

Dear Applicant:

Thank you for applying for our Housing programs through the Tulsa Housing Authority. We look forward to having you as a client. The application packet is attached.

When filling out the forms, <u>PLEASE READ OVER EACH</u>

<u>ITEM CAREFULLY</u> and <u>BE SURE TO FILL OUT</u>

AND SIGN ALL SHADED AREAS.

The Personal Declaration/Application must be filled out completely and signed by the Head of Household.

If it doesn't apply to you, please write an N/A in that space so we know you haven't overlooked anything.

- *The Head of Household must sign and date each form where it is highlighted.
- *All adults who will be living in the household (18 years or older) must sign each form.
- *When you have signed and completed all forms, please return the packet to the receptionist.

Thank you for your cooperation and again welcome to the Tulsa Housing Authority's Housing program. If you have any questions, please feel free to ask the receptionist.





NOTICE TO APPLICANTS

Tulsa Housing Authority has "ZERO" Tolerance for violence and drug related activity by any family members or guests.

All members of a household who are sex offenders (subject to a lifetime registration requirement under a State Sex Offender Registration Program) will be ineligible to obtain housing.

Our Dwelling Lease is based on the "ONE STRIKE – YOU'RE OUT" policy, to insure that our communities remain safe & free of drugs & violence.

A Criminal History report is completed for every applicant eighteen (18) years of age and older.

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HOUSING AUTHORITY OF THE CITY OF TULSA 415 E. INDEPENDENCE, P.O. BOX 6369 – TULSA, OKLAHOMA 74148-0369 AREA CODE 918-582-0021 TDD – 918-587-4712

PUBLIC HOUSING / SECTION 8 PROGRAMS

Resident Selection	☐ Public Housing	Section 8
Leasing Agent	Property Complex #	
RELEASE	OF INFORMATION FOR HOUSING CONS	SIDERATION
Agency to release to the Tulsa House copy of any convictions and/or arres	Fulsa Police Department <u>or</u> any other Local, Sing Authority or its representatives, in connects on my record and any record of those eighthe last ten (10) years from the date of this rele	etion with application for Housing, a teen (18) years of age or older listed on
All persons will be equally treated wit in compliance with the Fair Housing A	thout regard to Race, Color, Religion, Sex, Hand Act.	icap, Familial Status, or National Origin
I certify that no member of my hous related activity (including the manu	sehold has ever been evicted from a federally a facturing of methamphetamine).	assisted housing program due to drug
	household is a sex offender. NOTE: Sex Offer tunder a State Sex Offender Registration Progr	
Address:	City	State Zip
Social Security #:	Date of Birth:	Race:
Female: Male:	Home Telephone Number ()
Date	Si	gnature of Applicant
OTHER ADULT MEMBER:		
Full Name:		
Social Security #:	Date of Birth:	Race:
Female: Male:	Home Telephone Number ()
Date	Signatu	re - Other Adult Member

(SIDE 2)

OTHER ADULT MEMBER:		
Full Name:		
Social Security #:	Date of Birth:	Race:
Female: Male:	Home Telephone Number ()
Date	Signature -	Other Adult Member
P	LEASE DO NOT WRITE BELOW THIS LINE	
() No Arrest Record		
() Arrest Record as Follows		
Comments:		

HOUSING AUTHORITY OF THE CITY OF TULSA 415 E. INDEPENDENCE, P.O. BOX 6369 TULSA, OKLAHOMA 74148-0369 AREA CODE 918-582-0021

RELEASE OF UTILITY ACCOUNT INFORMATION

I hereby voluntarily authorize the Tulsa Housing Authority or its representatives to obtain information on past and current accounts from the local electric and gas utility companies.

Please list all household members information below. (Please print)

ld must si	Social Security Number Social Security Number ign below. Spouse Signature	Date of Birth Date of Birth	Date
ld must s	Social Security Number		
_			
_	Social Security Number	Date of Birth	
_	Social Security Number	Date of Birth	
_	Social Security Number	Date of Birth	
_	Social Security Number	Date of Birth	
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_	Social Security Number	Date of Birth	
Social Security Number		Date of Birth	
		Social Security Number Social Security Number Social Security Number Social Security Number	Social Security Number Date of Birth Date of Birth

TULSA HOUSING AUTHORITY APPLICATION

PLEASE CHECK PREFERENCE			
PUBLIC HOUSING	{	}	
SECTION 8	{	}	
ROTH	ſ	ı	

FOR OFFICE USE ONLY SECTION 8 / P.H.

