



THE HOUSING AUTHORITY OF NEW ALBANY, INDIANA

300 Erni Ave, New Albany, IN 47150

812-948-2319

GENERAL INFORMATION

Public Housing:

We **do not** have emergency housing. Emergency housing is available only through a shelter. A listing of shelters is available at your request.

- NAHA will only accept applications Monday – Thursday from 8:30 am to 11:00 am. **NAHA will not accept completed applications after 11:00 am**
- A limited number of application interviews will be conducted. The interviews will be on a first come, first serve basis. It is strongly suggested that you arrive as close to 8:30 am as possible.
- Failure to bring **all** items listed under “Documents Required” (see document checklist) to the interview will result in you being unable to have an interview until such time that you have gathered all the required items.
- NAHA will not accept mailed applications. You must submit the application in person at the office located at 300 Erni Ave, New Albany, IN.

After your interview, we will process your application to confirm your eligibility for Public Housing. Some of the items used to determine your eligibility are:

1. Landlord references for the last three years of your prior residences
2. Household Income
3. Credit Report – to determine if any outstanding balance with the local electric company, as you will need to be able to have the electric put into your name
4. If any adult in the household is a past participant with NAHA or any other Public Housing Agency or Section 8 program and left owing a debt, that debt must be paid in full prior to consideration of any assistance
5. Evictions from a federally subsidized housing program
6. Terminations from Section 8
7. Review of your file if you may have lived with NAHA previously
8. Criminal History reports
9. Sex Offender Registry

Additional items are reviewed at our discretion.

We can't tell you how long this process will take. Generally, it takes a minimum of 14 days for us to receive some verifications back. You may not be approved or rented an apartment until all requested verifications are received and reviewed.

If your application is denied or determined to be ineligible for any reason, you will be notified by mail with instructions on how to appeal the decision if you do not agree.

If you have not heard from us within 3 months, we will need to update your file. Regulations require all verifications be less than 3 months old for public housing applicants. This may require you to obtain some items for us again. We will send you a letter requesting you do this. Your number one priority while you are on the waiting list is to report any changes to your household, including adding or removing household members, phone number, mailing address, etc. There is always a deadline to respond to any notices that we send to you. If you fail to respond by the given deadline, your application will be removed from the waiting list and you will be required to reapply.

Your rent in public housing is based on your income. Rent is 30% of your gross income minus deductions to calculate your rent. The minimum rent is \$50. Your deposit will be the same as the first month's rent or the minimum of \$100.



The Housing Authority of New Albany, Indiana

DOCUMENTS CHECKLIST

Applications will only be accepted Monday – Thursday, 8:30AM to 11:00AM

All forms must be filled out or signed in blue or black ink. DO NOT use a pencil or colored ink. An interview takes place at the time the application is submitted. All adults in your household (anyone 18 yrs and older) MUST BE present for the interview.

Please bring the following documents to your interview:

Documents Required

MUST HAVE THESE ITEMS {

- Picture ID for each adult (age 18 and older)
- Social Security cards for **everyone** in the household (NUMI reports and copies are accepted)
- Proof of Citizenship/Lawful Resident Status; For example: Birth Certificates or US passports

Verification of income (all that may apply)

(All verifications for public housing must be less than 90 days old, all verifications for Section 8 must be less than 60 days old)

- Social Security, SSI, SSD, Survivors or Retirement Benefits (Verification must come from the Social Security Office. A bank statement or paperwork from the IRS will not be accepted.)
- TANF or K-Tap and Food Stamps (verification/letter from the food stamp office)
- Pension (Payer's name, address and phone number) (Veterans, retirement, etc)
- Employer's name, address and phone number and current check stubs equivalent to 6 weeks worth of pay
- Child support printout from clerk's office or court ordered child support documentation
- Workers compensation, Unemployment benefits
- Gig jobs i.e. DoorDash, Grubhub, Uber, Uber Eats, Instacart, Lyft, etc. – provide 3 month summary of income

Other verifications (all that may apply)

- Bank Statement (current) with your name and address, for checking or savings accounts (includes any online Banking such as Chime, Cash App, Venmo, Apple Pay, etc)
- Certificates of deposit(s) statement (current)
- Asset verification (life insurance policy; real estate property tax statement (and if applicable proof of mortgage balance); value statement of Stocks, Bonds, IRA's, Mutual Funds)
- Student status verification (School name, address, phone number and/or a schedule or proof of credit hours)
- Child care provider's name, address, and phone number
- Veteran's verification (DD form 214 or discharge papers)
- Pregnancy verification showing due date (Must not be on a prescription pad)
- Disabled or Elderly - Medical expense verification (doctor's name, address and phone number; prescription printout from your pharmacy)
- If you owe Duke Energy a past due bill or an old bill which would be on your credit report, bring verification from them that it has been paid in full (receipt or letter on their letterhead)
- Previous residences from the last 3 years and Landlord's complete name, address and phone number from where you have rented (form in packet for you to list these) complete form for each adult in household.

