

*KIAMICHI HOUSING AUTHORITY*

**STOP AND READ BEFORE APPLYING**

**THIS IS THE APPLICATION THAT YOU REQUESTED. TO ENSURE YOUR APPLICATION IS PROCESSED, YOU ALSO MUST PROVIDE THE INFORMATION BELOW. WHEN APPLICATION IS COMPLETED, MAIL IT TO THE ADDRESS LISTED ON APPLICATION. DO NOT FAX THIS APPLICATION**

**PLEASE MAKE SURE THE APPLICATION IS COMPLETED, ANY APPLICATION NOT COMPLETED OR SIGNED, OR DOES NOT HAVE ALL INFORMATION SUBMITTED WITH IT, WILL NOT BE PROCESSED; IT WILL BE RETURNED TO THE PERSON SUBMITTING APPLICATION FOR ITS COMPLETION. IT WILL NOT BE ADDED TO WAITING LIST UNTIL ALL INFORMATION AND COMPLETED APPLICATION IS RETURNED.**

**IDENTIFICATION REQUIRED:**

- State Issued Birth Certificate copies of ALL persons listed on application
- Social Security card copies of all persons listed on application
- Driver License copies of all drivers on application
- Photo I.D. of those who are of driving age but without a driver's license

**PROOF OF INCOME:**

- Copies of Social Security award; Disability award; Retirement benefits or settlements; Unemployment benefits; Child support award and/or alimony; TANF or payment from state or governmental support; Employment check stub or direct deposit sheet from your bank

**SCHOOL AND TRAINING:**

- School and/or training class schedule and/or grant awards for all members attending college, vocational training, job corp or any other class training.

**REFERENCES:**

- Will need at least one landlord reference, credit reference and (2) personal references of persons not related in any way.

**\*Kiamichi Housing Authority is now a SMOKE-FREE CURB-TO-CURB HOUSING FACILITY. AS WE ARE A FEDERAL ENTITY, WE ARE NOT GOVERNED BY SOME STATE LAWS!\***

KIAMICHI ELECTRIC COOPERATIVE HOUSING AUTHORITY  
12321 SE 1023 AVE  
TUSKAHOMA, OK 74574-1362

**To Obtain or Attempt to Obtain  
Housing Assistance  
by Committing  
F-R-A-U-D  
is a  
CRIMINAL OFFENSE  
under Federal and State Law**

Provided as a service to the membership by  
Public Housing Directors Association  
511 Capital Court NE.  
Washington, DC 20002-4937

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to intentionally make false or inaccurate statements to any department of agency of the United States about any matter within its jurisdiction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**KIAMICHI ELECTRIC COOPERATIVE HOUSING AUTHORITY  
12321 SE 1023 AVENUE  
TUSKAHOMA, OK 74574-9619  
(918) 942-1031**

**APPLICATION FOR OCCUPANCY**

**SITE REQUESTED: 1<sup>ST</sup> CHOICE \_\_\_\_\_ 2<sup>ND</sup> CHOICE \_\_\_\_\_**  
**SITES: BLANCO, BUFFALO VALLEY, COWLINGTON, GOWEN, HAYWOOD, INDIANOLA, KIOWA, LEFLORE, MUSE, PANAMA, WHITESBORO**

**Applicant Information**

Name:		SSN#:	
Date of birth:	Telephone:	E-mail:	
Mailing address:		Landlord Name & Telephone #:	
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous Landlord:		Telephone #:	
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
Previous Landlord:		Telephone #:	
City:	State:	Zip Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	

**Employer(s) or source of income:**

Employer address:	How long?
Phone:	E-mail:
City:	State:
Position:	Hourly Salary (Please circle)
Annual income:	

**Emergency Contact**

Name of a person not residing with you:

Address:

City:	State:	ZIP Code:	Phone:
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Relationship:

**Co-applicant Information**

Name:		Phone:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly rent or payment:	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	

**Co-applicant Employment Information**

Employer(s):		How long?	
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	



Is any family member enrolled in a job training program, including one required under the Welfare program?  
 \_\_\_ Yes \_\_\_ No

Is any adult family member enrolled in an education program full-time? \_\_\_ Yes \_\_\_ No

References (Credit)		
Name:		
Phone:	Acct#(if applicable)	
Address:	City:	State and Zip code:
Name:		
Phone:	Acct#(if applicable)	
Address:	City:	State and Zip code:

References (Personal) non-family		
Name:		Phone #:
Address:	City:	State and zip code:
Name:		Phone #:
Address:	City:	State and zip code:

