Indianapolis Housing Agency
1935 N. Meridian St
Indianapolis, IN 46202
Phone 317-261-7201 Fax 317-261-7265

USE BLUE OR BLACK INK ONLY

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--INTERVIEW PACKET--

PLEASE PRINT CLEARLY! DO NOT LEAVE BLANKS!

If an item does not apply, please mark it as N/A (Not Applicable). The information that you list will be verified. DO NOT omit any information as it can result in termination of tenancy.

Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Current Address: _____ (STREET)

City, State ZIP: _____ (CITY) _____ (STATE) _____ (ZIP)

Home Phone: _____ Other Phone: _____

E-mail address: _____

Marital Status: ☐ Married ☐Single ☐Divorced ☐Separated ☐ Legally Separated ☐Widow

Race: ☐ American Indian/Alaskan ☐Asian ☐Black/African-American ☐ White

Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino

Emergency Contact Person:

Name: _____ Phone: _____

FAMILY INFORMATION

If you are a **current participant** list all household members who currently reside in your assisted unit.
If you are an **applicant ONLY** list all household members that will reside in the assisted unit ***(Relationship = Relation to Head of Household; i.e. son, daughter, spouse, friend, etc.)***

Full Name	Relationship to HOH	Birth Date	Age	Sex	Social Security #
1.					
2.					
3.					
4.					
5.					
6.					

If you are a current participant list all people who moved in or out during the last 12 months (include births, deaths, marriages, permanent placement in nursing home, etc.) Please provide documentation for move in or out.

Full Name	Relationship	In or Out	Date	Reason for moving in/out
1.				

Do you or any other family member owe money to any Section 8 or Public Housing Agency? ☐ **Yes** ☐ **No**

If yes, please complete the following:

Family Member Name	Agency's Name/Address	Amount Owed
1.		$

If yes, do you have a repayment agreement? ☐ **Yes** ☐ **No** ☐ **N/A**

If you are a current participant, have you or any member of your household (Including minors) been arrested, charged, or convicted of a crime other than Traffic violations in the last 12 months? ☐Yes ☐ No ☐ N/A

If you are a new applicant to the program, Or you or any member of your household subject to a lifetime Registered sex offender registration requirement in any state? ☐Yes ☐ No ☐ N/A

If yes to either, who was arrested, charged, or convicted? When was the arrest, charge, or conviction? What were the circumstances surrounding/leading up to the arrest, charge, or conviction? (Please attach additional paper if needed)

Full Time Students: For all members ***18 OR OLDER*** attending school full-time provide the following information as well as a statement from the school:

A Family Member Name: _____
School Name: _____
School Address: _____
School Phone Number: _____

B Family Member Name: _____
School Name: _____
School Address: _____
School Phone Number: _____

INCOME INFORMATION:

This section applies to ALL FAMILY MEMBERS, including minors (those under 18 yrs)

Did you or any member of the household file a Federal Tax Return last year? ☐ Yes ☐ No
If yes, you must attach a copy of the most recent tax return to this application.

Does any family member work full time, part-time, seasonally, **or** temporarily? This includes wages, fees, tips, bonuses, and money for services. ☐ Yes ☐ No

If yes, please provide the following information:

Family Member Name	Employer's Name/Address	Dates worked	Pay Rates
1.			$ Per
2.			$ Per

Does any family member own a business or are self-employed? ☐ Yes ☐ No

If yes, please provide the following:

Family Member Name	Business Name and Address:	Amount received
1.		$ Per
2.		$ Per

Does any family member receive any type of military pay allotment (including Coast Guard, National Guard and Military Reserve Units)? ☐ Yes ☐ No

If yes, please provide the following:

Family Member Name	Source of pay/Branch of Military	Amount received
1.		$ Per
2.		$ Per

Does any family member work for someone who pays cash? ☐ Yes ☐ No

If yes, please provide the following:

Family Member Name	Received from (Source) Name/ Address	Amount received
1.		$ Per
2.		$ Per

Does any family member receive unemployment benefits, workers compensation, or severance pay? ☐ Yes ☐ No

If yes, please provide the following:

Family Member Name	Received from (Source) Name/ Address	Amount received
1.		$ Per
2.		$ Per

Does any family member receive regular contributions from an **organization or individual?** not living in your unit for any reason (bill assistance, recreation, tuition, etc)? Documentation/Proof of these contributions **must** be provided. ☐ Yes ☐ No

