlord Name	Landlord Phone #	Move In Date	Reason for leaving

Do you have any previous residences other than those listed above?
(Please complete the information below)

Own Rent

Previous Addresses	Landlord Name	Landlord Phone #	Move In Date	Reason for leaving

Have you ever received housing assistance/subsidized housing through any HUD agency?
(If yes list below)

YES NO

Name of Housing Agency	Phone Number	Move In Date	Reason for leaving

INCOME & ASSET INFORMATION

Do any family members receive the following types of income?

Yes

No

(Please mark any "X" by all that apply)

X	Income Type	Family Member Receiving	Gross Amount	Frequency of Payment	Name of Payer
<input type="checkbox"/>	Employment		\$		
<input type="checkbox"/>	Tips/Bonus/Commissions		\$		
<input type="checkbox"/>	Social Security		\$		
<input type="checkbox"/>	SSI or Disability Benefits		\$		
<input type="checkbox"/>	Unemployment Benefits		\$		
<input type="checkbox"/>	TANF		\$		
<input type="checkbox"/>	Child Support or Alimony		\$		
<input type="checkbox"/>	Pension/Annuity/Retirement		\$		
<input type="checkbox"/>	Military Pay		\$		
<input type="checkbox"/>	Veterans Benefits		\$		
<input type="checkbox"/>	Cash from someone		\$		
<input type="checkbox"/>	Any other income not listed		\$		

Note: All types of income will require verification before a unit can be offered. I.e., paystubs, bank statements, social security letter, child support case id etc.

Do any family members have the following types of assets?

Yes

No

(Please mark any "X" by all that apply)

X	Income Type	Family Member Name	Value/Balance	Income/Interest	Name of Bank/Institution
<input type="checkbox"/>	Cash on Hand		\$	\$	
<input type="checkbox"/>	Checking Accounts		\$	\$	
<input type="checkbox"/>	Savings Accounts		\$	\$	
<input type="checkbox"/>	CD's/Stocks/Bonds		\$	\$	
<input type="checkbox"/>	Real Estate		\$	\$	
<input type="checkbox"/>	Owned Land		\$	\$	

Note: All assets will require verification before a unit can be offered. I.e., bank statement, tax return etc.

Has any family member disposed of more than \$5000 in assets the last two years?

Yes

No

DEDUCTION INFORMATION

For families that have a qualifying person that is elderly (62 or older) and/ or disabled. Does any family member anticipate out of pocket medical expenses? Yes No

Please mark any "X" by all that apply. If more space is needed list at the bottom of this page

X	Expense Type	Family Member Name	\$ Amount	Frequency of Payments
<input type="checkbox"/>	Health Insurance Premium		\$	
<input type="checkbox"/>	Rx Medicines		\$	
<input type="checkbox"/>	Dr/Dental/Eye/Hearing		\$	
<input type="checkbox"/>	Spend down with DFS		\$	
<input type="checkbox"/>	Any other qualifying expense		\$	

Note: any expenses you want to claim must be verified and they will only count once they add up to 3% of the gross household income

Does any family that has children residing in the unit have unreimbursed childcare expenses? Yes No
(If yes, please complete below)

Name of Child	Name of Childcare Provider	Provider Phone number	Amount Paid	Frequency of Payments
			\$	
			\$	
			\$	

Note: All expenses will be verified and there are stipulations to qualifying for this deduction

UNIT PREFERENCES

Do any of the following preferences apply to any household member? (Please mark any "X" by all that apply)

	Preference	Family Member Name
<input type="checkbox"/>	Elderly (62 years or older)	
<input type="checkbox"/>	Disabled	
<input type="checkbox"/>	Near Elderly (52 years or older)	
<input type="checkbox"/>	Military Veteran	
<input type="checkbox"/>	Working (30 hours per week)	

Note: All preferences will be verified

What size unit is your family interested in? (Please mark any "X" by all that apply)

	Preference	Note
<input type="checkbox"/>	Efficiency	<i>One person only</i>
<input type="checkbox"/>	One Bedroom or Conversion	<i>One or Two family members</i>
<input type="checkbox"/>	Two Bedroom	<i>Two to Four family members</i>
<input type="checkbox"/>	Three Bedroom	<i>Three to Six family members</i>
<input type="checkbox"/>	Four Bedroom	<i>Four to Eight family members</i>

Does anyone in your household require a handicap accessible unit? Yes No

Does your family intend to allow any type of pet to reside in the unit? Yes No

Note: Pets are limited to type, size, and quantity. Please ask for a copy of our pet policy.

Exceptions are not made unless your animal is a service animal and full documentation of registration from the ESA must be on file. <https://usserviceanimals.org/>

Please fill in specifics about pet if one will be present at Move-In:

Pet Type: _____

Pet Size: _____

Vaccinations: _____

Spayed/Nuetered: _____

Note for Pet Deposit: \$100.00 per room in unit

REASONABLE ACCOMODATION

If you or any family member have a disability and because of your disability you need:

- A change in the rules or policies to give you an equal opportunity to take part in or use the facilities of the public housing program
- A change in the way we communicate with you or give you information
- A modification to your public housing unit
- A transfer to another public housing unit

You may ask for this kind of change, which is called a reasonable accommodation. If you can provide verification that you have a disability and if your request is reasonable (does not pose an undue financial or administrative burden) we will try to grant your request. We will give you an answer within 10 working days unless there is a problem getting the information needed or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to discuss other ways to meet your needs. If we turn down your request, we will explain the reasons. You can obtain a request for reasonable accommodation form from the office and if you need help completing you must let us know. Note: all information you provide will be kept confidential and only used to help you have an equal opportunity to participate in the public housing program.

CERTIFICATION & RELEASE OF INFORMATION

I/We certify that the information provided on this application for housing assistance is full, true, and correct to the best of our knowledge. I/We understand that false or misleading statements of information is grounds for denial or termination of housing assistance or tenancy. I/We further state that we fully understand that to obtain or attempt to obtain housing assistance by committing fraud is a criminal offense under both federal and state law. I/we hereby authorize the Brookfield Housing Authority to make all necessary inquiries for the purpose of verifying the statements made on this application.

HEAD OF HOUSEHOLD SIGNATURE:	X	DATE:	
SPOUSE/CO-HEAD SIGNATURE:	X	DATE:	
OTHER ADULT 18 OR OLDER SIGNATURE:	X	DATE:	
OTHER ADULT 18 OR OLDER SIGNATURE:	X	DATE:	

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.

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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.