**OTHER INFORMATION:**

Will any household member require modifications or special features to fully utilize Public Housing?  
 Accessibilities \_\_\_\_\_ audio \_\_\_\_\_ visual \_\_\_\_\_ partially accessible \_\_\_\_\_

Do you anticipate any changes in household composition within the future? \_\_\_ Yes \_\_\_ No

Do you have a pet(s)? \_\_\_ Yes \_\_\_ No Will you be getting a pet? \_\_\_ Yes \_\_\_ No  
**(Housing Authority has a 25 lb. weight limit and has a limit of one pet per household)**

❖ Description of applicant's pet (Breed, Gender, Weight): \_\_\_\_\_

Do you have a Motorcycle, 4-wheeler, ATV or other apparatus? \_\_\_\_\_ Specify \_\_\_\_\_

Will there be any musical instruments at the residence? \_\_\_\_\_ Specify \_\_\_\_\_

Do you plan to keep a Boat, Trailer, Motor Home or Camper on the premises? \_\_\_\_\_ Specify \_\_\_\_\_

How many vehicles do you have? \_\_\_\_\_ Please list the information for each vehicle that is in your possession:

Make	Model	Color	Year	License Plate #

**ADDITIONAL PERSONAL INFORMATION:**

Have you or any family member ever been a tenant in Kiamichi Housing Authority, other housing authorities or HUD housing? \_\_\_\_\_ If yes, specify: \_\_\_\_\_

Have you or any member of your household ever been convicted of a crime? \_\_\_\_\_ If yes, specify:

Are you now under ANY criminal charges? \_\_\_\_\_ If so, what? \_\_\_\_\_

Have you or any member of your household ever been charged with any drug-related criminal activity? (The term drug-related activity means illegal manufacture, sale, distribution, usage, possession with intent to manufacture, sell distribute or use of any controlled substance.)

Have you or any member of your household ever been in a drug-related or alcohol treatment (rehabilitation) program?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Have you or any member of your household have any negative habits that could interfere with your family making good tenants? \_\_\_\_\_

I certify that the Information given above is true and correct to the best of my knowledge. I understand that any false information on this application can make me ineligible for housing. I have no objection to inquiries for the purpose of verification of the above statement, this includes a police background check. It is understood that the above information will be held in strict confidence. I also understand this application is good for only SIX (6) MONTHS, and if I have not been offered a unit during this time, I must renew this application each SIX (6) months thereafter if I desire my consideration for housing to remain active. I understand that I must also update my application via phone or letter every 4 weeks to ensure that I remain current on the waiting list. I understand that this is a contract, and it does not bind either party.

Date of Application: \_\_\_\_\_ Applicant Signature \_\_\_\_\_

#### FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) collects information on tenants in HUD-assisted rental housing. The U.S. Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families.

Public Housing agencies (PHA's) operating such housing, send HUD information based on tenant's income, family composition, rent, ect., which is given by tenants to PHA's upon applying or being re-examined. It is transferred to HUD forms used for data collection which may be performed by a contractor.

USE: HUD uses the information for budget development, program evaluation and planning; reporting to the President and Congress, monitoring compliance with Federal requirements and to verify accuracy and completeness.

PUBLIC ACCESS: Summaries of tenant data are available to the public; Disclosure of information about individuals and families is restricted by the Privacy Act of 1974.

Such information is released to the appropriate Federal, State or local agencies to verify information relevant to eligibility and rent's determinations and when applicable to other criminal or regulatory matters. The Privacy Act restricts HUD's disclosure of information on individuals and families, but does not restrict the PHA from releasing such information, State or local laws. Regulations may govern disclosure by the public housing agency.

REFORMATION REQUIREMENTS: Giving a Social Security number to a HUD or the PHA is voluntary; failure to do so does affect eligibility or amount of payment. HUD uses the Social Security numbers as the identifiers in the computer, matching to check the eligibility and rent determinations made by the PHA. Other information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities. Failure of an individual to provide required information may result in eviction or the withdrawal of housing assistance (depending on the housing program.)

AUTHORITY: HUD is permitted to ask for the information by the U.S. Housing Act of 1937 as amended, 42 USC, 1437 et. seq. the Housing and Community Development Act 1981, Public Law 97-35, 85 Stat., 348, 408.

**PLEASE NOTE:** We cannot rent you a house until we have **PROOF OF ALL YOUR INCOME**. Proof of income means one or more of the following:

1. Statement from employer showing gross wages earned and number of hours worked.
2. Statement from Employment Commission.
3. Statement from agency such as Social Security, Welfare, DHS, Veteran Benefits, Retirement, Unemployment and other pensions.
4. Proof of child support received. (letter from ex-spouse, copy of monthly support check, divorce decree or court order.)
5. Proof of ANY other income your family receives. (This work-study and grant monies).

