



Red Fox Apartments

managed by the Housing Authority of Billings

2415 1st Avenue North

Billings, MT 59101

(406) 245-6391 FAX (406) 245-0387 MT Relay 711



Thank you for your interest in Red Fox Apartments.

Red Fox is a Housing Tax Credit property with Affordable Housing (HOME) units. Units are 1 and 2 bedroom units with both occupancy and income restrictions. Rents at Red Fox Apartments are not subsidized; tenants pay the full rent. Section 8 vouchers are welcome.

Enclosed is an application packet for Red Fox apartment homes. Please note that this must be completed in its entirety with no question left unanswered. If more than one adult household member (anyone 18 years of age and older) are a part of your application, there are separate forms that they must complete before we can move forward with your application.

All completed forms, along with a \$25 application fee **per adult household member**, must accompany your application. This fee must be paid with a check or money order. We do not accept cash.

You will be notified in writing as to whether or not you are eligible for Red Fox apartment homes, whether you qualify for a 1 or 2 bedroom units (based upon your household composition) and if we will be offering you a unit.

The application process can take up to several weeks. We appreciate your patience during this time.

A relative of any employee of the Housing Authority of Billings will not be able to apply to live at Red Fox Apartments.

Red Fox Apartments is a smoke-free community.

NO PETS ARE ALLOWED at Red Fox Apartments. A companion or service animal may be approved with a Reasonable Accommodation for disability.

Again, thank you for your interest in Red Fox apartment homes.



Red Fox Apartments Application Process

**** These are Flat Rent Rental Units. Rental rates are set by the State of Montana and/or Housing and Urban Development. ****



Resident Screening and Selection Process

Thank you for applying to live within our rental communities. The Housing Authority of Billings is an Equal Housing Opportunity provider and seeks to process all applicants in a fair and consistent manner. We comply with Fair Housing and offer reasonable accommodations to persons with disabilities.

Application Process:

- **Head of Household:** please read and complete this entire application packet
 - Application Process
 - Application
 - Authorization/Release of Information
 - HUD 92006- Supplement to Application
 - Tax Credit Questionnaire
 - Declaration of Section 214 form (for self and all minors)
 - Race & Ethnic Data form (for self and all minors)
 - Marital Status Affidavit
 - Custody & Child Support Affidavit (one for each minor)
 - Annual Student Certification
 - Asset Verification
 - Asset(s) Sold &/or Give Away Declaration
 - Certification of Tip Income
 - Unemployed Status Affidavit (if not employed)
 - Zero Income Verification (if no income)
 - Move-In Conflict form

Additional adult household members must sign and/or complete:

- Application Process (must sign)
- Application
- Authorization/Release of Information
- HUD 92006- Supplement to Application
- Tax Credit Questionnaire
- Declaration of Section 214 form
- Race & Ethnic Data form
- Marital Status Affidavit
- Asset Verification (must sign)
- Asset(s) Sold &/or Give Away Declaration
- Certification of Tip Income
- Unemployed Status Affidavit (if not employed)
- Zero Income Verification (if no income)
- Move-In Conflict form

- Housing Authority of Billings requires a **non-refundable screening fee of \$25 per adult household member**. Applications will not be processed until this fee has been received. Fee must be paid by check or money order. No cash is accepted. If a personal check for the application fee is returned, the applicant will be denied.
- A relative of any employee of the Housing Authority of Billings will not be able to apply to live at Red Fox Apartments.

Incomplete applications will be denied.

Admission/Rejection Policy

- Units are rented to the first approved applicant with a full security deposit paid. A security deposit will not be accepted until the Rental Application is approved.
- All incoming applications will be reviewed and initially approved applicants will be contacted.
- The application process may take several weeks.
- All applicants will be notified in writing of any denial citing the reasons for denial

General Requirements (MUST BE PROVIDED WITH APPLICATION)

Applicants must be at least 18 years of age, or married, or an emancipated minor. **For ALL household members, a Social Security card plus one other form of ID is required at application. Examples of acceptable forms include: a valid, state-issued driver’s license, passport, visa or legal alien documentation, birth certificate.** You **must** have **one** of the following for **each** household member to prove identity and date of birth:

