

Housing Authority of the City of Franklin

P.O. Box 413
Franklin, Texas 77856
979-828-5246
frpha@valornet.com

Thank you for choosing the Housing Authority of the City of Franklin as your possible future home. In order that we may process your application in a timely manner, please be sure that the following documents are provided with your application.

Documents required to process application:

- ✓ Birth certificate for all members on the application
- ✓ Social security cards for every member on the application
- ✓ Drivers license or a picture I.D. for all adults on application
- ✓ If you or a member receive Social Security or SSI, a copy of your award letter from the Social Security office is required

If you do not have access to a copier, we can make copies for you in the office.

Once your application is completed and returned in person with all the necessary documents, we will process it. We will notify you of the status of your application as soon as possible.

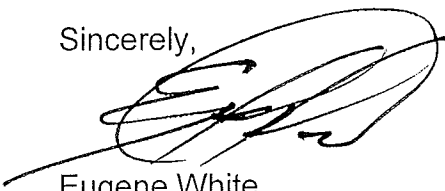
This application must be turned in to this office in person. We will not accept applications via email, faxes or USPS.

Office hours: Monday thru Thursday 8:30 to 4:30
Friday 8:30 to 11:30

Telephone 979-828-5246 to arrange an appointment.

Thank you and we look forward to assisting you with housing.

Sincerely,



Eugene White
Executive Director

Effective July 1, 2018



Per HUD rule we will become a SMOKE-FREE complex July 2018



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

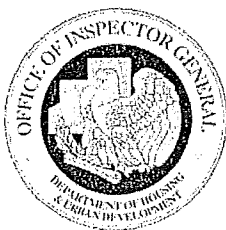
If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

THIS SECTION FOR OFFICE USE ONLYDate: _____
Time: _____Received By: _____
Bedroom Size: _____**APPLICATION FOR ADMISSION**
HOUSING AUTHORITY CITY OF FRANKLIN

We will provide assistance to individuals with a handicap or disability to insure equal access to this document. If you require assistance or help in understand this document we will provide assistance. You must notify this office to arrange for assistance.

WARNING: UNDER TITLE 18, SECTION 1001 OF THE US CODE, IT IS A FELONY TO MAKE FALSE STATEMENTS KNOWINGLY AND WILLINLY TO ANY REPRESENTATIVE OR AGENT OF A DEPARTMENT OR AGENCY OF THE UNITED STATES; ANYONE WHO DOES SO SHALL BE FINED UP TO \$10,000 OR IMPRISONED UP TO 5 YEARS, OR BOTH. {Notice : any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under the Texas Penal Code.}

Complete this form in your own handwriting in ink. Use the correct legal name for each person who will reside in the apartment as it appears on the Social Security card or other legal forms of identification. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave blank any section of the application. If a section does not apply to you, write N/A.

I. APPLICANT INFORMATION:Name of Head of Household: _____ Mailing Address: _____ Daytime Phone: _____ - _____ - _____

_____Name of Relative: _____ Mailing Address: _____ Daytime Phone: _____ - _____ - _____

_____**II. HOUSEHOLD COMPOSITION:****a. Race of Head of Household (check one)**

- | | |
|---|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic or Latino | |

b. TOTAL IN FAMILY _____**c. Which of the following Citizenship status does Head of Household claim? (check one)**

- _____ I am a citizen, naturalized Citizen or National of the United States
_____ I am a non-citizen with eligible immigration status.
_____ I am a non-citizen without eligible immigration status.
_____ Pending verification

Adults (age 18 & over)			Relation to Head	Date of Birth	Sex M/F	Social Security Number	Elderly/ Disabled	Years of school	Place of Birth
Last	First	MI							
			Head of household						

Children (under age 18) Last, First MI	Sex M/F	Social Security Number	Date of Birth	Place of Birth	Name & Address of Absent Parent (not living with child)

d. Emergency contact information:

Name: _____

Address: _____ Telephone: _____
 Street City State Zip

Does anyone in your household require special accommodation due to a disability? _____

If yes, specify requirements: _____

Do you pay for Assistance Care or for auxiliary apparatus for a disabled household member in order for them or another family member to work? _____ If yes, itemize: _____

III. TOTAL HOUSEHOLD INCOME:

List all money earned or received by **everyone** living in the household. This includes but is not limited to gross wages, self-employment, child support, Social Security, SSI, Worker's Compensation, Unemployment benefits, retirement benefits, TANF, Veteran's benefits, alimony, babysitting, rental property income. Income from banks, such as interest on savings bonds, checking accounts, and CDs. Also include any regular contributions to the household from any person outside the household.