**DEPOSITS REQUIRED PRIOR TO MOVE-IN AFTER APPROVAL FROM EXECUTIVE DIRECTOR:**

1. \$150.00 Security Deposit
2. \$100.00 to \$150.00 Water Deposit (depending on site).
3. Electric Deposit to Kiamichi Electric Cooperative, Wilburton, OK (918) 465-2338.
4. First month's rent (full amount or prorated amount)  
(Tenants are responsible for paying their own utilities)



**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**  
**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants, and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise, the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:

Signature

Date

Printed Name

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.

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban  
Development and the Housing Agency/Authority (HA)**

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

**PHA or IHA requesting release of information (full address, name of contact person, and date):**

Kamichi Electric Cooperative Housing Authority  
12321 SE 1023 AVE  
TUSKAHOMA, OK 74574

CATELYN BURNS - EXECUTIVE DIRECTOR 08/01/2025

**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.

**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.

**KIAMICHI ELECTRIC COOPERATIVE HOUSING AUTHORITY**  
**12321 SE 1023 AVE**  
**TUSKAHOMA, OK 74574-1362**  
**918-942-1031**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT:**

I authorize and direct any Federal, State or Local Agency, organization, business or individual to release any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history and violations of my lease or PHA policies.

**INFORMATION COVERED:**

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/Marital Status/Employment/Income/Assets/Residences/Rental Activity/Medical/Child Care Allowances/Credit/Criminal Activity**

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE INQUIRED:**

Previous Landlords (including Public Housing Agencies)  
Retirement System  
Support and Alimony Providers  
State Unemployment Agencies  
Social Security Administration

Past and Present Employers  
Courts and Post Offices  
Utility Companies  
Banks and other Financial Institutions  
Credit Providers and Credit Bureaus

Law Enforcement Agencies  
Medical and Child Care Providers  
Schools Colleges  
Welfare Agencies  
Veterans Administration

**COMPUTER MATCHING NOTICE AND CONSENT:**

I understand and agree that HUD or Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to dispute incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State or Local Agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; The U.S. Postal Service; The Social Security Administration and the State Welfare and DHS Departments.

**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 with the PHA and will stay in effect for a year and one month from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

\_\_\_\_\_

Head of Household

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

Date

\_\_\_\_\_

Spouse / Co-Head

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult in Household

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult in Household

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

Date



State of Oklahoma  
 Oklahoma Human Services  
 Child Support Services  
 www.okdhs.org



Fax (405) 487-1001

Phone: (405) 522-2273

OCSS.Contact.HousingInquiries@okdhs.org

## Housing Verification Cover Sheet

Please print clearly

Attach the Consent form to the cover sheet with exact complex name and fax number to be returned to.

Do not fax more than twice. Please call (405)522-2273 if not received.

Please check for emergency request

Emergency Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Complex Information

Name:

Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Email Address:	<input type="text"/>		

### Applicant Information

First Name:  Middle Name:

Last Name:

Date of Birth:  -  -

Social Security Number:  -  -

Applicant Signature

The applicant signature is required for the release of payment records.  
 Applications without signatures will be returned.



A police report, court record (such as a restraining order), or administrative record.

Statement or other evidence if accepted by your housing provider (such as email, text message, or social media post).

You can pick any of these choices. Unless the perpetrator also produces similar proof, the housing provider cannot make you choose a certain kind of proof or more than one type. The housing provider must give you at least 14 business days (weekends and holidays do not count) to provide proof of the violence.

**What happens if the abuser also submits a certification claiming that they are a victim?**

The provider receives proof from the perpetrator claiming that they are the victim, then the provider may require you to submit additional proof.

**Can a provider share the information I provide about the abuse with others?**

No, except in limited cases. The provider cannot give the information you provide about the abuse to others. The information may be shared only if you agree in writing, it is needed to evict the abuser, or if the disclosure is required by law.

**Does this mean that a survivor cannot be evicted at all?**

No. You can still be evicted for serious or repeated lease violations that aren't related to the abuse. The housing provider must hold you to the same standard as other tenants. The housing provider may evict if there is a real and immediate threat

to other tenants or staff if you are not evicted. If you are threatened with eviction, call legal aid immediately.