You will not be eligible for housing until all required documents are received.



The Housing Authority of New Albany, Indiana



List all residences for the last 3 years. List your current residence first. Also list the landlords name and contact information. Your application cannot be processed without this information. If you stayed with a family member, list the family member's name. **Use a separate sheet for each adult in the household.**

Failure to list all residences in the last 3 years will result in the delay of processing your application.

Residences include everywhere you have stayed, even if only for a short time, or rented.

Street _____

City, State, Zip _____

Do you rent? Yes No

Landlord's Name _____

Landlord's Address _____

City, State, Zip _____

Landlord's Phone _____

Date Rented/Resided From _____ to _____

Street _____

City, State, Zip _____

Do you rent? Yes No

Landlord's Name _____

Landlord's Address _____

City, State, Zip _____

Landlord's Phone _____

Date Rented/Resided From _____ to _____

Street _____

City, State, Zip _____

Do you rent? Yes No

Landlord's Name _____

Landlord's Address _____

City, State, Zip _____

Landlord's Phone _____

Date Rented/Resided From _____ to _____

Street _____

City, State, Zip _____

Do you rent? Yes No

Landlord's Name _____

Landlord's Address _____

City, State, Zip _____

Landlord's Phone _____

Date Rented/Resided From _____ to _____

Street _____

City, State, Zip _____

Do you rent? Yes No

Landlord's Name _____

Landlord's Address _____

City, State, Zip _____

Landlord's Phone _____

Date Rented/Resided From _____ to _____

Street _____

City, State, Zip _____

Do you rent? Yes No

Landlord's Name _____

Landlord's Address _____

City, State, Zip _____

Landlord's Phone _____

Date Rented/Resided From _____ to _____

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):

THE HOUSING AUTHORITY OF NEW ALBANY, P O BOX 11, NEW ALBANY, IN 47151-0011

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.



The Housing Authority of New Albany, Indiana Application for Admission



Read and fill out this application to the best of your knowledge. If you do not know the answer to a question, please leave it blank and we will review it with you. Please use BLUE or BLACK ink and PRINT legibly.

Applicant - Head of Household

Applicant Name: _____ Social Security Number: _____

First Middle Initial Last Name

Date of Birth: _____ Age: _____ Sex ___ M ___ F ___ Other/Prefer not to disclose

Race: (check all that apply) White Black/African American American Indian/Alaska Native Asian
 Native American/Other Pacific Islander Other

Ethnicity: Hispanic Non Hispanic Marital Status: Married Single Divorced Widow(er)

Primary Phone # _____ Alternate Phone # _____ E-Mail Address _____

Present Mailing Address _____

Physical Address where you currently live _____

How long at this address? _____ Are you renting at this address? ___ Yes ___ No

If yes, list the name of the apartment complex or landlord _____

If no, whose residence is this? _____

What was your previous address? _____

How long at this address? _____ Were you renting at this address? ___ Yes ___ No If yes, list the name of the apartment complex or landlord _____

Do you require any reasonable accommodations to fully utilize the unit or the program and its services? (i.e. wheelchair accessibility, accommodations for the hearing impaired.) ___ Yes ___ No

Veteran Status:

Name: _____ Dates from _____ to _____ Branch _____

Pets? ___ Yes ___ No If yes, what kind? (i.e what type of animal and breed) _____

EMERGENCY CONTACT PERSONS: Please list two people who could get in contact with you if we could not:

Relationship to You Name Address Phone

Relationship to You Name Address Phone

OFFICE USE ONLY

Application Number # of Bedrooms Points Monthly Rent Rental Registry Ran Sex Offender Ran PIC Report Ran

Other household members: List the names of all other household members that will be living with you.

Adults:

#	Adults – 18 and over (legal name) First, Middle Initial, Last Disabled?	Sex	Relationship to Head	SS Number	Date of birth	Age	Race
1	() Y () N						
2	() Y () N						
3	() Y () N						

Children: Do you have **FULL CUSTODY** of the children listed below? Yes No

#	Children (name as it appears on SS card) First, Middle Initial, Last Disabled?	Sex	Relationship	SS Number	Date of birth	Age	Race
1	() Y () N						
2	() Y () N						
3	() Y () N						
4	() Y () N						
5	() Y () N						

(No applicant for housing assistance will be discriminated against because of a disability. Applicants are not required to disclose a disability. However, benefits for which persons with disabilities are eligible cannot be provided unless disability status is disclosed.)