ADULTS	MINORS
Social Security Card PLUS item from below	Social Security Card PLUS item from below
<ul style="list-style-type: none"> ○ Current, valid driver's license or Department of Motor Vehicles identification card ○ Birth certificate ○ Naturalization papers ○ U.S. military discharge (DD 214) ○ Current U.S. passport ○ Government issued identification card 	<ul style="list-style-type: none"> ○ Birth Certificate ○ Adoption papers ○ Current U.S. passport ○ Government issued identification card ○ Official Documentation from authorizing agency

Verification of all assets and income must also be provided for ALL household members. Verification may include:

- 5 most recent pay stubs
- TANF (cash assistance) award letter
- Social Security/SSI Award Letter **dated within the last 60 days**
- Self-Employment Income (most recent tax return and self-declaration of 3 most recent months of income)
- 12 month printout of Per Capita Income, Land Lease income, Rental Income
- Unemployment benefit award letter, if receiving
- Workman’s Compensation award letter, if receiving
- Benefit or Award letter for military pay or VA benefits, **dated within the last 60 days**
- 12 month print out of Child Support received (case # required)
- A statement from friends/family members if they give you income or pay bills for you on a regular basis (include name, address and phone number)
- Pension/retirement/annuity income correspondence **dated within the last 60 days**
- Alimony
- Bank Statements for previous 1 month for all checking/savings/Certificate of Deposit/ IRA and Keogh Accounts

- Verification of Stocks, Bonds, US Savings Bonds, Mutual Funds and Real Estate (provide account numbers and current value)
- Life Insurance Policies (current cash value, company name, policy numbers)
- Assets sold or given away (ex: real estate or money to another family member)
- Proof/Financial Aid Award letters for anyone 18 years or older attending school or college

Student Status

- According to the HTC Program or Section 42 of the IRS Code. **A household comprised entirely of full time students (adults and minors) is not eligible to reside in this apartment community.** There are five exceptions to this rule:
 - At least one adult in the unit is married, not necessarily to another adult living in the unit, and they have filed a joint federal tax return the previous year.
 - The household consists of one single parent and at least one child, neither of whom is listed as a dependent on another person's (outside the household) most recent tax return.
 - A household member is a recipient of Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF).
 - A household member is a participant in a federal, state, or local job training program comparable to those funded by the Job Training Partnership Act.
 - At least one household member who was, in the past 5 years has been under the care and placement responsibility of the state agency responsible for administering foster care.

Screening Criteria

- All applicants must agree to the following by executing a rental application form:
I hereby consent to allow Housing Authority of Billings, through its designated agent and its employees, to obtain and verify my credit information and criminal background search for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, Housing Authority of Billings and its agent shall have a continuing right to review my credit information, criminal background, payment history, and occupancy history for account review purposes and for improving application methods.

Criminal/Credit Background Search

We will conduct a full credit/criminal background search. An applicant with the following may be denied:

- Sex Offender Status
- A background search that reveals a past history of violent, drug related, or excessive criminal activity.

Income/Asset Verification

- Red Fox management is required to verify all sources of income and assets. Failure to report or misrepresentation of application information will result in denial of the application.
- Income is required to be considered for tenancy.

Evictions/Rental History

- An applicant may be declined if they have been evicted from a previous landlord.
- Applicants must provide 3 most recent landlords or a total of 5 years rental history if you do not have 3 landlord references.
- A certificate of completion of the Home Center's rentSTRONG program may be presented in addition to the required rental references. If an applicant does not have rental references, the certificate of completion may be

accepted in lieu of the required 3 landlord references. Completion of this program will not, however, offset or negate poor past rental history.

- Applicants with insufficient rental history may be denied.

Occupancy Standards

- The following standards will determine the number of bedrooms required to accommodate a family of a given size, except that such standards may be waived for legitimate reasons, such as a reasonable accommodation, on a case-by-case basis:

-

<u>Number of Bedrooms</u>	<u>Number of Persons(Min)</u>	<u>Number of Persons (Max)</u>
1	1	2
2	2	4

Acknowledgement

I have read and understand the Resident Screening & Selection Process. I understand the circumstances for which my application may be denied.

Signed: _____
(Head of Household)

Date: _____

Signed: _____
(Other Adult)

Date: _____

Signed: _____
(Other Adult)

Date: _____



RED FOX APARTMENTS

RENTAL APPLICATION



Please fill in every answer. If not applicable, write N/A. Incomplete applications will be denied.

