



Calhoun Housing Authority

COMMISSIONERS: Wilson Baxley, Chairman * Wilburn Aker, 1st Vice-Chair* Larry Roye* Clinton Marshall* Linda Waldon
EXECUTIVE DIRECTOR: Patricia Gail Brown

The Calhoun Housing Authority will take applications as follows:

Attention All Applicants:

*This Authority will be a SMOKE FREE Property effective July 01, 2014
No smoking will be permitted in any unit, building, grounds or sidewalk*

Monday through Friday from 9:00am to 4:00 pm

At the time the application is returned to the Housing Authority, please review all paperwork and documents to ensure that all pertinent information has been provided. Applications will not be accepted for processing if the following documents are not included and the application does not have an address to correspond with the applicant:

- 1. Social Security Cards on all family members.*
- 2. Birth Certificates of all family members.*
- 3. Immigration cards for aliens working in country.*
- 4. Proof of income on all family members.*
- 5. Photo I.D. for all adults 18 and over.*
- 6. A signed Criminal Background Check Consent Form on all members in the household over the age of 18 years. (Please request additional forms if necessary.)*
- 7. Letter from Physician if you are making a special accommodations request.*

Please be advised that the Board of Commissioners of the Housing Authority have established local preferences for admission to this Authority. A definition of local preferences is attached.

If any further information is needed please contact me.

*Sincerely,
Patricia Gail Brown
Executive Director*



Waiting List Status

<http://www.hmsforweb.com/OWL>

Please refer to this web site for information regarding your position on the Calhoun Housing Authority Waiting List Information is updated daily. Thank you, Management

Housing Authority of the City of Calhoun, Georgia

607 Oothcalooga St. -Calhoun, Georgia 30701

Telephone: 706-629-9183

Fax: 706-629-5111

Application for Housing

Applicant Information

Date: _____

Applicant's Name: _____ Social Security No. _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone/Cell Number: _____ Sex: _____ Race: _____
Date of Birth: _____ Age: _____

Name of Spouse: _____ Social Security No. _____
Date of Birth: _____ Age: _____
Sex: _____ Race: _____

What is marital status of Head of Household?
Single__ Married __ Separated __ Widowed __ Divorced __

Please list all persons that will be residing with you - including all children:

Name, Date of Birth and Relationship to Head of Household:

_____	_____
Name, Date of Birth and Relationship	Social Security Number
_____	_____
Name, Date of Birth and Relationship	Social Security Number
_____	_____
Name, Date of Birth and Relationship	Social Security Number
_____	_____
Name, Date of Birth and Relationship	Social Security Number
_____	_____
Name, Date of Birth and Relationship	Social Security Number

Income – List All Sources and Amounts Received

Household Member	Source of Income-Employer	Frequency	Amount	Supervisor Name and Phone No.

Other Sources of Income: (Such as SS, SSI, AFDC, Retirement, VA, Alimony, Child support)

List Source: _____ Amount: _____

ASSETS: If yes, please list below. Do you or any household member own or have an interest in any real estate, boat, 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 savings accounts? ____ Do you own a Car? ____ List all Vehicles that you own:

List Model/Year _____ Tag No. _____

List Model/Year _____ Tag No. _____

1. Does anyone outside of your household pay for any of your bills or give you money? Yes or No ____ If yes, please explain. _____

2. Have you, or any member, lived in any assisted housing? Yes or No ____ If yes, explain. _____

3. Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes or No? If yes, please explain _____

4. 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 ___or No___ Please explain _____

5. List the name/names and phone number of your last landlord/s for the past two years. Your former landlord must be available for a landlord reference check _____

6. Have you ever had a dispossessionary warrant issued against you for non- payment of rent? If yes, please explain: _____

7. Do you know anyone that lives in the Calhoun Housing Authority? Please list names and addresses.

I do hereby swear 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 Head of Household Date

Signature of Spouse 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.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

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

Calhoun Housing Authority
607 Oothcalooga St.
Calhoun, Ga. 30701
(706) 629-9183 Fax: (706) 629-5111
Contact: Sandy McCarthy or Alicia Gasaway

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

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

RESIDENT SELECTION AND ASSIGNMENT

1. Definition of a working family.

An applicant where the head of household (See Section 2-19) is considered working in a full time, long term part-time capacity or an approved job training capacity in accordance with the following provisions.