If yes, please provide the following:

Family Member Name	Received from (Source) Name/ Address	Amount received
1.		$ Per
2.		$ Per

Does any family member receive child support from any source (state agency, parent, other legal guardian, etc)? ☐ Yes ☐ No

If yes, please provide the following:

Family Member Name	Name of Absent Parent/ Recovery Unit/Address	Amount received
1.		$ Per
2.		$ Per

Does any family member receive alimony? ☐ Yes ☐ No

If yes, please provide the following:

Family Member Name	Former Spouse's Name	Amount received
1.		$ Per
2.		$ Per

Does any Family member receive Public Assistance Tanf/ Food Stamps? ☐ Yes ☐ No

If yes, please provide the following:

Family Member Name	Received from (Source) Name/ Address	Amount received
1.		$ Per
2.		$ Per

Does any family member receive Social Security, SSI, and SSD, Retirement/Pension or Annuity benefits? ☐ Yes ☐ No

If yes, please provide the following:

Family Member Name	Received from (Source): Name/ Address	Amount received
1.		$ Per
2.		$ Per
3.		$ Per

Does any family member receive foster care payments or adoption assistance? ☐ Yes ☐ No

If yes, please provide the following:

Family Member Name	Received from (Source): Name/ Address	Amount received
1.		$ Per
2.		$ Per
3.		$ Per

ASSET INFORMATION:

This section applies to ALL FAMILY MEMBERS, including minors (those under 18 yrs)

Does any family member have, any of the following assets? Please include all current assets as well as any assets owned within the last 12 months.

***You must answer all questions**

ASSET TYPE	YES	NO	Name of bank/company associated with this asset	Amount
Checking Account				$
Savings Account				$
Cash on hand/Safety Deposit box				$
Equity in real property or other capital investments				$
Cash value in trust funds accessible to the family				$
Inheritances, lottery winnings, lump sum payments				$
Life insurance policies with cash value				$
Retirement account (Company, IRA Keogh)				$
Personal property for money making purposes (i.e., antiques or collectables)				$
Jointly owned assets or property				$
Any other investments				$
				$

*Please list any additional assets in the empty rows above

Does any family member own or have an interest in any property (real estate, mobile home, and/or land)? ☐ Yes ☐ No

If yes, please provide the following:

Family Member Name	Real Estate Address	Value
1.		$
2.		$

Has any family member sold or given away any property (real estate, mobile home, and/or land) in the last two (2) years? ☐ Yes ☐ No

If yes, please provide the following and attach verifying documentation:

Family Member Name	Property description
1.	
2.	

EXPENSES INFORMATION:

This section applies to ALL FAMILY MEMBERS, including minors (those under 18 yrs)

REASONABLE ACCOMMODATION:

HANDICAPPED ASSISTANCE EXPENSES:

Are you or any other person in the household disabled/handicapped? ☐Yes ☐No

If yes, do you pay a care attendant or for any equipment for any family member(s) with disabilities to permit that person or someone else in the family to work? ☐Yes ☐No

If yes, please list and provide documentation of each expense:

Family member's name	Care provider's name and address	Out-of-pocket cost to family
1.		$ Per
2.		$ Per

MEDICAL EXPENSES:

Is the Head of household or spouse elderly, disabled, or handicapped? ☐Yes ☐No

If yes, are there any medical expenses for the family, not covered by insurance? ☐Yes ☐No

If yes, please list and provide documentation of each expense:

Medical Expense	Amount	Out-of-pocket expense *(amount actually paid)*
1.	$	$ Per
2.	$	$ Per

CHILD CARE EXPENSES:

Do you have child care expenses for any child/children age 12 or under due to employment and/or to further your education? ☐Yes ☐No

If yes, please list and provide the documentation of each expense:

Child's name	Child care provider's name and address	Cost to family
1.		$ Per
2.		$ Per

Is any portion of child care expense reimbursed from an outside agency or person? ☐Yes ☐No

If yes, please list and provide supporting documentation:

Name of Agency or Person	Amount reimbursed
1.	$

***********All REPORTED INCOME AND DEDUCTIONS MUST BE DOCUMENTED**********

The statement below must be read and signed by all household members who are 18 years of age or older. I/We certify that the information given to the Indianapolis Housing Agency on household composition, income, net family assets, allowances and deductions and other family information is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws. I/We also understand that giving false statements or information can be grounds for termination of housing assistance.