Unit applying for: Please mark all that apply. 1 bedroom apartment 2 bedroom apartment

Applicant Information

Legal Name(s): _____

Name you use if different than above: _____

Street Address: _____

P.O. Box: _____

City, State, Zip: _____

Phone (Day): _____ Message Phone: _____

Email Address: _____

Number of **household members that will reside in the unit you are applying for**, including yourself: _____

Please list those household members below starting with self and continuing to youngest:

NAME RELATIONSHIP	BIRTH DATE	BIRTH STATE	FULL TIME STUDENT	SEX	SS#
Name: Head of Household			Y / N		
Name: Relationship: If a child, how many days per year does this child live with you?			Y / N		
Name: Relationship: If a child, how many days per year does this child live with you?			Y / N		
Name: Relationship: If a child, how many days per year does this child live with you?			Y / N		
Name: Relationship: If a child, how many days per year does this child live with you?			Y / N		

Do you expect anyone to move in or out of your household in the next 12 months? Y/N

Are you a foster care provider? Y/N

Have you or anyone in your home ever used a different name? Y/N

If yes, household member and other name used: _____

Does any member of your household need reasonable accommodations? Yes _____ No _____

Wheelchair? Yes _____ No _____

Hearing Impaired Yes _____ No _____

Vision Impaired Yes _____ No _____

Other Accommodations? Yes _____ No _____

If yes, please comment: _____

Is anyone in your household attending school full-time? Yes _____ No _____

If yes, list names: _____

Sources of Income: Includes but not limited to: employment (full or part time), self employment, welfare assistance, social security, pensions, SSI, SSDI, military pay/benefits, unemployment, child support, alimony, student grants/loans, lottery income, income from sale of property, income from trust, and any other income received from people not residing with you.

Household Member	Hrly wage/ Hrs per week Pay period*	Employer Name, Address and Phone	TANF	Child Support & Case No.	Social Security/ SSI	Unemploy- ment Benefits	Other Income (SNAP, Financial Aid, pension, etc.)
	\$ /		\$	\$	\$	\$	\$
	\$ /		\$	\$	\$	\$	\$
	\$ /		\$	\$	\$	\$	\$
	\$ /		\$	\$	\$	\$	\$

*Pay periods: *weekly, biweekly (every two weeks), semi-monthly (twice a month), monthly*

Are you or any household member enrolled in a federally recognized tribe? _____ Yes _____ No.

If yes fill out the information below for each member who is enrolled:

Name: _____	Name: _____	Name: _____
Name of Tribe: _____	Name of Tribe: _____	Name of Tribe: _____
Address of Tribe: _____	Address of Tribe: _____	Address of Tribe: _____
Phone No: _____	Phone No: _____	Phone No: _____
Fax No. _____	Fax No. _____	Fax No. _____

Do you or any household member receive any of the following? If yes put household member's name.

Per Capita: _____	Amount per person: \$ _____	How often: _____
Gaming Income: _____	Amount per person: \$ _____	How often: _____
Land lease Income: _____	Amount per person: \$ _____	How often: _____
Senior Annuity/Assistance: _____	Amount per person: \$ _____	How often: _____
Other Tribal (explain): _____	Amount per person: \$ _____	How often: _____

Does any household member regularly receive any help obtaining any of the following? **You must answer yes or no.**

	Yes /No	If yes, please check		Name of provider/relationship to you	Address/Phone number	Amount provided	Daily, Weekly, Monthly, Yearly
		Paying bill	Provide item				
Rent (besides Section 8)						\$	
Utilities(including LIEAP)						\$	
Groceries including food stamps						\$	
Clothing						\$	
Misc. household supplies						\$	
Cash						\$	
Other						\$	

Assets: This *includes*, but is not limited to Checking/Savings accounts, 401K, Money Market accounts, IRA, Stocks/Bonds, Certificates of Deposit, Trusts, whole or universal life insurance policies, cash held in safety deposit boxes, items held as investments, etc. (Exclude vehicles unless being held for investment purposes)

Asset	Yes	No	Balance or Cash Value	Household Member name	Bank or provider name	Account number
Cash on Hand			\$			
Checking account			\$			
Savings account			\$			
Money Market Fund			\$			
Trust fund/if yes is trust irrevocable?			\$			
IRA/Keogh account			\$			
Stocks/Bonds/Cert of Deposit			\$			
Equity in rental property			\$			
Capital Investments			\$			
Other accounts			\$			

Professional References: List 3 persons *not related or living with you*, whom you have known at least one year.

