



# 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](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

**PLEASE COMPLETE ENTIRE FORM**

for office use only      Date / time stamp

PLEASE PRINT CLEARLY

NOTE: USE LEGAL NAMES ONLY

Darke County Metropolitan Housing Authority  
 1469 Sweitzer Street, Greenville, Ohio 45331  
 Phone (937) 548-5380 Fax (937) 548-8397 or /  
 TDD/TTY 800-750-0750



ADULTS IN HOUSEHOLD		SEX	SOCIAL NUMBER XXX-XX-XXXX	SECURITY NUMBER XXX-XX-XXXX	DATE OF BIRTH MM-DD-YYYY	MONTHLY INCOME \$ AMOUNT	SOURCE OF INCOME EMPLOYER, ADC	US CITIZEN Y/N
(LAST)	(FIRST)							
HEAD		M/F						
SPOUSE								
OTHER								
OTHER								
OTHER								
MINORS		SEX	SOCIAL NUMBER XXX-XX-XXXX	SECURITY NUMBER XXX-XX-XXXX	DATE OF BIRTH MM-DD-YYYY	BIRTHPLACE		US CITIZEN Y/N
(LAST)	(FIRST)	M/F	(MI)					
RACE	CHECK	ETHNICITY	CHECK	YOUR STREET ADDRESS	CITY	STATE	ZIP	
WHITE		HISPANIC						
AFRICAN AMERICAN		NON-HISPANIC						
NATIVE AMERICAN /		Refusal to answer race & ethnicity will not affect your eligibility for the program						
NATIVE ALASKAN								
ASIAN OR PACIFIC ISLANDER								
YOUR PHONE NUMBER				HOW MUCH RENT DO YOU PAY?				
LANDLORD'S NAME				HOW MUCH IS YOUR AVERAGE UTILITY BILL?				
LANDLORD'S PHONE NUMBER				WHAT UTILITIES DO YOU PAY? HEAT (GAS, ELECTRIC, PROPANE) HOT WATER HEATING ELECTRIC WATER SEWER TRASH				
EMERGENCY CONTACT PHONE NUMBER				WHO PROVIDES THE STOVE? WHO PROVIDES THE REFRIGERATOR?				

HAVE YOU EVER VIOLATED A PREVIOUS OBLIGATION IN CONNECTION WITH A HUD PROGRAM?

\_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER ENGAGED IN FELONIOUS USE/POSSESSION OF DRUGS?

\_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU OWE ANY MONEY TO A PUBLIC HOUSING AUTHORITY?

\_\_\_\_\_ YES \_\_\_\_\_ NO

WOULD A PHYSICIAN CONSIDER YOU TO BE A DISABLED INDIVIDUAL?

\_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD A VETERAN?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, YOU MUST PROVIDE DD214 OR DD215 AT TIME OF SUBMITTING YOUR APPLICATION

ARE YOU HOMELESS? (SEE DEFINITION BELOW)

\_\_\_\_\_ YES \_\_\_\_\_ NO

HUD DEFINITION OF HOMELESS: (1) An **unsheltered** homeless person who resides in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, on the streets, etc. (2) A **sheltered** homeless person resides in an emergency shelter or in a transitional housing unit or motel / hotel. (3) HUD does not define overcrowding as homelessness.

\*\*Must provide the name of a Social worker or professional whom can verify your homeless status

Clearly Printed Name \_\_\_\_\_

Organization \_\_\_\_\_

Phone Number \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

I UNDERSTAND THAT I AM REQUIRED TO NOTIFY THIS HOUSING AUTHORITY **IN WRITING** OF ANY CHANGES. IF THE DCMHA CANNOT CONTACT ME AT THE ADDRESS ON THE FRONT OF THE APPLICATION, MY NAME WILL BE REMOVED FROM THE WAITING LIST AND I WILL HAVE TO REAPPLY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.