Lift Community Action Agency, Inc.

RENTAL APPLICATION PACKET

Terry Hill Apts. & ALL other complexes owned by Lift CAA has "ZERO" Tolerance for violence and drug related activity by any family members or guests.

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If you application or recertification forms contain false or incomplete information you may 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 5 years; and/or
*Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

Completing The Application

When you give your answers to application questions, you must include the following information:

Income

*All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
*Any money you receive on behalf of your children (child support, social security for children, etc).

Assets

*All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.

*Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

Family/ Household Members

*The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

*Do not sign any form unless you have read it, understand it and are sure everything is complete and accurate.

*When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.

*Information you give on your application will be verified by your housing agency.
In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

Re-Certs

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

*All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.

*Any family/household member who has moved in or out.

*All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

*Do not pay any money to file an application.
*Do not pay any money to move up on the waiting list.
*Do not pay for anything not covered by your lease.

*Get a receipt for any money you pay.
*Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline at (202) 472-4200. This is not a toll free number. You can also write to the HUD Hotline, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

_____ _____

Date Tenant Signature

Terry Hill Apts and **All other Apartment complexes** owned by Lift CAA has "ZERO" Tolerance for violence and drug related activity by any family members or guests.

*Please provide a copy of all Adults ID/& Social Security card, and All Adults Income Verifications

Chappell Duplexes

APPLICATION

The information collected below will be used to determine whether you qualify. It will not be disclosed without your consent except to your employer's for verification or income and employment and to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information, but if you do not your application may be delayed or denied.

1. Applicants Name		Social Security No.		Home Phone ( )
2. Present Street Address	City	State	Zip Code	# of years at Present Address
3. Former Street Address (If at Address for less than 2 yrs.)	City	State	Zip Code	# of years at Former Address
4. Names of other persons in household				
5. Name and address of employer		Type of Business		Self Employed? Yes or No
Business phone number ( )		Position/Title		# of years on Job
6. Name and address of previous employer (if Employed at present position less than 2 yrs)		# of years with Previous Employer		Business phone ( )
1. Co-Applicants Name		Social Security No.		Home Phone ( )
2. Present Street Address	City	State	Zip Code	# of years at Present Address
3. Former Street Address (If at Address for less than 2 yrs.)	City	State	Zip Code	# of years at Former Address
4. Name and address of employer		Type of Business		Self Employed? Yes or No
Business phone number ( )		Position/Title		# of years on Job
5. Name and address of previous employer (if Employed at present position less than 2 yrs)		# of years with Previous Employer		Business phone ( )

Chappell Duplexes

Page 2

Will anyone in the household require a live-in care attendant? Yes or No
If yes, please
explain_____

_____

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Members 18 or Older	Total
Wage or Salary				
Overtime Pay				
Fees, tips or Bonuses				
Alimony, Child Support				
Unemployment				
Workers Comp				
Social Security, Pensions, Retirement, Disability, etc.				
Other Income				

Assets	Cash Value	Income from Assets	Bank Name	Account Number
Cash on Hand	$	NA	NA	NA
Checking Account	$	$		
Savings Account	$	$		
CD's, 401K, Pensions	$	$		
Real Estate	$	NA	NA	NA
Pre-paid Debit Card	$	NA		
Other	$	$		

Have you disposed of any assets for less than fair market value in the past 2 years? Yes or No

If yes, please explain:

_____

_____

Household Composition

List the head of your household and all members who live in your home. Give the relationship of each family member to the head.

Member No.	Full Name	Relationship	Date of Birth	Last 4 of SSN
H.O.H				
2				
3				
4				
5				
6				
7				
8				
9				

Does anyone live with you now who is not listed above? _____Yes _____No
Does anyone plan to live with you in the future who is not listed above? _____Yes _____No
If either answer above is yes, please explain:

_____

Is any occupant of the household attending an institution of higher education? _____Yes _____No
If the above answer is yes, the applicant/occupant must complete the HOME Student Status Affidavit and an exception must be met.

Handicap Assistance Expenses:
Does the household pay for attendant care or auxiliary apparatus to enable a family member (including the handicapped or disabled member) to be employed? Yes or NO
If yes, estimate expense for the coming year: $_____

Personal References: Name Address Phone Number
(Other than Family)_____
_____

Miscellaneous:

A. Have you or a member of your household ever been convicted of a felony or misdemeanor?
Yes or No

B. Do you or a member of your household use illegal drugs or associate with persons using illegal drugs?
Yes or No

C. In case of emergency, please notify:
Name:_____Relationship:_____
Address:_____Phone:_____

D. Where did you hear about this apartment complex? _____

E. I understand in order to remain upon active on the waiting list, I will be required to update my application periodically upon notification from management._____(Applicant's Initials).

