



# Housing Authority of the Peoria Tribe of Indians of Oklahoma

3606 Sencay Avenue  
Miami OK 74354  
PH 918.542.1873 Fax 918.542.4285



## APPLICATION INSTRUCTIONS FOR THE LOW RENT PROGRAM

The following are requirements when applying for the Low Rent program:

- PHA will conduct a background check of five years (5) prior to the application date to determine whether the applicant or anyone over eighteen (18) years of age in the applicant household has had an arrest for a criminal offense. Additionally, PHA will conduct a credit check for the same five year (5) period to determine whether anyone over eighteen (18) has a history of past abuse of government programs or failure to pay utilities, or other related financial obligations.
- You must qualify on all admission requirements listed in policies.
- You must sign a rental agreement.
- You will be responsible for keeping the apartment safe, drug free & sanitary at all times.
- You must keep your utility services accounts paid for at all times.
- You will be responsible for making your rent payments promptly on the first but no later than the fifth day of each month.
- You will have your apartment inspected quarterly by Housing Authority inspectors.
- You the applicant, co- applicant or any member over 18 must not owe a debt to the PHA, any utility company or government agency. (IRS, student loan, etc.)
- No pets are allowed
- You will be required to recertify your income and family composition annually
- To be eligible for this program, your household income may not exceed the HUD gross income limits as shown in the table below.

HUD Income Guidelines as Published July 6, 2023								
FAMILY SIZE	1	2	3	BASE 4	5	6	7	8
MAX INCOME	\$53,850	\$61,550	\$69,250	\$77,000	\$83,100	\$89,250	\$95,450	\$101,600

**NOTE:** In order to remain on the Waiting List you must notify the Housing Authority in writing at least once every twelve (12) months even if the information already given is still the same. Also, remember to notify the PHA of any changes that may occur in your household. ***After a year with no update, you will be automatically removed from the waiting list and will have to reapply.***

## Low Rent Application

**Documentation Needed:** Complete the application that is attached to this document. The following information and documentation must accompany the application:

- ❖ **Proof of Age** State issued birth certificate for all family members.
- ❖ **Tribal membership card of all tribal members** – must be enrolled with a Federally Recognized Tribe
- ❖ **Social Security Cards** – for all family members
- ❖ **Authorization for Release of Information/ Privacy Act Notice** signed by everyone living at the residence that is eighteen (18) years of age and above. *(Form attached.)*
- ❖ **Authorization and Release for Criminal Background Investigation** A separate form is required for everyone eighteen (18) years of age or older. *(Form attached.)*
- ❖ **Income Verification** – Provide proof of income for all household members eighteen (18) years and older that reside in the home. *(Form attached for employer to complete)*
  1. **Must include previous month's pay stubs.** Other proof of income includes: Social Security statements, Social Security award letter for the current year, Retirement benefits letter for the current year, VA benefits statement dated within the last year, letter from Child Support Division and/or Divorce Decree, or notarized custody papers signed by the non-custodial parent, Department of Human Service (DHS), Alimony, Royalties, Per Capita payments, Interest, and Individual Indian money ledgers. If unemployed provide documentation from State Employment office.
  2. Current Tax return
  3. If self employed, you must provide current tax return with all schedules

*Household members over 18 years of age who have no income must complete the attached Zero Income certification form.*

### **Processing:**

- ❖ Upon receipt of complete application, the PHA will make a determination of eligibility within ten (10) business days. Applicants determined to be eligible shall be notified in writing and placed on the waiting list, should the applicant be determined to be ineligible he/she will be notified in writing with documentation as to the reasons for ineligibility.

## Low Rent Application

### LOW RENT CHECKLIST

The following is a list of items that are needed in order to process your application. Please send copies of all items that apply to your situation.