Name of Household Member Who Receives Income	Source or Type of Income (Name of Employer, Company, Absent Parent, TANF, SS, SSI, VA, Bank, Individual, etc.)	How Often? (Monthly, Weekly, Bi-weekly)	Income Wage per hour & number of hours worked per week	List any changes anticipated

Is the Head of Household or Spouse of the Head of Household in the Armed Services? _____

Does anyone help you pay bills regularly? Yes _____ No _____

If yes, who? _____ How often? _____ How much? _____

IV. ASSETS

Do any household members have or receive income from assets: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Insurance Settlements |
| <input type="checkbox"/> Stocks/Bonds | <input type="checkbox"/> Certificate of Deposit |
| <input type="checkbox"/> Savings Accounts | <input type="checkbox"/> Trusts |
| <input type="checkbox"/> Company Retirement | <input type="checkbox"/> Checking Account |
| <input type="checkbox"/> Pension Fund | <input type="checkbox"/> Other: _____ |

Has any member of the household given away or sold any asset for less than fair market value in the past 2 years? _____

If yes, what? _____ What was its market value _____

How much did you actually receive _____

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy. Page 2 of 5

V. CHILDCARE AND MEDICAL INFORMATION

Do you pay for Child Care for children age 12 or younger while you work or attend school? _____

If yes, Name of Child Care Provider: _____
Address: _____ Phone: _____ - _____ - _____

How much per month? \$ _____

If the Head of Household or Spouse are age 62 or older OR disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source. (This includes but is not limited to: prescriptions, physicians' bills, hospital bills, insurance premiums, and over-the-counter medications) **Back-up info required.**

Medical Expense	Yearly Total	Medical Expense	Yearly Total

VI. GENERAL INFORMATION (required)

Current Landlord: _____ Address: _____ Phone: _____ - _____ - _____

Previous Landlord: _____ Address: _____ Phone: _____ - _____ - _____

Have you or any household member ever lived in public housing or received housing assistance? Yes _____ No _____
If yes, under whose name? _____

Where? _____ Date: From _____ to _____

Do you owe money on any type of claim to any Housing Authority in the United States where you or any household member has lived after age 18? Yes _____ No _____ If yes, where? _____ How much _____

Does any household member 18 years or older have a debt with a utility company or previous landlord? Yes _____ No _____

If yes, with whom? _____ How much? _____

Have you or any household member ever used any other name or social security number than the one used on this application? Yes _____ No _____ If yes, list _____

Are you or any household member required to report to a probation or parole officer? Yes _____ No _____

Have you ever been arrested? Yes _____ No _____ Explain _____

Has any household member been charged/arrested for a criminal or drug related activity? Yes _____ No _____

If yes, give name of household member _____

Explain: _____

Does any household member own a vehicle(s)? Yes _____ No _____

If yes, current automobile insurance provider: _____

	License Plate Number	Make	Model	Color
Vehicle 1				
Vehicle 2				

APPLICANT/TENANT CERTIFICATION

All family members age 18 and over should review the information listed on this application and **MUST** sign below.

I/We do hereby attest that all the information* given to the Housing Authority of the City of Franklin on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that I/We must report any changes in income, assets, family composition, or address to the Housing Authority within 10 days of such change. I/We further understand that false statements or information are punishable under Federal Law and are grounds for denial of this application and subsequent housing.