A: Full Time Employment

Any head of household legally employed by an employer in a full-time capacity. The head of household must work for wages, commissions or other consideration of value and have been so gainfully employed after the date of application. This applicant must also demonstrate full-time employment for at least nine (9) months immediately prior to the date of placement. It must be apparent that the full-time employment is of a continuous, as opposed to a temporary, nature and the head of household must anticipate such continuous employment after the date of placement. Self-employed individuals would qualify for the Local Preference if the head of the household was able to demonstrate nine (9) months of full-time self-employment immediately prior to the date of placement; or

B: Part-Time Employment

Any head of household legally employed by an employer in a part-time capacity. The head of household must work for wages, commissions, or other consideration of value and have been so gainfully employed for at least nine (9) months prior to the date of placement. It must be apparent that the part-time employment is of a continuous as opposed to a temporary nature and the head of household must anticipate such continuous employment after the date of placement. Self-employed individuals would qualify for this Local Preference if the head of the household was able to demonstrate nine (9) months of part time self employment, of not less than twenty (20) hours per week, immediately prior to the date of placement; or

C: Approved Job Training Program

Any head of household who is participating in, or enrolled for participation in a training, education or employment program, funded by HUD, JTPA (PIC), JOBS/PEACH (DFACS), or any other Federal, State or local organization, provided that the program's primary purpose is to prepare low and very low income individuals for economic independence or family self-sufficiency. Such participation must be for a minimum of twenty (20) hours per week, and must be verified in writing, education, or employment provider.

2. Working Family Verficiation

This preference may be verified by submission of;

- a. Executed third party Employment Verification form;
- b. Salary or Pay Stubs for the relevant time period;
- c. State Wage Information Collection Agency documentation;
- d. Letter from employer on company stationary mailed or delivered to HACA directly by the employer;
- e. Written verification of participation in an eligible training, education or employment program.

Local Preferences

Local Preferences for Admission: The Board of Commissioners of the Housing Authority of the City of Calhoun, Ga has established the following local preferences and priorities for admission to its housing.

First Priority- Working Family- A working family is defined as a family whose head or spouse has been regularly employed for the past 9 months. Regularly employed means full-time or part-time employment which requires the employee to work on a regular basis which is not considered as temporary, non-recurring or sporadic. A working family also includes a family whose head, spouse, or sole member, are age 62 or older or are receiving social security disability, supplemental security income disability benefits, or other payments based on an individual's inability to work.

Second Priority- Families who qualify in all other respects for the First Priority, except has been working less than 9 months.

Third Priority- All other families who have received an offer of a unit in accordance with the Applicant Selection and Assignment Plan



Patricia Gail Brown
Executive Director

Calhoun Housing Authority

607 Oothcalooga St. • Calhoun, Ga. 30701 • (706) 629-9183 • TTY (800) 545-1833 x 821 • Fax: (706) 629-5111

NOTICE TO ALL APPLICANTS/RESIDENTS Reasonable Accommodations for Applicants/Residents with Disabilities

The Calhoun Housing Authority (CHA) is a public agency that provides low rent housing to eligible families, elderly families, and single people. CHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, or disability. In addition, CHA has a legal obligation to provide “reasonable accommodations” to applicants/residents if they, or any family member, have a disability.

A reasonable accommodation is some modification or change CHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a legally recognized disability to take advantage of CHA’s programs. Examples of reasonable accommodations would include the following:

- Making alterations to a CHA unit so it could be used by a family member (resident) with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a support animal necessary to assist a family member with a disability in a CHA development, which might not follow Pet Policy standards;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing impaired applicant during the interview.
- Permitting an outside agency to assist an applicant with a disability to meet the CHA’s applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy- they must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc. however, there is no requirement that they be able to do these things without assistance.

If you or a member of your family has a disability, you may request a reasonable accommodation at the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the Housing Authority, that is your right.

NOTE: Please be advised, if you submit a Reasonable Accommodation Request and accept a unit that does not meet the needs of said request, you will not be able to submit a transfer request to be placed on the transfer list for 12 months.