PR CD ____/__

ast First Mi Of Birth Sex Security Number Race Hispanic Yes / no x.	CARD SENT	CARI							
First Name Middle Initial Phone Number (Home) () (Work) () Present Address Apt # City State Zip Code Mailing Address (if different) City State Zip Code Mailing Address (if different) City State Zip Code List each person who will be living in the household. Begin with yourself. LEGAL NAME					TE	DA			
Phone Number (Home) () (Work) () Present Address Apt # City State Zip Code Mailing Address (if different) City State Zip Code List each person who will be living in the household. Begin with yourself. LEGAL NAME					t Name	Las		Security Number	Social Sec
Present Address		nitial	Middle I	_ N				Name	First Name
City State Zip Code Mailing Address (if different) City State Zip Code List each person who will be living in the household. Begin with yourself. LEGAL NAME)	Vork) (_	(V)	Number (Home) ()	Phone Nur
Mailing Address (if different) City State Zip Co List each person who will be living in the household. Begin with yourself. LEGAL NAME AST Social Security Race Hispanic Yes / no x. Record Hispanic Yes / no		Apt #						nt Address	Present Ad
City State Zip Co List each person who will be living in the household. Begin with yourself. LEGAL NAME ast First Mi Of Birth Sex Security Number Race Hispanic Yes / no x.		_Zip Code		State					City
List each person who will be living in the household. Begin with yourself. LEGAL NAME ast First Mi Of Birth Sex Number Race Hispanic Yes / no								ng Address (if different)	Mailing Ad
LEGAL NAME sist First Mi Of Birth Sex Social Security Number Race Hispanic Yes / no	ode	Zip Code		State					City
Ast First Mi Of Birth Sex Security Number Race Hispanic Yes / no Recognity Number Hispanic Yes / no Recognity Number Race Hisp					with yo		the househol		List each per
	elationship To You	Hispanic T		Security	Sex	Of	Mi		ast
	elf	Y Self	1	44-44-4444	F	1/1/68	S	Jane	
** 1-White, 2-Black, 3-American Indian, 4-Asian/Pacific Islander Are you pregnant: Yes No (circle one) Expected due date?				od duo doto?		Pacific Isl			

(This information will be used to determine eligibility of unit size only.)

List each person's source of income that will be living in the household. Begin with yourself. NAME SOURCE OF INCOME MONTHLY **HOURLY PAY GROSS INCOME RATE Example: Jane S. Doe Tulsa Housing Authority** \$1,040 per month \$6.00 per hour 1. 2. 3. **Example of Source of Income:** Temporary Aid to Needy Families (TANF) – Social Security Aide – SSI Employment, Child Support, Aid to Disabled – Other Income. Do you or any family member claim handicapped or disabled status for eligibility purposes? YES NO Do you or a member of your family request housing with special accommodations? YES ____ NO ___ Please describe special accommodation needed:_ Do you lack a fixed, adequate and regular nighttime residence, and your main nighttime residence is a temporary shelter, or any place not designed to serve as regular sleeping accommodations for people? YES____ NO____ Applicants who qualify for an admission preference will be offered assistance before those applicants who do not qualify for an admission preference. Preference claims must be in effect and verified at the time assistance is offered. THE PREFERENCES FOR THE SECTION 8 VOUCHER PROGRAM ARE AS FOLLOWS: **A. Domestic Violence means:** The applicant family is residing in a public or private shelter as a result of domestic violence and has had actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who was living in the unit with the family. Are you in a domestic violence situation? Yes _____ No____ **B.** Handicapped or Disabled means: Applicant who have/has a family member who is/are 62 years of age or older and is handicapped or has a disability. Is anyone in your household handicapped or disabled? Yes _____ No _____

FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine and applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses 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 furnished. HUD or a public housing agency / Indian housing authority may conduct a computer match to verify the information you provided. 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.

You must provide all the information requested by the public housing agency, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 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 of your eligibility approval.