WARNING: UNDER TITLE 18, SECTION 1001 OF THE US CODE, IT IS A FELONY TO MAKE FALSE STATEMENTS KNOWINGLY AND WILLINLY TO ANY REPRESENTATIVE OR AGENT OF A DEPARTMENT OR AGENCY OF THE UNITED STATES; ANYONE WHO DOES SO SHALL BE FINED UP TO \$10,000 OR IMPRISONED UP TO 5 YEARS, OR BOTH. {Notice : any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under the Texas Penal Code.}

I/We understand that this application is valid for six (6) months unless renewed or updated by the applicant.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF OTHER ADULT

DATE

*After verification by this Housing Authority, the information will be electronically submitted to the Department of Housing and Urban Development or its agent on Form HUD-50058 (Family Report). For additional information on its use, see the Right of Information/Federal Privacy Act Notice, HUD-9886.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-424-8590 or local Fair Housing hot line at 1-800-739-3611.

I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH APPLICANT PRIOR TO SIGNATURES

PHA Representative initial here: _____

Do NOT write below this line (For PHA use only)

Date Eligibility Established: _____	Date Denial Mailed: _____
Record of Offers:	
Date: _____	Unit # _____ B/R size: _____
Accepted: _____	Moved in: _____ Rejected: _____
Earliest date next offer can be made: _____	
Date: _____	Unit # _____ B/R size: _____
Accepted: _____	Moved in: _____ Rejected: _____
Earliest date next offer can be made: _____	
Date: _____	Unit: _____ B/R size: _____
Accepted: _____	Moved in: _____ Rejected: _____
Removed from waiting list: _____ Signature PHA _____	

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

Housing Authority of the City of Franklin
P O Box 413
500 South Center Street #15
Franklin, Texas 77856

979-828-5246

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

X X
X X
X X
X X
X X
X X
X X
X X
X X
X X

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(l)(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.

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.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Housing Authority City of Franklin
500 South Center Street Unit 15
P O Box 413
Franklin, Texas 77856

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

**THE CITY OF FRANKLIN HOUSING AUTHORITY
CRIMINAL SCREENING POLICY
(ZERO TOLERANCE)**

A. Purpose

Public and other federally-assisted housing is intended to provide a place to live and raise families--not a place to commit crime, use or sell drugs or terrorize neighbors. It is the intention of the Housing Authority (hereinafter referred to as "agency") to fully endorse and implement a policy which is designed to:

1. create and maintain a safe and drug-free community;
2. keep our residents free from threats to their personal and family safety;
3. support parental efforts to instill values of personal responsibility and hard work
4. maintain an environment where children can live safely, learn and grow up to be productive citizens; and
5. assist families in their vocational/educational goals in the pursuit of self-sufficiency.

B. Administration

1. All screening and eviction procedures shall be administered fairly and in such a way as not to discriminate on the basis of race, color, nationality, religion, age, sex, familial status, disability or other legally-protected groups, and not to violate right to privacy.
2. To the maximum extent possible, the agency will involve other community and governmental entities, as well as resident organizations, in the promotion and enforcement of this policy.
3. This policy will be posted on the agency's bulletin board and copies made readily available to residents and/or applicants on request.

C. Screening of Applicants

1. In an effort to prevent future drug-related and other criminal activity as well as other patterns of behavior that pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents or agency employees, this agency will endeavor to screen applicants as thoroughly and fairly as possible.

2. Such screening will apply to all members of the household who are years of age or older.
3. Pursuant to the Housing Opportunity Program Extension Act of 1996, a criminal history report will be obtained from the Texas Department of Public Safety (DPS) according to the following procedure:
 - a. For all applicable household members, the agency will submit to at least one of the following agencies: DPS, Public Data.Com, Housing Authority or Tenant Tracker hereafter referred to as the screening agent (SA), name, sex, race, date of birth and social security number.
 - b. Based on the identifiers submitted, DPS will provide the agency with any criminal history conviction record information and outstanding warrants that are found on the DPS Computerized Criminal History Database and the Texas Crime Information Center.
 - c. DPS will also search the National Crime Information Center (NCIC) for criminal information outside of Texas. If a record exists, DPS will notify the agency that such information was found, but will not provide the agency with a copy of the information.
 - d. If the person disputes or contests the criminal history report received by the SA, the agency may at this time determine that a fingerprint check is necessary.
 - e. In no case will the applicant be charged for the cost of criminal history check.
4. If information is revealed in the criminal history record that would cause the agency to deny housing to the household, the agency shall provide a copy of the record to the person for whom the record was received.
5. If the person disputes the information, he/she shall be given an opportunity for an informal hearing according to the agency's hearing procedure outlined in the Admissions and Occupancy Policy.
6. Evidence of drug-related and/or other criminal activity which would pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents or agency employees shall be considered grounds for denial of housing. Drug-related activity is defined as the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use a controlled substance.

