



MISSISSIPPI REGIONAL
HOUSING AUTHORITY IV

www.mrh4.com

Dear Applicant:

This letter is an acknowledgement of your request for a Public Housing application. We are providing you with a **Preliminary Application**. The purpose of the pre-application is to permit the Housing Authority to preliminarily assess your eligibility or ineligibility and to determine placement on the waiting list.

In order to qualify for Public Housing, you must first be (1) 21 years of age or older, (2) 18 years of age and married, or (3) have had your minority disability removed by the proper chancellor under Miss. Code 1972 93-19-1 et seq (1994 rev).

Completed applications may be returned to the Housing Authority by mail or submitted in person during normal business hours. **Your date and time of application will be the date we receive the pre-application.**

You will be notified by mail to come into our office to make your formal application and determine if you are eligible for the program by verifying information you have given about your family composition, family income, past references and preference status. You will be required to provide certain documentation at that time (*ex. social security cards, birth certificates, picture id, documentation of income and preference status*).

LOWNDES COUNTY APPLICANTS DO NOT NEED TO DO A PRE-APPLICATION. FORMAL APPLICATIONS ARE TAKEN AT THE YORKVILLE OFFICE LOCATED AT 677 YORKVILLE ROAD EAST, COLUMBUS, MS ON ANY WEDNESDAY OR THURSDAY FROM 9:00 A.M. TO 2:00 P.M.

You are required to inform the Housing Authority in writing within ten (10) calendar days of changes in family composition, income, and address, as well as any changes in preference status.

You are also required to respond to requests from the Housing Authority to update information on your application, or to determine your continued interest in assistance.

Failure to provide information or to respond to mailings will result in your application being removed from the waiting list.

Thank you, Public Housing Department



MISSISSIPPI REGIONAL HOUSING AUTHORITY IV
PRE-APPLICATION FOR PUBLIC HOUSING



For PHA Use Only: Date: _____ Time: _____ BR: _____ APP #: _____

Please check the county(ies) you wish to apply for; Circle your first choice if more than one checked:

Columbus/Crawford (Lowndes-Yorkville, Applewood, Stringer Manor, Robinson Courts) – must apply at the Yorkville Office, 677 Yorkville Road East, Columbus, MS on Wednesdays or Thursdays from 9 am – 2 pm)

_____ Ackerman (Choctaw-Millwood)

_____ Eupora (Webster-Westwood)

_____ Starkville (Oktibbeha-Conner Heights)

_____ Louisville (Winston-Red Hills)

_____ Maben (Oktibbeha-Scattered Sites)

_____ Grenada (Grenada-Oakwood Hills)

Please print using blue or black ink:

Family Composition: List members names and information who will be living in your household

	Name	Relation	Birth date	Age	Sex	Soc. Sec. #
1		HEAD				
2						
3						
4						
5						

List additional family member on a separate sheet of paper

Your Street Address: _____ Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Cell Phone Number _____

Race (circle): White, Black, American Indian, Asian, Hawaiian/Pacific Islander, Mixed

Marital Status: Single, Married, Widowed, Separated, Divorced

Family Status: Family, Elderly/Disabled **Ethnicity:** Hispanic or Latino, Not Hispanic or Latino

Do you require a unit with handicap accessible features? ☐ Yes ☐ No

Are you a U.S. citizen by birth, naturalized or a national? ☐ Yes ☐ No

Are you or anyone in your household subject to a sex offender registration requirement under a State/National Sex offender registration program? ☐ Yes ☐ No

<u>Income:</u>	Family Member's Name	Source of Income (Employer, SS/SSI, Child Support, Tanf, Unemployment)	Amount Monthly
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

List additional family income on a separate sheet of paper

Your Rental History for the last 7 years (do not include living with family members):

1. Landlord Name: _____

2. Landlord Name: _____

Address: _____

Address: _____

City, State Zip: _____

City, State Zip: _____

Phone: _____

Phone: _____

Address of Unit: _____

Address of Unit: _____

From _____ To _____

From _____ To _____

List additional rental history on a separate sheet of paper

I have no objections to inquiries being made for the purpose of verifying the statements made above. I/We certify the information given above to the Mississippi Regional Housing Authority IV is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are reasons for denial.

Signature(Head)

Signature(Other Adult)

Date

(For PHA Use Only) Previous claims with any PHA? ☐ Yes ☐ No Checked mdoc/nsopw.gov.? ☐ Yes ☐ No

Certification: The family has been found to be: (____) Pre-Eligible (____) Ineligible (____) Inactive

Signed: _____ Title _____ Date _____

(Rev. 09/2021)

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PRE-APPLICATION FOR PUBLIC HOUSING Pg. 2

LOCAL PREFERENCES

1. Involuntarily Displaced:

- (a) I have (within the last 6 months) been displaced as a result of a disaster such as a fire, flood, hurricane, tornado, etc. located within the Housing Authority's area of operation and my housing unit is uninhabitable and I am not living in standard permanent replacement housing. ☐Yes ☐No (provide fire report, Red Cross letter, etc.)
- (b) I have (within the last 6 months) been displaced as a result of a disaster located within a federally declared disaster area and my housing unit is uninhabitable and I am not living in standard permanent replacement housing. ☐Yes ☐No (provide proof of residency, Red Cross letter, etc.)

Certification:

We do hereby certify that, as indicated above, we are ☐, are not ☐ applying for a local preference. We understand that prior to receiving the preference we will be required to furnish documented proof, as requested by the Housing Authority.

Signature(Head)

Signature(Other Adult)

Date

(For PHA Use Only)

The applicant does (____) does not (____) have a preference.

Reviewed By: _____ Date _____

P.O. BOX 1051 COLUMBUS, MS 39703-1051 / PHONE (662) 327-4121 / FAX (662) 327-4344
HEARING AND SPEECH IMPAIRED (662) 327-8114

(Rev 09/2021)

MISSISSIPPI REGIONAL HOUSING AUTHORITY IV
P.O. BOX 1051
COLUMBUS, MS 39703-1051
PHONE (662) 327-4121 / FAX (662) 327-4344
HEARING AND SPEECH IMPAIRED (662) 327-8114

Authorization for Release of Information

CONSENT:

I authorize and direct any Federal, State, or local agencies, organization, business or individual to release to the Mississippi Regional Housing Authority IV any information regarding my application for participation, and/or to maintain my continued assistance under the Section 8 Rental Assistance, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization and the information obtained with its use will be given to and used by the Mississippi Regional Housing Authority IV in administering and enforcing program rules and policies.

INFORMATION COVERED

Date

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

Identity and Martial Status
Employment, Income and Assets
Medical or Child Care Allowances
Credit Reports, Landlord References
Criminal Activity (which may include a NCIC search and drug related activities)

GROUPS OR INDIVIDUALS 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 Landlords (Including
Other PHAs)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Medical and Child Care Providers
Retirement Systems
Utility Companies
EIV (UIV) System

Past and Present Employers
Department of Human Services
State Unemployment Agencies
Social Security Administration
Support and Alimony Providers
Veterans Administrations
Banks and other Financial Institutions
Credit Providers and Credit Bureaus
Pharmacies

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office. I understand I have a right to review my file and correct any information that I can document as incorrect.

Name (Signature)

DOB

SS#

Name (Signature)

DOB

SS#

Name (Signature)

DOB

SS#

Name (Signature)

DOB

SS#

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 2577-0295
Expiration Date 1/31/2025

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

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

Mississippi Regional Housing Authority IV
P.O. Box 1051
2845 South Frontage Road
Columbus, MS 39703

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(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 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.