**11. Is the housing provider required to tell me about VAWA's housing protections?**

Yes. VAWA requires each housing authority or landlord to provide a notice of VAWA's housing protections ([Form HUD-5380](#)) to all applicants and tenants. The notice must be given along with the VAWA self-certification form ([Form HUD-5382](#)) mentioned in Question 7 at the time an applicant is denied housing or assistance, at the time an applicant is admitted to housing, and when a tenant is notified of eviction or termination. This notice must be in multiple languages.

**12. How does VAWA affect other state or local laws that might protect me?**

VAWA is a federal law. However, it does not impact state or local laws that provide more housing protections for survivors.

**13. Who can help me?**

Contact an attorney, domestic violence, sexual assault, legal aid, or fair housing agency to see if VAWA can help you.

If you think your VAWA rights have been violated, you can file a complaint with HUD. You can do this with or without an attorney.

For more information on your rights under VAWA, or to file a complaint, visit: [www.hud.gov/vawa](http://www.hud.gov/vawa).

## Know Your Rights!

### Domestic and Sexual Violence and Federally Assisted Housing

Are you the victim of domestic violence, dating violence, sexual assault, or stalking?

Do you live in federally assisted housing?

**A law called the Violence Against Women Act (VAWA) may help you.**

# The Rights of Domestic and Sexual Violence Survivors In Federally Assisted Housing

## What is VAWA?

VAWA is a law that protects survivors and individuals threatened with domestic violence, dating violence, sexual assault, and stalking from being discriminated against by housing providers because of the violence committed against them.

## Am I covered by VAWA's housing protections?

VAWA protects survivors and individuals threatened with domestic violence (including economic and technological abuse), dating violence, sexual assault, and stalking. You don't have to be married to or living with the perpetrator to be protected by VAWA. VAWA applies regardless of your sex, gender identity, sexual orientation.

VAWA applies if you are applying for or are a tenant in any of these programs:

Public housing;

Section 8 Housing Choice Voucher program;

Section 8 project-based housing;

Section 202 housing for the elderly, including the direct loan program;

Section 811 housing for the disabled;

Section 236 multifamily rental housing;

Section 221(d)(3) Below Market Interest Rate; HOME;

Housing Opportunities for Persons with AIDS (HOPWA);

National Housing Trust Fund;

McKinney-Vento Act homeless programs including the Continuum of Care and

- Emergency Solutions Grants programs; Rural Development multifamily housing, including Section 515 Rural Rental Housing, Sections 514 and 516 Farm Labor Housing, Section 533 Housing Preservation Grants, RD Vouchers, and Section 538 multifamily rental housing;
- Veterans Housing Programs, including Transitional Housing. Grant programs for homeless veterans with special needs, Supportive Services for Veteran Families (SSVF), and VASH vouchers; and
- Low-Income Housing Tax Credit housing.

VAWA does NOT cover private housing that does not receive federal assistance.

## 5. VAWA protects me from:

- being denied admission to rental housing or federal rental assistance just because I am a survivor.
- being evicted or losing federal rental assistance because I am a survivor or threatened with violence.
- Being denied admission or rental assistance, evicted, or losing a subsidy for reasons related to the abuse, such as bad credit, rental, or criminal history.
- retaliation for asserting VAWA rights.
- the right of anyone (not just survivors) to call 911 or the police for help.

## 6. What if I need to get the abuser out of the home?

If someone living in your home is violent towards you, the housing provider may evict them, and let you and other household members stay. If you are not head of household or your name is not on the rental

assistance, then you generally have 90 days or the end of the lease (whichever is sooner) to show you are eligible for the subsidy or another subsidy, or to find new housing.

## 7. What if I need to move to escape the abuse?

If you have a Section 8 voucher, you can move for reasons related to the abuse and keep your voucher — even if your lease has not ended.

Housing providers must have emergency transfer plans that allow transfers to other safe and available federally assisted housing. You can request a transfer if you reasonably believe you are about to be harmed, or if you were sexually assaulted on the property up to 90 days before the request. If your landlord does not have an emergency transfer plan, contact your local emergency aid office or domestic and sexual violence agency.

## 8. How do I prove that I can use VAWA's protections?

The housing provider may ask for documentation showing that you are a victim. The housing provider must make this request in writing. There are four ways to show that you are a survivor:

1. **A self-certification form (Form HUD-5382).** The form asks for: your name; name of your abuser (if known and safe to provide); abuser's relationship to you; the date, time and place of the violence; and a description of the violence.
2. **A letter signed by a victim service provider** (such as a domestic or sexual violence counselor), attorney, or a medical or mental health professional who has helped you with the violence. You must also sign this letter.