I/We, the applicant(s) agree to give the management/owner the authority to investigate my/our credit rating, my/our current and past rental record and any and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on this form will disqualify me from consideration for leasing and may be grounds for eviction.
I further affirm that the foregoing information is true and correct to the best of my knowledge.

_____ _____
Signature of Head of Household Date

_____ _____
Signature of Co-Head of Household Date

Warning: The United Stated Department of Housing and Urban Development(HUD) place a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be: evicted, required to pay all overpaid rental assistance you received, fined up to $10,000: imprisoned for up to five (5) years; and/or prohibited from receiving future assistance. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. Government or to any matter within its jurisdiction.

STUDENT STATUS AFFIDAVIT
FOR HOME UNITS

HOME requires this student question to be asked for ALL activities.

Household Name: _____

Address/Unit #: _____

The HOME student rule excludes certain students from participating independently in the HOME program.

Answer Yes or No	Yes	No
Is any occupant attending an institution of higher education?		

If the answer above is YES, please answer the following; one exception must be met.

Name of household member attending institution:_____

Answer Yes or No	Yes	No
Are you over the age of 23?		
Are you a veteran of the US military?		
Are you married? (Same sex marriage should be recognized)		
Do you have dependent children?		
Do you have disabilities? (Were you receiving Section 8 assistance as of 11/30/05)		
Will you reside with and are a dependent of a household member in this unit? **(If this is the only exception being met, PLEASE contact OHFA HOME compliance before allowing.)**		

Under penalties of perjury, I certify the above information is true and correct as of this date. I understand that I must notify management if the above circumstances change.

_____ _____

Signature of Applicant/Resident Date

Warning: Section 1001 of the Title 18 U. S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Lift Community Action Agency, Inc.

Phone: 580-326-5654
Fax: 580-326-2842
TDD/TYY #711
410 N "L" St. Hugo, OK 74743
www.liftca.org

CRIMINAL HISTORY

Authorizing release of information to furnish criminal history record of information to a prospective applicant.

I, _____ do hereby state that I am an applicant for residence at Lift Community Action Agency, Inc. for _____ Apartments located in _____County, I do hereby authorize the law enforcement to release any and all criminal history record information that is in relation to me and send it to the above address.

I shall hold any all persons who release my criminal history harmless from any liability for any such release of disclosure. The release of my criminal history record information is made pursuant to this agreement and State and Federal record regulations.

Applicant: _____
Last First Middle

Alias: _____

Social Security Number: _____
Date of Birth: _____
Race (Circle one or more)
White
Asian
African American
Hispanic
Other _____
Male
Female
( ) Our records do not contain any conviction information, warrants of arrest, or fugitive notices.
( ) Our records reflect felony convictions listed below
( ) Our records reflect misdemeanor conviction information listed below.
By:_____ Date:
_____
Name and Title:
_____

Lift Community Action Agency Apartments

"This institution is an equal opportunity provider and employer."
M/F/Vets/Disabled and other protected categories.

NeighborWorks® CHARTERED MEMBER

BANKING VERIFICATION

Name: _____ SSN: _____

Address: _____

To Whom It May Concern:

The person referenced above is a participant in our HOME Investment Partnerships (HOME) and/or Affordable Housing Trust Fund (AHTF) programs. The U.S. Department of Housing and Urban Development (HUD) requires that we verify the income of program participants. Please complete all the information below. Thank you for your assistance.

By signing below I authorize the release of this information.

_____ _____

Participant's Signature Date

THIS SECTION TO BE COMPLETED BY BANKING INSTITUTION

	Six months Average Balance	Interest Rate	Date Account Opened
Checking Account:			
_____	$_____	$_____	_____
_____	$_____	$_____	_____
Savings Account:	Current Balance:	Interest Rate:	Date Acct. Opened
_____	$_____	$_____	_____
_____	$_____	$_____	_____
Other Accounts (list):			
_____	$_____	$_____	_____
_____	$_____	$_____	_____

I certify that this information is accurate.