Name	Address	Relationship	Phone
Name	Address	Relationship	Phone
Name	Address	Relationship	Phone

THE FOLLOWING MUST BE COMPLETED WITH
AT LEAST 3 (MOST RECENT) LANDLORD REFERENCES

1. Present rental address _____
 Dates: from _____ to _____
 Reason for leaving: _____
 Name and address of landlord _____
 _____ Phone # _____
 FAX # _____ Is this a relative? Yes ___ No ___

2. Previous rental address _____
 Dates: from _____ to _____
 Reason for leaving: _____
 Name and address of landlord _____
 _____ Phone # _____
 FAX # _____ Was this a relative? Yes ___ No ___

3. Previous rental address _____
 Dates: from _____ to _____
 Reason for leaving: _____
 Name and address of landlord _____
 _____ Phone # _____
 FAX # _____ Was this a relative? Yes ___ No ___

Additional Information:

Why are you leaving your current residence?	
How did you find out about our properties? Newspaper Drive By Online Family/Friends Other	
Do you currently (circle one): OWN RENT (if renting, are you in a lease now?) Y/N	
When do you desire to occupy the apartment?	Have you given notice to your current landlord? Y/N
Do you intend to have animals, caged or uncaged at this residence? Y/N	If Yes, what kind?

Have you ever been the subject of an eviction proceeding or settlement whether or not a suit was actually filed? Y/N
If yes, please explain, including dates, rental premises address, and contact information for property owner/manager.
Do you owe any housing agency/landlord money? Y/N If yes, please explain including amount owed, rental premises address and contact information for the property owner/manager.

Have you or any person who will be occupying the unit ever been convicted, pled guilty or no contest to any crime? Y/N		
Who?	When?	Offense?
Are you or any other intended occupant including minors, required to register as a violent or sexual offender in any jurisdiction? Y/N If yes, who?		

Do you have a Section 8 Voucher Rental Assistance? Y/N	IF YES, PROVIDE A COPY OF YOUR SECTION 8 RENT BUDGET
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I hereby certify that all of the information supplied on this application is true and correct to the best of my knowledge and that I understand that material falsification of any information may result in the rejection of this application and/or termination of my rental agreement at any Red Fox property.

By signing this application I understand that I am authorizing Housing Authority of Billings, its employees and agents to make such investigations, inquiries, and verification requests into my income and asset information, rental history, credit standing, criminal history, employment history, and any other information necessary to verify my eligibility to live in this apartment community. I agree to release all parties from any and all liability for any damage which may result from the furnishing or receiving the information necessary to process this application.

Applicant Signature	Date	Applicant Signature	Date
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Applicant Signature	Date	Applicant Signature	Date
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Additional attachments to be completed:

- HAB Authorization for Release of Information (signed by all adults household members)
- HUD 92006- Supplement to Application
- Tax Credit Questionnaire (one of each adult household member)
- Declaration of Section 214 forms (one for each household member)
- Race & Ethnic Date forms (one for each household member)
- Marital Status Affidavits
- Custody & Child Support Affidavit (one for each minor)
- Annual Student Certification
- Asset Verification form
- Asset(s) Sold &/or Given Away Declaration
- Certification of Tip Income (one for each adult household member)
- Unemployed Status Affidavit (if not employed)
- Zero Income Verification (if no income)
- Move-in Conflict form
- Wells Fargo and/or First Interstate Bank authorization forms (if applicable)



Tax Credit Certification Questionnaire

Apartment Number: _____ Date: _____

Applicant (Resident) Name: _____ Social Security # _____

Name(s) of dependent Children Covered by this Questionnaire: _____

A Separate Form is required for Each Adult Member (18 or older) of the Household including Household Members under the Age of 18 Who Will be designated as either the Head, Co-Head, Spouse.