7. Reasonable cause (e.g., information from criminal history report, information from former landlords or neighbors) to believe that a person's pattern of alcohol abuse would pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents or agency employees shall also be considered grounds for denial of housing.
8. In both 6 and 7 above, the agency may waive its policy of prohibiting admission if the person demonstrates to the agency's satisfaction that he/she is no longer engaging in illegal use of a controlled substance or abuse of alcohol and:
 - a. has successfully completed a supervised rehabilitation program;
 - b. has otherwise been rehabilitated successfully; or
 - c. is currently participating in a supervised rehabilitation program.
9. Persons evicted from Public Housing, Indian Housing, Section 23 or any Section 8 Housing Program because of drug-related criminal activity are ineligible for admission to public housing for a three (3) year period beginning on the date of such eviction. This may be waived if:
 - a. person demonstrates successful completion of a rehabilitation program approved by the agency; or
 - b. the circumstances leading to the eviction no longer exist, (e.g., the individual involved in drugs is no longer a household member because of incarceration.)
10. Evidence that a person is subject to a lifetime registration requirement under a State sex offender registration program shall be grounds for denial of housing.
11. In evaluating evidence of negative past behavior, the agency will give fair consideration to the seriousness of the activity with respect to how it would affect other residents, and/or the likelihood of favorable conduct in the future which could be supported by evidence of rehabilitation.
12. If, at any time during occupancy, the agency has reasonable cause (e.g., newspaper articles, credible informants, police reports) to believe that a household member is engaging in drug-related or other criminal activity which would pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents or agency employees, the agency may run a subsequent criminal check on that household member.

13. The agency will also order a criminal history on an individual or individuals age 18 years or older who are added to the lease after initial occupancy.

D. RECORD MANAGEMENT

- a. All criminal records received will be maintained confidentially, not misused, or improperly disseminated, and the utmost security will be maintained.
- b. All criminal reports, while needed, will be housed in a locked file with access restricted to individuals responsible for screening and determining eligibility and to the Executive Director.
- c. Misuse of the above information by any employee will grounds for termination of employment. Legal penalties for misuse are contained in Section 411.085 of the Texas Government Code.
- d. If the applicant is determined to be eligible, the criminal history report shall be shredded as soon as the applicant is housed. If the applicant is denied housing, the criminal history report shall be shredded immediately upon completion of the hearing or due process procedures and a final decision has been made.
- e. The agency will document in the applicant's file the circumstances of the criminal report and the date the report was destroyed.

E. ENFORCEMENT THROUGH EVICTIONS

1. The provisions of this policy shall also be reflected in the terms and conditions of the lease agreement for all residents of public housing. The agency shall enforce this "one-strike" policy with a "zero-tolerance" position with respect to drug-related and /or other criminal activity which would pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents or agency employees. Such activity shall be grounds for immediate termination of the lease and eviction.
 - a. Such activity by a household member shall be grounds for eviction, whether committed ON OR OFF THE PREMISES of the agency.
 - b. Such activity by a guest of the household may also be grounds for eviction of the household if such activity occurs ON THE PREMISES of the agency.

- c. Since eviction is a civil, not criminal matter, a criminal conviction or arrest is not necessary in order to terminate a lease and evict a household; but, the agency shall be responsible for producing evidence strong enough to warrant eviction.
- 2. A pattern of alcohol abuse which poses a threat to the health, safety or right to peaceful enjoyment of the premises by other residents or agency employees shall be considered grounds for immediate eviction.
- 3. According the Due Process Determination of the Department of Housing and Urban Development, the agency's GRIEVANCE PROCEDURE is not applicable for:
 - a. evictions related to any activity, not just criminal activity, which would pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents; or
 - b. evictions related to any drug-related criminal activity ON OR OFF HA premises, not just "on or near" the premises.

