

## **Drumright Housing Authority**

**P.O. Box 1242 Drumright, OK 74030  
Telephone (918) 352-9539 Fax (918) 352-4419**

The following will make your application process run more smoothly if you follow these simple steps:

1. At the time you hand in your application we will need to make a copy of your social security card and drivers license.
2. Make sure your application is filled out completely.
3. Include social security numbers for all members in the household.
4. Please write down all sources of income, include name of employer, name of child receiving child support, social security, pension and family contributions.
5. Remember medical and prescription costs may lower the rent for elderly/disabled people.
6. Please include the name and phone number of your childcare provider; again this could be used to determine a lower rent.
7. If you have any credit references, please include the name of the company, phone number and account numbers.
8. Criminal history will also be checked when we do our background check.
9. Please include your present and past landlords phone numbers and names, a past rental verification will be done.
10. Make sure to sign and date the two attached forms, without these we will not be able to process your application.

When a unit becomes available we will contact you and ask that you bring in all required documentation. These will include sources of income, social security cards for each member of the family, birth certificates for anyone under the age of 18, medical/prescription cost, child care and/or handicapped expenses.

If you follow these simple steps it will enable us to process your application in a timelier manner.

Thank you,

Drumright Housing Authority

Date/Time: \_\_\_\_\_

Bedroom Size \_\_\_\_\_

### APPLICATION FOR ADMISSION

#### Drumright Housing Authority

P.O. Box 1242  
Drumright, OK 74030  
918-352-9539  
918-352-4419 - Fax

Complete this form in ink in your own handwriting. Use the **correct legal name** for each person who will reside in the apartment **as it appears on his/her Social Security card**. **All person's** age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it. Any required information not received by the Housing Authority within ten calendar days of the date of this application will result in denial of the application.

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address Where You Currently Live: \_\_\_\_\_

Provide an Alternate Contact Name: \_\_\_\_\_

#### I. HOUSEHOLD COMPOSITION (list of all persons who will stay in the apartment)

*\*Applicants are not required to disclose being disabled. However, deductions to the family income for which persons with disability are entitled cannot be provided unless applicant discloses being disabled.*

Adults (age 18 and older)	Social Security #	Relation To Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	Student Yes/No	List Recent Employed	Most Date TANF
Last First MI		HEAD								

Minors (Under Age 18)	Social Security #	Relation to Head	Sex	Race/Ethnicity	Birth Date	Age	Disabled* Yes/No	Name/Address of Absent Parent (if applicable)
Last First MI								

1. If Married (by ceremony or common law) and the spouse is not listed on this application, list his/her name? \_\_\_\_\_  
Where does he/she live? \_\_\_\_\_  
Is absence temporary or permanent? \_\_\_\_\_

2. Is any household member in the armed services? ( ) yes ( ) no If yes, who? \_\_\_\_\_

3. Does anyone in your household require special accommodation due to a handicap or disability? \_\_\_\_\_ If yes, Please specify requirement: \_\_\_\_\_

**II. INCOME AVAILABLE TO HOUSEHOLD**

List all income earned or received by everyone living in the household regardless of age.

(List gross amounts of income (before deductions))

INCOME SOURCE	Yes	Family Member	Source	Phone Number	Amount
Self-employment					\$ \$
Wages or Earnings					\$ \$
Pension or Retirement					\$ \$
SSI					\$ \$
Social Security					\$ \$
Child Support					\$ \$
Unemployment Benefits					\$ \$
Worker's Compensation					\$ \$
Alimony					\$ \$
Military Income					\$ \$
Income from Rental Property or Other Asset					\$ \$ \$
Regular Contributions or Gifts					\$ \$ \$
Other					\$ \$

1. Does anyone outside your household assist with bills or expenses on a regular basis? \_\_\_\_\_ If yes, explain

2. List name of any household member age 18 or older who is a full-time student and the school they attend

Name	School

2. Is any household member age 18 or older employed in a job-training program? If yes, list his/her name and the spec

Job training program: \_\_\_\_\_

4. Has anyone in your household applied for any benefits which are in the process of being approved?

5. Are you entitled to: Child Support () Yes \$ \_\_\_\_\_ () No Alimony () yes \$ \_\_\_\_\_ () No

Do you receive: Child Support () Yes \$ \_\_\_\_\_ () No Alimony () yes \$ \_\_\_\_\_ () No

**III ASSETS**

1. Does any household member listed have assets or receive income from assets? (Check all that apply)

Real Estate \_\_\_\_\_ Company Retirement/Pension Fund \_\_\_\_\_ Trusts \_\_\_\_\_  
 Stocks \_\_\_\_\_ Insurance Settlements \_\_\_\_\_ Bonds \_\_\_\_\_  
 Savings Account \_\_\_\_\_ Certificate(s) of Deposit \_\_\_\_\_ Checking Account \_\_\_\_\_

2. How much interest or other income from any assets checked above do you receive annually? \$ \_\_\_\_\_

3. Has any asset been given away or sold for less than its fair market value in the past 3 years? \_\_\_\_\_ If yes, what?

\_\_\_\_\_ What was its market value? \_\_\_\_\_

How much did you receive? \_\_\_\_\_

**IV. MEDICAL EXPENSES** (complete only if Head of Household or Spouse is disabled or is 62 years of age or older)

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums.