Signature: Applicant/Resident

Date



REQUEST FOR A RESONABLE ACCOMMODATION
Special Unit Requirement

Date: _____

Name: _____

Address: _____

Telephone: _____

The following member of my household has a disability:

Please list Name and Relationship

Please provide this reasonable accommodation:

I need this reasonable accommodation because:

Signature: Applicant/Resident

Date:

Signature of CHA Representative

Date Received:

SPECIAL UNIT REQUIREMENTS(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the Calhoun Housing Authority (CHA) and residents (during re-certification). It is used to determine whether an applicant/resident family needs special features in their housing units. The need for special adaptations must be verified in order to assure that the limited number of unites with special features go to families that actually need the features. We ask that every applicant sign the bottom of the form to indicate receipt of the form, whether or not any special features are requested. No one is required to disclose a disability.

Applicant Name: _____
Interviewed By: _____ Date: _____

- Will you, or any member of your family require any of the following:

<input type="checkbox"/> A Separate Bedroom	<input type="checkbox"/> Unit for Vision-Impaired
<input type="checkbox"/> A Barrier-free Apartment	<input type="checkbox"/> Unit for Hearing-Impaired
<input type="checkbox"/> One-level Unit	<input type="checkbox"/> Extra Bedroom
<input type="checkbox"/> Other Modifications to Unit	
- Do you or any family member(s) need any features not mentioned? Yes ___ No ___
If "Yes", please indicate how the Calhoun Housing Authority should accommodate your family:

- Will you or any of your family members require a live-in aide to assist you?
Yes ___ No ___
If "Yes", Please explain:

- If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:

- What is the name of the family member needing the features identified above?

- Whom should we contact to verify your need for a special apartment?
Name: _____
Address: _____
Phone Number: _____

Signature: Applicant/Resident

Date:

REQUEST FOR A REASONABLE ACCOMMODATION
Special Unit Requirement

Date: _____

Name: _____

Address: _____

Telephone: _____

The following member of my household has a disability:

Please list Name and Relationship

Please provide this reasonable accommodation:

I need this reasonable accommodation because:

Signature: Applicant/Resident

Date:

Signature of CHA Representative

Date Received:

Calhoun Housing Authority
Verification of Need for Unit with Special Features/Live-In Aide

Name: _____ Date: _____

Address: _____ Applicant/Resident: _____

Dear Sir/Madam:

The above named person is applying/residing in public housing and has expressed a need for either a unit with special features, or a live-in aide. The applicant has named you as a person who can verify the need for the features/aide. It would be appreciated if you would review the information provided and verify the applicant's need for the listed characteristics, if, in your best professional opinion, such is needed. If you have any questions, please call me at (706) 629-9183. Your prompt return of this form in the attached stamped, self-addressed envelope would expedite processing.

Sincerely,

Patricia Gail Brown, Executive Director

1. Name of family member with special housing need: _____

2. Nature of need:

Special Unit:

_____ A Separate Bedroom	_____ Unit for Vision-Impaired
_____ A Barrier-free Apartment	_____ Unit for Hearing-Impaired
_____ A One-level Unit	_____ Extra Bedroom
_____ Other Modifications to Unit	_____ Live in Attendant

3. Verification and explanation of need(s):

Name of Person providing verification

Signature

Name of Agency

Phone Number

Agency Address

Date

I, _____ hereby authorize the release of the requested information.

Applicant's Signature

Date

CALHOUN HOUSING AUTHORITY
EMERGENCY CONTACT SHEET

Date: _____

Name: _____

Address: _____

THE FOLLOWING INFORMATION IS REQUIRED TO BE FILLED OUT.

1. _____
Name of family member not in your household and contact number

2. _____
Name of additional family member not in your household and contact number

3. _____
Name of close friend and contact number

THIS MEDICAL INFORMATION IS NOT REQUIRED BY THE CALHOUN HOUSING AUTHORITY. IT COULD BE HELPFUL TO YOU AND MEMBERS OF YOUR FAMILY IN AN EMERGENCY.

Head of Household

Major Medical Condition/Physician

Family Member

Major Medical Condition/Physician

Family Member

Major Medical Condition/Physician

Family Member

Major Medical Condition/Physician

Family Member

Major Medical Condition/Physician

Family Member

Major Medical Condition/Physician

Family Member

Major Medical Condition/Physician

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.

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

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.



Calhoun Housing Authority

COMMISSIONERS: Wilburn Aker, Chairman * Clinton Marshall, 1st Vice-Chair* Linda Waldon* Billie Erwin* Rhonda Massengill
EXECUTIVE DIRECTOR: Patricia Gail Brown

I, _____, hereby grant permission for you to release information requested below.
(Applicant's Name)

Applicant's Signature: _____ Date: _____

To: _____ Applicant's Social Security Number: _____

The person named above is an Applicant for an apartment with the Calhoun Housing Authority. One of the requirements of our tenant selection plan requires verification of information about all members of families applying for an apartment. To comply with this requirement, we ask your cooperation in supplying information on the tenant history of the family referenced above.