_____ _____

Signature Name (print)

_____ _____

Title Date

_____ _____

Financial Institution Telephone Number

_____

Address City State Zip

WARNING: ***Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. government or to any matter within its jurisdiction.***

USDA
Form RD 1944-60
(Rev 4/98)

UNITED STATES DEPARTMENT OF
AGRICULTURE RURAL HOUSING SERVICE

Form Approved
OMB No. 0575-0172

LANDLORD'S VERIFICATION

The Rural Housing Service (RHS) is evaluating the below named applicant's eligibility for a home ownership loan and we need to evaluate the applicant's rental payment history and care of the rental property. Please see the attached Form RD 3550-1, "Authorization to Release Information." RHS appreciates your assistance in helping us evaluate the applicant's credit history. A postage paid return envelope is provided for convenience in returning this verification. Please return this complete form to:

Applicant's Name and Address:

USDA, Rural Development
Rural Housing Service
Margaret Owens/LIFT CAA
410 N. "L" Street
Hugo, Ok 74743
Telephone: (580) 326-5654

LANDLORD-Please complete all of the following information:

Date of initial occupancy: _____
Rent due date: _____
If subsidized, amount: $ _____
Lease expiration date: _____
Does rent include utilities or allowances? _____

Current rent amount: _____
Is rent subsidized? _____
Who pays subsidy? _____
Amount of utilities or allowances included in rent: $ _____

List names and approximate ages of all persons occupying the property:

RENTAL HISTORY DURING THE LAST 12 MONTHS:
(please check one)

- ☐ Always pays by the due date
- ☐ Pays within 1 - 10 days of due date
- ☐ Pays over 30 days late
- ☐ Generally stays behind schedule

CURRENT STATUS OF RENT:

Current? ☐ Behind? ☐
Amount behind: $ _____
Date last paid: _____
Next due date: _____

DOES TENANT MAINTAIN PROPERTY IN GOOD REPAIR **YES** ☐ **NO** ☐
If "No" is checked, please explain below:

_____
Landlord's signature

_____
Date completed

SEE ATTACHED PRIVACY ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 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.

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS) or the Farm Service Agency (FSA) by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.) for FSA, respectively, or by other laws administered by RHS or FSA.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of RHS or FSA for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, state, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

2. A record from this system of records may be disclosed to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

3. Disclosures may be made of names, home addresses, social security numbers, and financial information to business firms in a trade area that buy chattel or crops or sell them for commission. This is in order that FSA may benefit from the purchaser notification provisions of section 1324 of the Food Security Act of 1985 (7 U.S.C. 163(c)). The Act requires that potential purchasers of farm commodities must be advised ahead of time that a lien exists in order for the creditor to perfect its lien against such purchases.

4. Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Federal Claims Collection Act (31 U.S.C. 3701(a)(3)).

5. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to 42 U.S.C. 1479(d), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).

6. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when RHS determines such referral is appropriate for servicing or collecting the borrower's account or has provided for in contracts with servicing or collection agencies.

7. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) The agency or any component thereof-, or (b) any employee of the agency in his or her official capacity-, or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee-, or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided, however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.

8. Referral of name, home address, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, when RHS determines such referral is appropriate to encourage the borrower to refinance their RHS indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 147 1).

9. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations and under the authority contained in 31 U.S.C. 3720A.

10. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by RHS in order to collect debt under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.

11. Referral of names, home addresses, and financial information to lending institutions when RHS determines the individual may be financially capable of qualifying for credit with or without a guarantee.

12. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as RHS for the purpose of the collection of the debt by RHS or the other lender. These loans can be under the direct and guaranteed loan programs.

13. Referral to private attorneys under contract with either RHS or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with RHS.

14. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof-, or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee-, or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

15. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development as a record of location utilized by Federal agencies for an automatic credit prescreening system.

16. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, state wage information collection agencies, and other Federal, state, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.

17. Referral of names, home addresses, social security numbers, and financial information to financial consultants, advisors, or underwriters, when RHS determines such referral is appropriate for developing packaging and marketing strategies involving the sale of RHS loan assets.

EMPLOYMENT VERIFICATION

TO: (Name & address of employer) Date: _____

_____

_____

_____

RE: _____ _____ _____
Applicant/Tenant Name | Social Security Number | Unit # (if assigned)

I hereby authorize release of my employment information.

_____ _____
Signature of Applicant/Tenant | Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Margaret Owens/LCAA

_____
Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

Margaret Owens/LIFTCAA
410 N. "L" Street
Hugo, Ok 74743
Fax: 580-326-2842

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title _____

Presently Employed: Yes ____ Date Employed _____ No ____ Last Day of Employment _____

Current Wages/Salary: $_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other_____

Average # of regular hours per week: _____ **GROSS** Year-to-date earnings: $_____ from___/___/___ thru ___/___/___.