Is any household member, over age 18, a fulltime student (other than head of household or spouse of head of household)? Yes No
If yes, what school do they attend? _____

Family Income: List all income earned or received by **ANY** household member. This includes, but not limited to: wages, child support, TANF, food stamps, workers compensation, unemployment, social security, SSI, self-employment, veteran’s benefits, military pay, retirement benefits, and contributions made by friends and family.

Household Member Name	Source of Income (employer’s name, child support, TANF, food stamps, WC, unemployment, Social Security, SSI, etc)	Hourly Wage or monthly income	Hours Worked Per week	Frequency of pay (i.e weekly, biweekly, monthly)

Does anyone outside your household help pay for any bills or expenses? Yes No
If yes, explain: _____

If your household is Elderly or Disabled, do you have any out-of-pocket medical expenses? Yes No
If yes, please mark all that apply: Prescription/Co-Pay _____ Insurance Premium _____ Doctor/Co-Pay _____

Do you have to pay for childcare when working? Yes No If yes, how much \$ _____ Weekly _____ Monthly _____

List your childcare provider's name, address and phone number _____

Asset Information: List all family assets

	Life Insurance	Policy Owner's Name	Type of Policy	Value	
	Real Estate/Property Address	Parcel Number	Assessed Value	Loan Balance	Asset Value

Banking Information: List all accounts noted below:

Check each that apply	Account Type	Name of Bank / Banking App	Value (balance)	
	Checking			
	Savings			
	Certificates of Deposit			
	Stocks, Bonds, IRA, Mutual Funds			
	Other (includes any prepaid cards, banking apps, etc.)			

GENERAL INFORMATION:

- Do you expect anyone to move in or out of your household within the next 12 months? Yes No
If yes, please explain _____
- Does anyone live with you now who is not listed above? Yes No If yes, explain _____
- Are you or any member of your household pregnant? Yes No If yes, your estimated due date _____
- Have you ever lived in public housing, subsidized housing, low-income housing or had section 8 assistance before in any state? Yes No
If yes, **WHO** was head of household? _____ What agency assisted you? _____
What was your address? _____ When did you live there? _____
- Do you owe any money to a public housing, subsidized housing, low-income housing or section 8 program? Yes No N/A
- Have you ever been evicted or terminated from subsidized housing for violent criminal or drug related activity? Yes No N/A
- Do you or any household member owe a balance to the electric, water or gas company?** Yes No N/A
- Has anyone in your household ever used another name before, including a maiden name? Yes No If yes, please list _____

- Has anyone in your household ever used a social security number other than the one listed on page 1? Yes No
If yes, please list who? _____
- In what state(s) have you and your household members resided? _____

11. Have you or any other adult, age 18 or older, in your household ever been charged and/or convicted of a felony **in any state**? ____ Yes ____ No
 If yes, list who _____ Dates of the Offense _____
 What was the offense? _____ Location of Offense _____
 (If multiple charges, please provide information on a separate page.)
12. Has anyone in your household been engaged in the felonious use, sale, manufacture or distribution of controlled substances **in any state**?
 ____ Yes ____ No If yes, list who _____ Dates of Offense _____
 What was the Offense? _____ Location of Offense _____
 (If multiple charges, please provide information on a separate page.)
13. Does anyone in your household currently use a controlled or illegal substance including prescribed medications? ____ Yes ____ No
 If yes, please explain _____
14. Have any of your children, age 12 to 17 years, been charged with or convicted of a felony in any state? ____ Yes ____ No ____ N/A
 If yes, list who _____
15. Are any of your children, age 12 to 17 years, under juvenile probation? ____ Yes ____ No ____ N/A
 If yes, list who _____
16. What school or schools are your children, age 12 to 17 years, enrolled in? _____ N/A ____
17. Have you ever been evicted from an apartment or house before? ____ Yes ____ No If yes, by whom, when and why? _____

Please mark the property that you are applying for (you may check more than one).

- ____ Public Housing (Parkview Terrace, Broadmeade Terrace)
 ____ Project Based Voucher Program (Crystal Court, Valley View, Shoreline, Olive Grove, Beechwood Court)
 ____ Mark Elrod Tower - 1 Bedroom only
 ____ Beechwood Court Low-rise – 1 Bedroom only

NOTE: Per your selected choice, applicant must meet the property's program requirements

Why are you applying for housing? _____

READ THE FOLLOWING STATEMENT BEFORE SIGNING – Authorizations and Representations

By signing below, I do hereby authorize The New Albany Housing Authority to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15U.S.C. Sec. 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living. I understand that any misrepresentations of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance. **WARNING: Title 18, sec 1001 of the U.S.C. 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 or the Department of Housing and Urban Development.**

Signature of Applicant _____ Date _____
 Signature of Other Adult _____ Date _____
 Signature of Other Adult _____ Date _____
 Interviewed By _____ Date _____