INCOME- Include all income anticipated in the upcoming 12 months

1. [Yes] [No] I am self-employed or own my own business. Provide a copy of your rent Federal income Return, including Schedule C. List Nature of self-employment or business _____.
2. [Yes] [No] I am employed. Please list place of employment _____
3. [[Yes] [No] I am employed at more than one place Please list additional places of employment _____.
4. [Yes] [No] I am currently unemployed, however looking for work. Provide a copy of your recent Income Tax Return and complete Unemployed Status Affidavit.
5. [Yes] [No] I am Currently Pregnant. My estimated due date is _____.
6. [Yes] [No] Do you expect any other person(s) to join the household in the next 12 months?
7. [Yes] [No] I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in my Household.
8. [Yes] [No] I receive unemployment benefits or expect to receive in the upcoming 12 months.
9. [Yes] [No] I receive Military, Veterans, GI Bill or National Guard Benefits/Pay (If yes please circle all that apply)
10. [Yes] [No] I receive Social Security Benefits.
11. [Yes] [No] I receive Supplemental Security Income (SSI) Benefits
12. [Yes] [No] I receive Social Security or SSI Benefits on behalf of family members age 17 or under. Please List Name(s) _____
13. [Yes] [No] I receive disability or death benefits other than Social Security.
14. [Yes] [No] I receive **Cash** Public Assistance/Welfare/ Assistance or any other type of assistance from an agency that provides this type of assistance (example-TANF AFDC) Please list: _____
15. [Yes] [No] I am receiving assistance from a Housing Authority in the form of Section 8 assistance / vouchers to help with my rental payments.
16. [Yes] [No] I am entitled to receive child support payment; however, I am not receiving payments. My child support case number(s) are: _____ . If you do not have a child support order or case number, please state why: _____.
17. [Yes] [No] I am currently receiving child support payments. My child support case number(s) are: _____.
18. [Yes] [No] I receive alimony/ spousal support payments.
19. [Yes] [No] I receive income from trust, annuities, inheritance, retirement funds, insurance policies, pensions or lottery winnings. (If YES, please circle all that apply)
20. [Yes] [No] I receive income from real or personal property
21. [Yes] [No] I am receiving other forms of income that are not listed above, If YES, please list sources _____

Assets

- 22. [Yes] [No] I have Checking Account(s). How Many _____ Interest Rate _____ % Value _____
- 23. [Yes] [No] I have saving Account(s). How Many _____ Interest Rate _____ % Value _____
- 24. [Yes] [No] I have Certified Deposits(CD's) How Many _____ Interest Rate _____ % Value _____
- 25. [Yes] [No] I have Money Market Account(s) How Many _____ Interest Rate _____ % Value _____
- 26. [Yes] [No] I own Stocks or Bonds How Many _____ Interest Rate _____ % Value _____
- 27. [Yes] [No] I have a trust. How Many _____ Interest Rate _____ % Value _____
- 28. [Yes] [No] I have a 401K account. How Many _____ Interest Rate _____ % Value _____
- 29. [Yes] [No] I have a retirement account. How Many _____ Interest Rate _____ % Value _____
- 30. [Yes] [No] I have money in a safety deposit box. Amount held: \$ _____
- 31. [Yes] [No] I own property
- 32. [Yes] [No] I have whole life or universal life insurance policy.
- 33. [Yes] [No] I hold assets for investment purpose(example- antique car, jewelry, stamp collection, ect)
- 34. [Yes] [No] I have disposed of assets (gave away, sold cash or assets) for less than fair market value in the past 2 years. If YES list items and date disposed _____.
- 35. [Yes] [No] I have access to any other asset or receive income from any other asset not listed above. If YES list type(s), how many, interest rate(s) and value(s) _____

Student Status Questions

- 36. [Yes] [No] I am currently a part-time or full-time student (if YES, circle which one) Where? _____
- 37. [Yes] [No] I am currently not a student; however I anticipate enrolling as a part-time or full-time student in the next 12 months. (if YES, circle which one)
- 38. [Yes] [No] There are currently minors in the household gradesk-12 that are full-time students or will become full time students in the next 12 months. Please list names of minors: _____
- 39. [Yes] [No] I have been a full-time student for 5 months or more of the past twelve months. (This includes recent High School Graduates).
- 40. [Yes] [No] I will be a full time student for 5 months or more in the upcoming 12 months
- 41. [Yes] [No] Are all members of the household (adults and minors) full-time students?
- 42. [Yes] [No] Does your Household anticipate becoming a household in which all persons (adults and minors) will be full-time students in the next 12 months?