F. DRUG AWARENESS, DETECTION AND ENFORCEMENT

It is the responsibility of the housing authority to provide, as best as possible, drug-free neighborhoods. This is accomplished through various means.

- 1. Literature and information is given during move-in and is distributed to current residents to discourage the use of illegal drugs.
- 2. Police and lease enforcement patrol through the neighborhoods at various times of the day and night unannounced.
- 3. Make use of information from resident, employees and local citizens concerning the use of drugs in the neighborhoods for investigation and reporting this to the proper authorities.
- 4. Use of police drug detection canines (drug dogs) and their authorized handlers to randomly walk the neighborhoods. If the dog is alerted to an apartment, it is our policy to enter the apartment and conduct a physical search.
- 5. When physical drugs or paraphernalia are found in an apartment or the Verifiable evidence that the resident has been involved in using drugs or allowed drugs in the apartment, that household will receive a lease termination effective immediately.

ACKNOWLEDGEMENT

DATE

Board Resolution #426 to delete Board Resolution #288/09-26-1996 "ONE STRIKE POLICY" and adopt Board Resolution #426/04-25-2007 "Criminal Screening Policy (Zero Tolerance)" by the Board of Commissioners Franklin Housing Authority.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Smoke-Free Housing Policy

Housing Authority of the City of Franklin

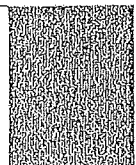
To insure quality of air and the safety of all public housing residents, pursuant to 24 CFR § 965, Subpart G, Housing Authority of the City of Franklin has declared that all properties belonging to the housing authority are smoke-free. The following will apply:

1. All current residents, all new residents, all employees, all guests, and all contractors are prohibited from smoking on Housing Authority's premises, in all apartments, utility buildings, community buildings and offices owned by the Housing Authority of the City of Franklin.
2. "Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, including hookahs and marijuana, whether natural or synthetic, in any manner or in any form. "Smoking" also includes the use of an electronic smoking device which creates an aerosol or vapor, in any manner or in any form. "Electronic Smoking Device" means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for inhaling vapor or aerosol from the product. The term includes any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor. Prohibited tobacco products include cigarettes, cigars, pipes and water pipes (hookahs).
3. "No Smoking" signs will be posted on each apartment exterior door.
4. Evidence of a violation of this policy includes but is not limited to resident complaints, witness observation, odor and/or evidence of tobacco paraphernalia observed during unit maintenance visits and inspections.
5. The housing authority will provide referrals to smoking cessation services for any current residents who smoke and wishes to quit, i.e. 1-800-QUIT-NOW (1-800-784-8669).
6. All current and new residents living in Housing Authority of the City of Franklin and all employees shall sign the Smoke-Free Policy Certification for placement in the resident's or employee's file and a copy will be provided to him/her.
7. Any deviation from this Smoke-Free Housing Policy by any resident, household member, or their guest will be considered a lease violation. Three (3) violations will result in eviction. First violation will result in a verbal warning. Second violation will result in a written warning. Third violation will result in a final notice with intent to start eviction procedures.

Housing Authority of the City of Franklin | Smoke-Free Housing Policy

Approved Board Resolution # 479

Board Approval Date: 5/23/17



Housing Authority of the City of Franklin

Resident Certification

Tenant Name(s): _____

Tenant Address: 500 South Center Street Unit _____
Franklin, Texas 77856

I certify that I have read the Smoke-Free Housing Policy and agree to fully abide by its provisions. I understand that residents are responsible for the actions of their household members, their guests and visitors. I understand that failure to adhere to any conditions of this policy will constitute a violation of the Dwelling Lease Agreement.

Name (*print*): _____

Head of Household (*signature*)

Date

Name (*print*): _____

Spouse/Co-Head/Other Adult (*Signature*)

Date

Effective July 1, 2018

Housing Authority of the City of Franklin | Smoke-Free Housing Policy

Approved Board Resolution # 479

Board Approval Date: 5/23/17