TYPE OF EXPENSE AMOUNT	AMOUNT	TYPE OF EXPENSE	AMOUNT
Medical insurance	\$ _____	Doctor's Visits	\$ _____
Prescription medicine	\$ _____		\$ _____
	\$ _____		\$ _____

**V. CHILD CARE and/or HANDICAPPED ASSISTANCE EXPENSE**

1. Do you pay for childcare for children aged 12 or younger while you work or attend school? \_\_\_\_\_ Yes \_\_\_\_\_

2. If yes, to whom are expenses paid? \_\_\_\_\_ How much per month \$ \_\_\_\_\_

Address and phone number of childcare providers \_\_\_\_\_

3. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family

member to work? \_\_\_\_\_ Itemize: \_\_\_\_\_

4. List any special assistance required by this applicant: \_\_\_\_\_

**VI. CRIMINAL HISTORY**

1. Has any household member (regardless of age) been arrested, charged, or convicted for any of the following:  
Violent Criminal Activity ( ) Yes ( ) No if yes, give details \_\_\_\_\_  
Alcohol related activity ( ) Yes ( ) No if yes, give details \_\_\_\_\_  
Manufacture of methamphetamines? ( ) Yes ( ) No if yes, give details \_\_\_\_\_  
Possession, sale, or distribution of illegal drugs ( ) Yes ( ) No if yes, list name/date/disposition of case \_\_\_\_\_

List name of any household member who is required to register as a sex offender: \_\_\_\_\_  
If required to report, list name and telephone number of probation/parole officer: \_\_\_\_\_

2. Has any household member participated in drug rehabilitation during the past 12 months? ( ) Yes ( ) No if yes explain \_\_\_\_\_

3. Has any household member been evicted from federally assisted housing in the past 3 years? \_\_\_\_\_ If yes, who? \_\_\_\_\_  
Where? \_\_\_\_\_

**VII. RENTAL HISTORY**

1. Current landlord: \_\_\_\_\_ Landlord's Address/Phone \_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_ Address of Rental Property \_\_\_\_\_  
Were you ever late in paying rent? ( ) Yes ( ) No Were you evicted or asked to move? ( ) Yes ( ) No

2. Previous landlord: \_\_\_\_\_ Landlord's Address/Phone \_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_ Address of Rental Property \_\_\_\_\_  
Were you ever late in paying rent? ( ) Yes ( ) No Were you evicted or asked to move? ( ) Yes ( ) No

3. Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_ Name of Housing Agency/City \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Lease in name of \_\_\_\_\_

Were you ever late in paying rent? ( ) Yes ( ) No Were you evicted or asked to move? ( ) Yes ( ) No  
Do you owe money to the agency? ( ) Yes ( ) No Comments: \_\_\_\_\_

### VIII. CREDIT HISTORY/PERSONAL REFERENCES

List two businesses where you have had credit or made payments on a regular basis in the past 24 months.

Business \_\_\_\_\_ Address/Phone \_\_\_\_\_

Business \_\_\_\_\_ Address/Phone \_\_\_\_\_

2. List two references (who are not related to you by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you known him/her? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you known him/her? \_\_\_\_\_

### IX. MISCELLANEOUS INFORMATION

1. List all vehicles that household members will park on PHA property.

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

2. Do you have a pet? \_\_\_\_\_ Describe: \_\_\_\_\_

A criminal history check will be run on all household members over age 17 through the local police department, OSCN, and NCIC. All information provided on this application and at the interview is subject to verification. All family members aged 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 14 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household or other adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

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

**CRIMINAL HISTORY RECORD CHECK  
DRUMRIGHT POLICE DEPARTMENT**  
dispatch@cityofdrumright.com

Please return to **DRUMRIGHT HOUSING AUTHORITY** via email  
drumrighthousing@gmail.com

DATE OF REQUEST: \_\_\_\_\_

REQUESTING AGENCY: **DRUMRIGHT HOUSING AUTHORITY**

**SUBJECT INFORMATION 1:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MN: \_\_\_\_\_

DOB: \_\_\_\_\_ DL#STATE \_\_\_\_\_ SSN: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

LAST KNOWN ADDRESS: \_\_\_\_\_

**SUBJECT INFORMATION 2:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MN: \_\_\_\_\_

DOB: \_\_\_\_\_ DL#STATE \_\_\_\_\_ SSN: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

LAST KNOWN ADDRESS: \_\_\_\_\_

**SUBJECT INFORMATION 3:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MN: \_\_\_\_\_

DOB: \_\_\_\_\_ DL#STATE \_\_\_\_\_ SSN: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

LAST KNOWN ADDRESS: \_\_\_\_\_

**RECORD INFORMATION:**

\_\_\_\_ CRIMINAL RECORD    \_\_\_\_ FELONY    \_\_\_\_ MISDEMEANOR

\_\_\_\_ VIOLENT OFFENSE    \_\_\_\_ NON-VIOLENT OFFENSE

**APPLICANT'S RELEASE**

**I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED ABOVE:**

APPLICANT SIGNATURE 1: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT SIGNATURE 2: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT SIGNATURE 3: \_\_\_\_\_ DATE: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**  
**FOR DEPARTMENT USE ONLY**

FBI # \_\_\_\_\_ OSBI # \_\_\_\_\_ SID # \_\_\_\_\_

OPERATOR: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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.

# Authorization for the Release of Information/ Privacy Act Notice

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

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

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

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.