If you answered yes to question #40, 41 or question #42, please answer the following:

- 43. [Yes] [No] Are you receiving assistance under Title IV of the Social Security Act which is TANF?
- 44. [Yes] [No] Are you enrolled in a local, state or federal job-training program?
- 45. [Yes] [No] Are you married and filling a joint tax return?
- 46. [Yes] [No] Are you a Household of a single parent and at least one child, where neither of you are claimed as dependents on another person's tax returns?
- 47. [Yes] [No] Are/Have in the past, you or any Household Member been under the care of a state Foster Care Program?

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes as act of fraud. False, misleading or incomplete information will result in denial of application or termination of the lease agreement.

Applicant/ Resident Signature _____ Date _____

Witnessed By _____ Owner Representative/Manager Signature _____ Date _____

If you bank at Wells Fargo or First Interstate Bank, the applicable form on the following pages must be completed and submitted with your application.



Request for Verification of Account

Instructions: **For faster processing, please complete this form on your computer before printing and obtaining applicant's signature.**
 Requesting party: Complete items 2 through 7. Have applicant(s) complete item 8. Fax directly to depository named in item 1.
 Depository: Please complete items 9 through 15 and return DIRECTLY to requesting party named in item 2.

Part I - Request

1. To First Interstate Bank Fax: 406-237-2931	2. From (Name and address of requesting party)
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I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other interested party.

3. Signature of Requestor	4. Title	5. Return Fax Number
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6. Information to be Verified			
Type of Account	Account in Name of	Account Number	Balance

7. Name and Address of Applicant(s)	8. Signature of Applicant(s)	Date

To Be Completed by Depository

Part II - Verification of Depository

9. Average Balance				
Type of Account	Account Number	Current Balance/Interest Rate	Average Balance	Date Opened

10. Loans Outstanding to Applicant(s)						
Loan Number	Date of Loan	Original Amount	Current Balance	Installments (Mthly/Qtrly)	Secured By	No. of Late Payments
				\$ Per		
				\$ Per		
				\$ Per		

11. Certificates of Deposit						
Account No.	Date Opened	Opening Balance	Current Balance	Interest Rate	Maturity Date	Withdrawal Penalty

Part III - Authorized Signature

Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

12. Signature of Depository Representative	13. Title (Please print or type) Verifications	14. Phone Number 406-237-2921	15. Date
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Verification of Deposit Housing Assistance Agencies



For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Requests To.....1-844-879-0412
Online Instructions.....www.wellsfargo.com/biz/vod
Balance Confirmation Services.....1-540-563-7323

SECTION 1: REQUESTER INFORMATION

Company Name

Attention

Street Address

City

State

Zip

Requester Email (optional)

Requester Phone Number

Return Fax Number

SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Account Number(s) (Required)

Customer One Social Security Number

Month

Day

Year

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date

Signature of Account Holder

Date

HOUSING AUTHORITY OF BILLINGS

Authorization For The Release Of Information

This release of information form, and/or copies of this form, allows the Housing Authority of Billings (HAB) to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining employee income information from current and previous employers and wage and claim information from the State Department of Wage and Labor, along with other groups and individuals, which would permit the HAB or HUD to verify:

- Identity and Marital Status
- Employment, Income and Assets
- Medical or Child Care Allowance
- Residences and Rental Activity
- Household Composition
- Public Court Information
- General information about all household members regarding eligibility and continued occupancy for federally assisted housing programs.

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited a violations of 42 U.S.C. 408 (f), (g) and (h).

The following groups and individuals who may also be asked to release information include but are not limited to:

Previous & Current Landlords	Past & Present Employers	Courts and Post Offices
Support or Alimony Providers	Schools and Colleges	Veterans Administration
Medical Care Providers	Credit Providers	Law Enforcement Agencies
State Unemployment Agencies	Credit Bureaus	Social Security Administration
Retirement Systems	Welfare Agencies	Child Care Providers
Utility Companies	Dept. of Family Services	Worker Compensation Programs
Legal Offices	Other Assisted Housing Agencies	

The Housing Authority of Billings must maintain a signed copy of this consent form, as well as a signed HUD 9886 Form in each tenant’s file. **This form will expire 15 months from the date it is signed by tenant.**

Failure of any applicant to sign the consent form constitutes grounds for denial of eligibility or termination of assistance or tenancy.

Signature of Head of Household

Signature of other Adult Member

SS#

Date

SS#

Date

If other Adult members reside in household, place signatures, SS# and date on back of form.