

NEWARK HOUSING AUTHORITY

Telephone: (870)799-3339 Fax (870)799-3339

530 Akron Circle

Newark, AR 72562

Email: newarkha@att.net

Checklist of items to return with your application

- Copy of Social Security cards for all in the family**
- Copy of driver's license or ID for all adults in the family**
- Copy of Birth Certificates for all in the family**
- Copy of Marriage License, Divorce Papers, Custody Information (any that apply)**
- Copy of Social Security and/or SSI Award letters**
- Copy of 3 most recent check stubs (if employed)**
- Copy of any other income that you may have such as pensions, retirement, VA check, child support, etc.**
- Copy of Child Support Documents**
- Copy of TEA and/or Food Stamps**

You MUST have an income to live in public housing.

The Newark Housing Authority Pet Policy requires prior written approval of all pets and a refundable Pet Fee of \$100.00 per pet.

OFFICE USE ONLY

Pick up Date: _____

Return Date: _____

**Rim Application
For Public Housing**
NEWARK HOUSING AUTHORITY
Telephone: (870)799-3339
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530 Akron Circle
Newark, AR 72562

OFFICE USE ONLY

Size of unit needed

1 Bedroom

2 Bedroom

3 Bedroom

MUST BE COMPLETE IN INK (BLUE OR BLACK)
Faxed applications will not be accepted
Incomplete applications will not be accepted

Application must be returned to our office by the person applying for assistance. Please allow 15 minutes for review of your application. If you have any questions, please call our office.

Applicant's Full Legal Name (Please Print) _____ Maiden Name (If Applicable) _____

Current Physical Address _____ Mailing Address _____

City, State, Zip Code _____ City, State, Zip Code _____

Home Phone# _____ Work # _____ Cell# _____

Message Phone # & Person's Name _____

Head of Household Driver's License or ID # _____ Exp. Year _____ State _____

Spouse/Other Adult Driver's License or ID # _____ Exp. Year _____ State _____

Other Household Members Driver's License or ID # _____ Exp. Year _____ State _____

Other Household Members Driver's License or ID # _____ Exp. Year _____ State _____

Are you homeless? Yes No or living with family? Yes No

All housing authorities are now Smoke Free. No smoking is allowed within 25 feet of any building.

It is your responsibility to notify the housing authority of any changes to this application. If a unit becomes available and we are unable to contact you, you will be dropped from the waiting list.

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U.S. Department of Housing and Urban Development

Things You Should Know

Don't risk your chance for Federally assisted Housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

Purpose: This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

1. Evicted from you apartment or house.
2. Required to repay all over paid rental assistance you received.
3. Fined up to \$10,000.
4. Imprisoned for up to 5 years; and/or Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions: When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

Completing Application: When you give your answers to application questions, you must include the following information:

Income: All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, money given to you, etc.)

Any money you receive on behalf of your children (child support, social security for children, etc.)

Income from assets (interest from a saving account, credit union, or certificate of deposit, dividends from stocks, etc).

Earnings from second job or part time job and any anticipated income (such as bonus or pay raise you expect to receive).

Assets: All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc, that are owned by you and any adult member of your family/household who will be living with you. Any business or asset you sold in the last 2 years of less than its full value, such as your home to your children.

Family Household Members The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.

When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.

Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

Recertifications You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify you must report on recertifications forms.

All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc, for all adult family/household members.

Any family/household member who has moved in or out.

All assets that you or your family/household member won and any asset that was sold in the last 2 years for less than its full value.

Beware of Fraud You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
 - Do not pay any money to move up on the waiting list.
 - Do not pay for anything not covered by your lease.
 - Get a receipt for any money you pay.
 - Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)
-

Reporting Abuse If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD HOTLINE at (202)472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, room 8254, 451 Seventh Street SW, Washington, DC 20410.

DENIAL OF ADMISSION

- A. Admission will be denied to the PHA's public housing program for three (3) years from the date of eviction if any household member has been evicted from federally assisted housing for drug-related Criminal activities.
- B. Admission will be denied if the PHA determines that a household member is "Currently engaged in" Criminal activity, a pattern of illegal use of a drug, or a pattern of alcohol abuse.
- C. Admission will permanently be denied to the PHA's public housing program if any household member has ever been convicted of drug related Criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing or if any member of the household is subject to a lifetime registration requirement under a state sex offender registration program.
- D. Before admission is denied to the PHA's public housing program on the basis of a Criminal record, the PHA must notify the household of the proposed action to be based on information and must provide the subject of the record to the applicant with a copy of the Criminal record and an opportunity to dispute the accuracy and relevance of that record.

DRUG FREE HOUSEHOLD STATEMENT

I, the undersigned, do hereby attest that I and all members of my household do not use any illegal drug(s). I further attest that I and all members of my household do not sell, possess or use any illegal drug(s) and that my household is a drug-free household.

I further understand that if I, members of my household or guest(s) of my household, use, sell, or possess illegal drugs, I am subject to removal from the waiting list/termination of Housing Assistance Payments/or eviction, which ever may apply.

I understand that this statement will remain in effect for the entire length of my application period/tenancy/or receipt of Housing Assistance Payments.