**PLEASE CHECK EVERYTHING THAT YOU HAVE ENCLOSED:**

- \_\_\_\_\_ ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS BIRTH CERTIFICATES
- \_\_\_\_\_ ENCLOSE COPIES OF ALL HOUSHOLD MEMBERS TRIBAL MEMBERSHIP CARDS
- \_\_\_\_\_ ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS SOCIAL SECURITY CARDS
- \_\_\_\_\_ ENCLOSE COPY OF MARRIAGE LICENSE OR DIVORCE DECREE (IF APPLICABLE)
- \_\_\_\_\_ ENCLOSE COPIES OF PREVIOUS MONTH'S PAYSTUBS FOR HOUSEHOLD MEMBERS THAT ARE EMPLOYED
- \_\_\_\_\_ COPY OF CURRENT FEDERAL INCOME TAX RETURN (IF SELF EMPLOYED, PLEASE PROVIDE ALL SCHEDULES OF TAX RETURN)

**Each of the following must be dated within past 30 days:**

- \_\_\_\_\_ ENCLOSE COPIES OF CURRENT YEARS AWARD LETTER FOR DHS, SOCIAL SECURITY OR SSI DISABILITY
- \_\_\_\_\_ ENCLOSE COPIES OF CURRENT YEARS AWARD LETTER RETIREMENT BENEFITS
- \_\_\_\_\_ ENCLOSE COPIES OF CURRENT YEARS AWARD LETTER FOR VA BENEFITS
- \_\_\_\_\_ ENCLOSE COPIES OF CURRENT DOCUMENTATION FROM STATE EMPLOYMENT OFFICE (IF APPLICABLE)



## Low Rent Application

APPLICANT NAME: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN: \_\_\_\_\_

TRIBE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_

YRS LIVING HERE: \_\_\_\_\_

**PLEASE LIST LANDLORDS FOR THE PAST 5 YEARS:**

(We must have either a telephone number or address of the landlords listed.)

ADDRESS: \_\_\_\_\_

DATE FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR MOVING: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR MOVING: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR MOVING: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

Do you have any objection if the Housing Authority contacts your previous landlords? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give reason \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE-HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

**PLEASE LIST (3) PERSONAL REFERENCES: (Must not be related)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## Low Rent Application

### PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS, INCLUDING SPOUSE:

NAME	D.O.B.	SSN	RELATION TO APPLICANT	TRIBE	INCOME?
					Y <input type="checkbox"/> N <input type="checkbox"/>
					Y <input type="checkbox"/> N <input type="checkbox"/>
					Y <input type="checkbox"/> N <input type="checkbox"/>
					Y <input type="checkbox"/> N <input type="checkbox"/>
					Y <input type="checkbox"/> N <input type="checkbox"/>
					Y <input type="checkbox"/> N <input type="checkbox"/>
					Y <input type="checkbox"/> N <input type="checkbox"/>
					Y <input type="checkbox"/> N <input type="checkbox"/>
					Y <input type="checkbox"/> N <input type="checkbox"/>

### PLEASE LIST ALL HOUSEHOLD INCOME:

(NOTE: You must include CHECK STUBS, AWARD LETTERS or STATEMENTS from EMPLOYERS with your application)

Person with INCOME	TYPE of INCOME	MONTHLY AMOUNT	ADDRESS of EMPLOYER (Street/PO Box, Town, State, Zip Code)

### OTHER INCOME:

SS/SSI ☐   VA ☐   IIM ☐   DHS ☐   CHILD SUPPORT ☐   PENSION ☐   UNEMPLOYMENT ☐

NAME OF PERSON RECEIVING OTHER INCOME: \_\_\_\_\_

SS/SSI ☐   VA ☐   IIM ☐   DHS ☐   CHILD SUPPORT ☐   PENSION ☐   UNEMPLOYMENT ☐

NAME OF PERSON RECEIVING OTHER INCOME: \_\_\_\_\_

INDICATE AREA WHERE YOU WOULD LIKE TO LIVE – IN ORDER OF PREFERENCE BY NUMBER 1 FIRST CHOICE.

