



Housing Authority City of Bedford

1305 K STREET • BEDFORD, INDIANA 47421 • 812.279.2356

Date: _____

Applicant's Name: _____

This application must be turned in within 10 days from the date you picked up the application.

Please return by: _____

This application is for _____ Public Housing

_____ Section 8

Please mark your application accordingly.

Please note when you or your family's name has come up on our waitlist for housing, that you must provide all documents within 10 business days. No documents are required at this time. This is a Pre-Application to get placed on the list. If you have any questions please contact our office at 812.279.2356

ALL BHA PROPERTIES ARE SMOKE FREE AS OF 7.1.18

AN EQUAL HOUSING OPPORTUNITY PROVIDER

Race & Ethnicity (Not mandatory. For HUD statistical purposes only, check all that apply.)

American Indian/Alaska native Asian Black Hispanic
 Hawaiian/Pacific Islander White

Household Income

All income coming into the household must be entered in this section. This includes wages from employment, unemployment, Social Security, SSI, SSDI, SSW, SSS, TANF, food stamps, pension/retirement benefits, alimony, child support, family support, and all other sources of income for **all** household members.

Family Member Name	Income Source	Amount	Frequency
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

Current landlord's name and phone # _____

Date family moved to this location _____

Veterans (Please circle)

Are you a veteran? Yes or No

If you circled yes, please provide us with your DD214 form when turning in your application.

VAWA

The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protections is available to victims of domestic violence, dating violence, sexual assault and stalking, regardless of sex, gender identity, or sexual orientation.

Are you currently a VAWA situation? Yes or No

If you circled yes, please request an additional form that will needed to be filled out and further documentation might be required.



HOUSING AUTHORITY
CITY OF BEDFORD

Lindsey Hughes Intake Specialists
Email: lhughes@bhbedford.com

HOUSING ASSISTANCE APPLICATION

PLEASE READ CAREFULLY

You MUST fill out this form completely to apply for Housing Assistance.

By signing this form:

You certify that the information given by you to the Bedford Housing Authority on household composition, income, net family assets, and allowance and deductions is accurate to the best of your knowledge and belief. If you make false statements or give false information to the BHA you may be prosecuted under federal and/or state laws.

You acknowledge that the making of false statements or the giving of false information to the BHA may be grounds for denial or termination of your tenancy.

You authorize the BHA to conduct an investigation and make inquiries for the purpose of verifying the information given by you to the BHA.

Please Note: It is a policy of the Bedford Housing Authority to run a criminal record report on all applicants and their families.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Bedford Housing Authority.

This form is not a contract. If you fill out and sign this form, you are not required to accept housing assistance, and the BHA may not be required to provide you with housing assistance.

Warning: Section 1001 of the Title 18 of the US Code makes it a criminal offense to willfully make false statements or misrepresentations to the BHS on this form or in connection with your application for housing assistance.

Signature

Date

AN EQUAL HOUSING OPPORTUNITY PROVIDER

**AUTHORIZATION
FOR RELEASE OF INFORMATION**

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Bedford Housing Authority my information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Section 3 , Rental Rehabilitation Low-income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the BHA to release information from my file about rental history to HUD credit bureaus, collection agencies, or former landlords. This includes records on my payment history, and violations of my lease of BHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | |
|--------------------------------|-----------------------------------|
| Credit and Criminal Activity | Medical and Child Care Allowances |
| Employment, Income, and Assets | Residence and Rental Activity |
| Identity and Marital Status | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but are not limited to:

- | | | |
|------------------------------|------------------------------|--------------------------------|
| Banks & Financial Co | Drug Abuse Treatment Centers | Social Security Administration |
| Child Care Providers | Law Enforcement Agencies | State Unemployment Agencies |
| Courts and Post Offices | Medical Providers | Support & Alimony Providers |
| Credit Bureau | Past and Present Employers | Welfare Agencies |
| Credit Providers | Retirement Systems | Veterans Administration |
| Current & Previous Landlords | Schools & Colleges | |

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that HUD or the Bedford Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the BHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including, but not limited to:

- | | | |
|--------------------------------|------------------------------------|----------------------|
| Department of Defense | State Employment Security Agencies | U.S. Postal Services |
| Food Stamp Agencies | State Welfare | |
| Office of Personnel Management | Social Security Agency | |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose above. The original of this authorization is on file with the BHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Spouse	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date