Signature of Head of Household

Date

Signature of Co-Head/Other Adult

Date

Signature of adult children

Date

PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED **IN YOUR OWN HANDWRITING**. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM.
PLEASE PRINT.

I. HOUSEHOLD COMPOSITION: List all household members who will be living in your home, listing head of household first. We **MUST** have a Social Security Number for each person and a **COPY of each person's Social Security Card, Driver's License, and Marriage License. *Bring Birth Certificates for minors. If you are expecting, indicate due date.**

ADULTS (Legal Name)	Married Separated Divorced	Disabled X	Date of Birth	Relationship to Head of Household	Social Security Number	Race of Each Adult (White, Black, American Indian, Asian or Hispanic)
1.				Head of Household		
2.						
3.						
4.						

If divorced, you must supply a complete copy of your divorce decrees. If you are entitled to child support, but are not receiving it, you must supply a copy of the court record, signed and dated by the court clerk.

Children (Name as it appears on SScard)	Sex M/F	Disabled X	Date of Birth	Relationship to Head of Household	Social Security Number	School Name
1.						
2.						
3.						
4.						
5.						
6.						

Give name and Social Security Number of absent parent(s) for children listed above.

Name

Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Social Security Number

Social Security Number

II. TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, Disability payments (SSI), Workman's Compensation, Retirement Benefits, AFDC, Veterans Benefits, Rental property income, Stock dividends, Income from bank accounts, Alimony, and all other sources.

LIST AMOUNTS RECEIVED BELOW

Household Member	Employer (Must give name and mailing address of current employer(s))	Total Weekly Gross Wages	AFDC	Child Support	Social Security Benefits	Unemployment Benefits	All Other Income
1.							
2.							
3.							
4.							

III. ASSETS: If yes to any, list below.

Do you or any household member own or have an interest in any real estate, house, and/or mobile home? _____
 Have you sold any real estate in the last two years? _____
 Do you own any stocks or bonds? _____
 Do you have checking/savings and/or CD accounts? _____, If yes, give bank name _____, account numbers _____, and amount _____.
 Do you own a car? _____ Model/Year _____ Tag No. _____ and State _____. Do you own a second car? _____ Model/Year _____ Tag No. _____ and State _____.
 1. Does anyone outside of your household pay for any of your bills or give you money? Yes/No _____ If yes, explain on page 4.
 2. Have you or any other adult members ever used any name(s) or Social Security Number(s) other than the one you are currently using? Yes/No _____ If yes, explain below.
 3. Have you or any member lived in any assisted Housing? Yes/No _____ If yes, list where and when below.
 4. Have you or anyone in your household ever been convicted of any crime other than Traffic violations? Yes/No _____ If yes, explain below. (Applies to Public Housing Applicants Only).
 5. Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes/No _____ If yes, explain below.
 6. Have you ever been evicted from Public Housing or assisted housing program or do you owe money to any Housing program? Yes/No _____. If Yes, where? _____.

I, do hereby affirm and attest that all of the information above about me is true and correct. I also understand that **all changes** in the Income of any member of the household as well as any changes in the household members **must be reported** to the Housing Authority **in WRITING IMMEDIATELY**.

_____	_____	_____	_____
Signature of Head of Household	Date	Signature of Spouse	Date
_____	_____	_____	_____
Signature of Other Adult	Date	Signature of Other Adult	Date

WARNING!! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

In order to process your application, this page **MUST** be completed in full. The Housing Authority **MUST** have your current and past rental references. Relatives **MAY NOT** be used as references.

**YOUR APPLICATION CANNOT BE PROCESSED WITHOUT
COMPLETE MAILING ADDRESSES FOR REFERENCES**

PRESENT LANDLORD ***Be sure to include any public housing or Section 8 program you lived in.***

Present Rent \$ _____ What utilities are paid by Applicant? _____

Landlord's Name _____ Landlord's Phone # _____

Landlord's Mailing Address _____

How long at this address? _____

PREVIOUS LANDLORDS

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

Address where you lived _____

Address where you lived _____

PERSONAL REFERENCES

**Do not use relatives or people you are currently staying with.
Do not use a landlord reference as a personal reference.**

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

I do hereby affirm and attest that all of the information above about me is true and correct.

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Citizenship Declaration Statement

Notice to Applicants and Tenant: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration Statement carefully and sign and return to the Housing Authority's admissions office. Please feel free to consult with an immigrant lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because (Please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States, or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof; or
- I have eligible immigration status as checked below:
 - Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); or
 - Permanent residence under § 249 of INA; or
 - Refugee, asylum, or conditional entry status under § 207, 208 or 203 of the INA; or
 - Parole status under § 212(d)(5) of the INA; or
 - Threat to life or freedom under § 243(h) of the INA; or
 - Amnesty under § 245A of the INA.

Signature of Head of Household

Date

Signature of Family Member

Date

Signature of Family Member

Date

Signature of Family Member

Date

Signature of Family Member

Date

Signature of Family Member

Date

Signature of Family Member

Date

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By signing below, I give my consent for the Newark Housing Authority to conduct a Criminal Background check to be considered for assistance.

Signature Head of Household

Date

Signature Spouse/Other Adult

Date

Signature Other Adult

Date

Signature Other Adult

Date