Authority for information collection: The following laws authorize the collection of this information by HUD or the public housing agency; The U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

THE PREFERENCES FOR PUBLIC HOUSING ARE AS FOLLOWS:

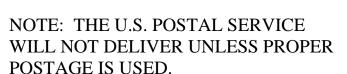
A.	The Head of Household and / or spouse is working and the working person(s) needs are not
	included in any TANF payments the family may be receiving; or
B.	Applicant who have / has a family member who is / are 62 years of age or older or
	handicapped or has a disability.
C.	The Head of Household <u>and</u> spouse (if applicable) are active participants in educational or
	training programs that are designed to prepare individuals for the job market (note: does not includ
	GED); or
D.	The applicant family is residing in a public or private shelter as a result of domestic violence
	and has had actual or threatened physical violence directed against the applicant or the applicant's
	family by a spouse or other household member who was living in the unit with the family; or
E.	The applicant family with dependent children is homeless and receiving / utilizing a private /
	public shelter; or
F.	Any combination of the five situations above as determined by THA. Please specify
	combinations:
G.	I do not claim an admission preference as above.
verific Verificinform All connotify	eligibility to receive housing assistance is dependent upon your submitting to THA cation of your citizenship / national status or eligible immigration status. Ication for each family member, regardless of age, will be required. Additional nation regarding citizenship / national status will be supplied upon request. Intact by the Housing Authority is made by mail, so if your address changes, please our office promptly. Remember – it is your responsibility to update your cation information when needed.
PP	and the state of t
X	Social Security Number
	Social Security Number
X	
	Signature Date

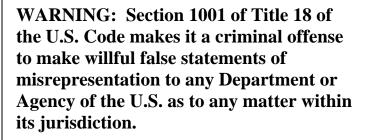
Before an offer of assistance is made to an applicant who has been selected from the waiting list on the basis of an admission preference, the Housing Authority must require the applicant to provide verification that he or she qualifies for each of the preferences outlined above at the time of selection.

THE HOUSING AUTHORITY WILL VERIFY THE PREFERENCE YOU CLAIM AT THE TIME YOUR NAME IS SELECTED FROM THE WAITING LIST.



After completing, mail the pre-application in a self-stamped envelope to the Tulsa Housing Authority, ATTN: Section 8 Program Pre-Application, P.O. Box 6369, Tulsa, OK 74148-0369 or you may drop off the application at our central office, 415 E. Independence, Tulsa, OK.







If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll free Hot Line at: 1-800-669-9777.

Housing Program / Resident Selection Department

NON-RENTAL INFORMATION

Head of Household Name		Social Security Number
Address		
City,	State,	Zip Code
		, certify that I have never had a
	(list who you hav	e lived with: i.e., family, friends, etc.)
false or incomplete st housing and that mak	atements during this in ing a false statement is ishable by a fine of no	y withholding information or making nterview will be basis for denial of a violation of Section 1001, Title 18, t more than \$10,000 or imprisonment
G:		
Signature of Applicar	nt	Date
Signature of THA Re	nrecentative	Date

Housing Program / Resident Selection Department

RENTAL INFORMATION

Applicant's Name:	
Social Security #:	
Other Adult Member:	
Social Security #:	
Dear Applicant:	
If you, or any member in your household 18 years or older, has ever had please list the following information for each adult member:	l a lease in your name,
PLEASE PRINT	
Address of Unit Rented:	
Name of Apartment Complex (if applicable):	
Rental Dates: From: To:	
Landlord's / Manager's Name:	
Landlord's / Manager's Address:	
Landlord's / Manager's Phone: ()	

Housing Program / Resident Selection Department

REFERRAL INFORMATION

HOW DID YOU HEAR ABOUT TULSA HOUSING AUTHORITY?

Please check the box that best describes how you heard about the TULSA HOUSING AUTHORITY

Short-Form Application	Church
Department of Human Svc	Relative
Friend	Homeless Shelter
D.V.I.S.	Tulsa Transit Authority
Parkside	Youth Shelter
Former Resident	Zarro House
Tulsa Community College	Vintage Tulsan
Tulsa World	Oklahoma Eagle
"The Chronicle"	Other