☐ First Available  
 ☐ Miami  
 ☐ Wyandotte  
 ☐ Fairland  
 ☐ Quapaw

*Peoria Housing Authority  
3606 Sencay Avenue  
Miami, OK 74354 Phone 918-542-1873*

**Low Rent Application**

**EMPLOYER INFORMATION:**

APPLICANT: \_\_\_\_\_  
NAME OF EMPLOYER MAILING ADDRESS Phone#

SPOUSE: \_\_\_\_\_  
NAME OF EMPLOYER MAILING ADDRESS Phone#

Other ADULT: \_\_\_\_\_  
NAME OF EMPLOYER MAILING ADDRESS Phone#

Other ADULT: \_\_\_\_\_  
NAME OF EMPLOYER MAILING ADDRESS Phone#

**PLEASE READ & ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE:**

Have you ever lived in a PUBLIC/INDIAN Housing Authority project? YES ☐ NO ☐

If YES, Where and When? \_\_\_\_\_

Do you own or are you purchasing a HOME? YES ☐ NO ☐

Have you or any other member of your family ever been evicted? YES ☐ NO ☐

If so, explain the circumstances: \_\_\_\_\_

Is anyone listed on this application HANDICAPPED or DISABLED? YES ☐ NO ☐

If YES, Who and What type? \_\_\_\_\_

Has anyone listed on this application ever been arrested for a criminal offense or criminal conviction resulting in imprisonment or probation? YES ☐ NO ☐

If YES, Who and What type? \_\_\_\_\_

Did you leave owing your previous landlord? YES ☐ NO ☐

If YES, Who and How much? \_\_\_\_\_

Do you owe any utility company an outstanding balance for services? YES ☐ NO ☐

If YES, Who and How much? \_\_\_\_\_

Are any government agencies currently seeking collections (IRS, student loans, etc.)? YES ☐ NO ☐

If YES, Who and How much? \_\_\_\_\_

Is any member of the household a medical marijuana patient? YES ☐ NO ☐

## Low Rent Application

### Disclosures:

Are you a PHA employee, PHA commissioner, Peoria or Ottawa Business Committee Member or closely related (father, mother, son, daughter, brother, or sister) to any of the above?

(Circle One) Yes/No

If Yes, Name \_\_\_\_\_

Relationship \_\_\_\_\_

### PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING:

- I certify that the information on this application is true and complete to the best of my knowledge.
- I understand that the information provided is used to determine eligibility and does not necessarily qualify me for the program.
- I give permission to the Housing Authority to make inquiries for the purpose of verification of statements made in this application, including inquiries with any current or former landlords or employers.
- I understand that providing false information may disqualify me or could result in the Housing Authority evicting me from any premises that it later leases to me.

The above information is correct to the best of my knowledge. I understand that any false statement or information provided in this application is in violation of federal law, Title 18 USC 1001, a felony crime punishable by up to five years in prison.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant (If Applicable) \_\_\_\_\_

Date \_\_\_\_\_

**NOTE:** It is the responsibility of the applicant to notify the Housing Authority of any changes of address, income or family composition and to respond to all correspondence received from the Housing Authority in a timely manner. Failure to comply will result in the application becoming inactive.





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## Zero Income Certification

I hereby certify that I receive no income (no money) at this time from any source, including, but not limited to:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a business
- Rental income from real or personal property
- Interest or dividends from assets
- Social Security payments, annuities, insurance policies, retirement funds, pensions, disability or death benefits
- Unemployment or disability payments
- Public Assistance payments
- Periodic allowances such as alimony, child support, or gifts received from persons not living in the unit
- Educational grants and/or scholarships or Veterans Administration benefits available for subsistence after deducting expenses for tuition, fees and books (documentation required if applicable)
- Self-employment

I will be using the following sources of funds to pay for rent, groceries and other necessities:

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I certify that my household claims zero income for determining housing assistance. Furthermore, I agree to notify Peoria Housing Authority immediately, if there is any change in my income.