Your prompt return of this information will be appreciated. Please feel free to contact us with any questions that you may have at the number listed below.

Thank you,

Sandy McCarthy
Assistant Executive Director

Move in Date: _____ Move out date (if applicable): _____

Current Lease dates: _____ to _____ Number of Occupants on Lease: _____

1. Rent Paying Habits: _____ Good _____ Fair _____ Poor
Does the resident currently owe any money to you? _____ Yes ___ No; If yes, how much? _____
Was a repayment agreement made with current/former resident? _____ Yes _____ No
2. What type of relationship did the resident have with his neighbors and/or management?
_____ Good ___ Fair ___ Poor; Please explain if poor: _____
_____.
3. Did the resident or family/guests damage the apartment or property? _____ Yes _____ No
If yes, did the resident pay for damages? _____ Yes _____ No.
4. Did the resident violate the lease agreement or community policies? _____ Yes _____ No; If yes, please explain: _____
Were police notified? _____ Yes _____ No
5. Did the resident give proper notice to vacate? _____ Yes _____ No
6. Would you rent to this individual again? _____ Yes _____ No
7. Did the resident have any pets? _____ Yes _____ No; If yes, what type? _____
Is the resident currently under eviction? _____ Yes _____ No; If yes, why? _____

Additional Comments: _____

Signature of person who completed form

Printed name and Title

Telephone Number

Date Completed

EMPLOYMENT NOTIFICATION AND ACKNOWLEDGMENT

The purpose of this release is to allow the Calhoun Housing Authority (referred to as "Company"), Professional Screening & Information, Inc. (PSI), or their assigns, to obtain pre-employment information as part of my application for employment, which may include any lawful investigation not limited to my educational, criminal, driving, credit, and employment histories, while maintaining compliance with all governmental laws. I also consent to the company obtaining such information if I am employed by the company for any employment purpose.

I also agree that this Notification and Acknowledgement in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

A copy of PSI's Privacy Policy can be found at <http://www.psibackgroundcheck.com/privacy-policy.shtml>.

CA, MN and OK residents only: Check here if you would like to receive a copy of your report

I certify that the information contained below is complete and true. I have read this Notification and Acknowledgment, understand its terms, realize its significance, consent to a background investigation as part of the application process and if employed, during my employment as well, and sign this form voluntarily.

Applicant Signature: _____ **Date:** _____

THE INFORMATION BELOW BEING REQUESTED IS FOR BACKGROUND INVESTIGATION PURPOSES ONLY AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

PLEASE PRINT

Full Legal Name (As shown on SSN/ID Card):

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name (First, Middle, Last): _____ Dates Used (from-to): _____

Social Security Number: _____ - _____ - _____ Date of Birth (Month-Day-Year): _____ - _____ - _____

Driver's License #: _____ State: _____ Cell #: (_____) _____ Home #: (_____) _____

E-mail Address: _____

*(Optional): Race: _____ Sex: Male Female Position Applied For: _____

Current address

Month/Year

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

Chronologically list all places of residence for the past seven years

Month/Year

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

COMPANY USE ONLY

Client: Calhoun Housing Authority

Note:

✓ **PLEASE NOTE:** For all Motor Vehicle Reports, a clear and legible copy of the applicant's driver's license is required.

FCRA Disclosure and Authorization

- Under the FCRA (Fair Credit Reporting Act), before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization.
- I am aware I have the right to make a written request to Professional Screening & Information, Inc., Post Office Box 644, Rome, Georgia 30162; call them collect at 1-877-235-7574, or contact them via the internet at www.psibackgroundcheck.com to obtain a free copy of my background investigation, within a reasonable period of time, **if an employment decision has been influenced by information contained in a background investigation report.**
- In addition, a summary of your rights will be made available to you under the Fair Credit Reporting Act.
- California, Oklahoma, and Minnesota residents are entitled to a free copy of their consumer report upon request and will be provided with a separate Notification and Acknowledgement form to complete.

By signing below I certify that I have carefully read and understand this Disclosure and Authorization.

Applicant Signature: _____

Date: _____

FOR PERSONNEL USE ONLY