_____ _____

Head of Household **Date**

_____ _____

Spouse or other Adult household member **Date**

_____ _____

IHA Representative **Date**

Indianapolis Housing Agency
1935 North Meridian Street
Indianapolis, IN 46202
Phone: (317) 261-7200 Fax: (317) 261-7265

Certification Form

Please *read* the following items carefully, *initial each item*, and *sign at the bottom* of the page. This is verification that you understand the requirements for the Housing Choice Voucher Program.

1. _____ I have reviewed my interview packet and all of the information I have presented is ***true and accurate***. I also understand that if I fail to comply with the required family obligations for the Housing Choice Voucher Program that I ***will*** lose my housing assistance.

2. _____ I understand that I ***must*** report all changes in household composition and income in writing within (30) thirty days of the change. I further understand that failure or refusal to report changes in writing within (30) thirty days may result in the termination of my assistance.

3. _____ I understand that Section 8 assistance is limited to the family members listed on my application. I understand that ***only those people listed on my application and who have been approved by the landlord*** may reside in the assisted unit. I further understand that if there are other people living in the assisted unit who have not been approved by both the Indianapolis Housing Agency and the landlord, that my assistance ***will*** be terminated.

4. _____ I understand that if I would like to move I must submit a request to move form.

5. _____ I understand that when requesting to move I ***must*** submit the *Intent to Move Form* ***prior*** to any inspection being scheduled for any new unit.

6. _____ I understand the rent on the old unit ***will stop on the vacate date*** shown on the *Intent to Move Form*. I understand if I decide not to move or if I need additional time to move out, I ***must*** contact the landlord and get approval to stay in the unit. I understand I ***must submit landlord approval***, ***in writing***, to your Housing Specialist stating why I will be remaining in the unit. Failure to provide this written statement means that I ***must*** pay the entire rent amount for the unit.

7. _____ I understand that if I am delinquent on any repayment agreement I ***will not*** be allowed to move and that failure to repay monies owed to the IHA is a program violation and ***will*** result in the termination of my assistance.

8. _____ I understand that if my assistance is recommended for termination, I have the right to an informal hearing and ***must*** make the request for this hearing in writing within ten (10) days of the termination notice.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a CRIMINAL OFFENSE to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Client Name: _____

Client Signature: _____ **Date:** _____

IHA Representative Signature: _____ **Date:** _____

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Open Verification

I hereby **authorize** the Indianapolis Housing Agency (IHA) to obtain any and all information necessary to determine my eligibility under the Housing Choice Voucher Program.

I **understand** that such information will be kept confidential and will be used only for program purposes.

This authorization is **granted until expressly withdrawn** in writing or my participation in the Section 8 Housing Choice Voucher Program is concluded.

I further **authorize IHA** to obtain from the Indianapolis Police Department and other law enforcement agencies any or all criminal records that they may have on file in my name and **release** the above noted agencies and their employees thereof from any liability arising from the release of this information.

I also **authorize** IHA to request verification of successful participation, and completion, of a drug-rehabilitation program. Furthermore, I **release** the entity administering the drug-rehabilitation program and its employees thereof from any liability arising from the release of this information.

Privacy Act Notice

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the Fair Housing Act (42 U S C 3601-19). The Housing and Community Development Act of 1987 (42 UAC 3543) requires applicants and participants to submit the Social Security Number f each household member who is six (6) years old or older.

Purpose: To allow HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities by collecting your income and any other necessary information.

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. The information may be released to the 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 IHA, including all Social Security Numbers you, and all other household members aged six (6) years or older have or use.

Giving the Social Security Numbers of all household members six (6) 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 or your eligibility approval.

Name: _____ (PLEASE PRINT)

Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

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

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'enalties for Misusing this Consent:

IUD, 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 ıformation collected based on the consent form.

lse 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 equests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not mc ıan $5,000.

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

INDIANAPOLIS
HOUSING AGENCY

HUD ACKNOWLEDGEMENT OF RECEIPT

I/ We acknowledge receipt of a copy of the following HUD forms/pamphlets/ brochures:

VAWA Notice of Tenant Rights – HUD Form 5380

Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternative Documentation-HUD Form 5382

Head of Household	Date
Other Adult	Date
Other Adult	Date