Head of Household:

Printed Name

Signature

Date

Spouse or Co-Head:

Printed Name

Signature

Date

Other Adult:

Printed Name

Signature

Date

Other Adult

Printed Name

Signature

Date



## Authorization for release of information

### Authorization for the Release of Information and Privacy Act Notice

Peoria Housing Authority  
3606 Sencay Avenue  
Miami, OK 74354

Requested by \_\_\_\_\_

Date \_\_\_\_\_

**Requirements:** Peoria Housing Authority (PHA) requires that you sign a consent form authorizing us to request verification of salary and wages from current or previous employers; to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. We require independent verification of income information. Therefore, PHA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing the PHA to request income information from the sources listed on the form. We 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.

**Uses of Information to be Obtained:** We are required to protect the income information we obtain in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. We 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 PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. The PHA 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:** Persons who apply for or receive assistance under any of the Peoria Housing Authority programs must complete this 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.

**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 PHA's grievance 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.)

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.

## Authorization for release of information

Consent: I consent to allow Peoria Housing Authority 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 PHA will not use this form 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 or Co-Applicant	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.** Your income and other information are being collected by Peoria Housing Authority to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.. 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 PHA, except as permitted or required by law. Penalty: You must provide all of the information requested by PHA, including all Social Security Numbers you, and all other household members, have and use. Giving the Social Security Numbers of all household members 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.



**NOTICE/AUTHORIZATION AND RELEASE FOR CRIMINAL BACKGROUND INVESTIGATION**

Name of Head of Household on Housing Application: \_\_\_\_\_

I, the undersigned individual, do hereby authorize the **Peoria Housing Authority, Miami, OK** to procure a criminal background report on me for the purpose of initial applicant eligibility screening, lease enforcement and/or eviction actions. This authorization and release form is valid during the housing application process, and if accepted into a housing program, for the entire duration of stay in a PHA housing unit.

This above-mentioned report will be disclosed only to a PHA staff person who has a job related need for the information and who is an authorized officer, employee, or representative of the recipient.

I further authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to the **Peoria Housing Authority, Miami, OK** including, but not limited to any and all courts and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the **Peoria Housing Authority, Miami, OK** and all persons, National Crime Information Center, police departments, and other law enforcement agencies, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a criminal background report hereby authorized.

Further, I certify that the information contained on this Notice/Authorization/Release form is true and correct and that my housing application will be terminated based on any false, omitted or fraudulent information.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Full Name: \_\_\_\_\_ Suffix: JR \_\_\_\_\_ SR \_\_\_\_\_ III \_\_\_\_\_  
[Do Not Abbreviate] First Middle Last

Other Names Used: \_\_\_\_\_ Dates Used: \_\_\_\_\_  
(alias, maiden, or nicknames)

Current Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code County Date Lived

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Full Name on SSN: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female \_\_\_\_ Male \_\_\_\_

**TO BE COMPLETED BY PHA STAFF ONLY**

*This criminal background report will be kept under lock and key and be under the custody and control of the PHA executive director/ lead official and/or his designee for such records.*

Date Report Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Report Determination: Favorable / Unfavorable

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(PLEASE TYPE OR PRINT CLEARLY IN INK)

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[Do Not Abbreviate] First Middle Last

Other Names Used: \_\_\_\_\_ Dates Used: \_\_\_\_\_  
(alias, maiden, or nicknames)

Current Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code County Date Lived

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Full Name on SSN: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female \_\_\_\_ Male \_\_\_\_

## TO BE COMPLETED BY PHA STAFF ONLY

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Date Report Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Report Determination: Favorable / Unfavorable

*Duplicate This Form As Necessary For Each Family Member 18 Years or Older*



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Full Name: \_\_\_\_\_ Suffix: JR \_\_\_\_\_ SR \_\_\_\_\_ III \_\_\_\_\_  
[Do Not Abbreviate] First Middle Last

Other Names Used: \_\_\_\_\_ Dates Used: \_\_\_\_\_  
(alias, maiden, or nicknames)

Current Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code County Date Lived

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Full Name on SSN: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female \_\_\_\_ Male \_\_\_\_

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