Overtime Rate: $_____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: $_____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: $_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other_____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

_____ _____ _____
Employer's Signature | Employer's Printed Name | Date

_____
Employer [Company] Name and Address

_____ _____ _____
Phone # | Fax # | E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate)

Household Name:_____ Unit No. _____

Development Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
   a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
   b. Income from operation of a business;
   c. Rental income from real or personal property;
   d. Interest or dividends from assets;
   e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
   f. Unemployment or disability payments;
   g. Public assistance payments;
   h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
   i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
   j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

3. Please explain the source of funds you will be using to make your rent payments: _____

_____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____	_____	_____
Signature of Applicant/Tenant	Printed Name of Applicant/Tenant	Date

NON-EMPLOYED APPLICANT'S AFFIDAVIT

A separate form must be completed by each non-employed adult member of the household

Applicant Name: _____ **Date:** _____

Telephone #:_____ **Unit:** _____

Check (A), (B) or (C) as applicable.

_____(A) • I am not presently employed in any capacity and **do not** anticipate becoming employed within the next 12 months.

_____(B) • I am not presently employed in any capacity, but anticipate becoming employed within the next 12 months, however, I do not yet have a job offer.

_____(C) • I certify that I am not presently employed in any capacity, but anticipate becoming employed within the next 12 months, **and** I have accepted a position with _____ which will begin on _____.
(Employer) (Date)

I will be earning $_____ per_____.

In support of this, I have submitted:
[ ] Offer Letter/Conditional Employment Offer
[ ] Fully Completed Verification of Employment (VOE)
[ ] Other supporting documentation (describe) _____

Unemployment Benefits *(Check only one)*

[ ] I am currently receiving unemployment benefits.
[ ] I am NOT currently receiving and **do not anticipate** receiving unemployment benefits.
[ ] I am NOT currently receiving but **do anticipate** receiving unemployment benefits.

(Provide supporting documentation if receiving unemployment benefits)

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease agreement, subjecting me to immediate eviction.

Under penalty of perjury, I certify the above representations to be true as of the date shown below.

_____ _____
Applicant/Resident Signature Date

_____ _____
Owner/Manager Representative Signature Date

EQUAL HOUSING OPPORTUNITY

Chappell Duplexes
108 & 110 N. Chappell Drive
Valliant, Ok 74764
PH# 580-326-5654
FAX# 580-326-2842

INFORMATION RELEASE AUTHORIZATION

TO WHOM IT MAY CONCERN: I, _____

AUTHORIZE THE RELEASE OF INFORMATION PERTAINING TO MY PLACE OF RESIDENCE, EMPLOYMENT, UTILITIES, (gas, water, electric) OR INCOME STATUS AND HISTORY TO ANY INTERESTED PARTY.

SIGNATURE: _____
DATE: _____

CHILD SUPPORT / ALIMONY VERIFICATION

Unit #_____

CHILD SUPPORT:

YES or NO 1. Is there a court order or legal agreement for child support?
(if yes, a copy must be provided)

NOTE: If the resident/applicant is divorced or legally separated, obtain a copy of the legal document. If the resident/applicant states that child support is not being received although court ordered, it is necessary that you verify through a third party source (District Attorney's office, Lawyer, Child Support Enforcement Unit) that the child support is not being received and that all legal attempts have been made to collect amounts due, otherwise the amount must be included as income.

I, _____, do hereby swear and affirm that:
I am **DIVORCED / LEGALLY SEPARATED / SEPARATED/ NEVER MARRIED *(circle one)*** and that, **I DO NOT RECEIVE / DO RECEIVE *(circle one)*** $_____per month child support for the support of my children whose names are:

_____ _____

_____ _____

ALIMONY:

I, _____, do hereby swear and affirm that:
I DO NOT RECEIVE / DO RECEIVE *(circle one)* $_____per month in

Alimony payments from: _____

I understand that all statements concerning previous marriages, alimony and child support must be verified to properly process my/our application and determine eligibility. I have no objection to inquiry being made for the purpose of verification.

_____ _____
Signature of Applicant/Resident Date

_____
Printed Name of Applicant/Resident

WARNING: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States at to any matter within its jurisdiction

Chappell Duplexes

108 & 110 N. Chappell Drive
Valliant, Ok 74764
580-326-5654
580-326-2842 fax
www.liftca.org

I authorize and direct the Oklahoma Department of Human Services, Child Support division to release child support payment information to the above named entity as a part of my application for assistance under the USDA/RD, Section 8-HAP, and/or IRS Section 42 programs. I understand and agree this authorization or the information obtained with its use may be given to and used only for this purpose.

I agree that a copy or image of this authorization may be used for the purposed stated above. The original of the authorization will be kept on file and will stay in effect for a year and one month from the date signed. I have a right to review and correct any information that I can prove is incorrect regarding the child support payment information.

_____	_____	_____
Print Name	Signature	Date