



MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. VII

909 Delaware - P. O. Box 748 - McComb, Mississippi 39649

Phone: 601-684-0561 ~ FAX: (601) 684-6422

TTY: 1-800-582-2233

Lucious Cameron ~ Executive Director - Alice Bishop ~ Asst. Executive Director



IT IS VERY IMPORTANT TO READ THIS ENTIRE LETTER!

Dear Interested Applicant:

PLEASE TAKE YOU TIME AND FILL IN ALL THE NEEDED AREAS AND SIGN ALL FORMS. The Mississippi Regional Housing Authority No. VII has apartments in Fayette, Roxie, Gloster, Osyka, and Monticello, MS.

Enclosed you will find forms which must be completed and returned before your name will go on the waiting list. Please make sure you check one apartment complex you want to be considered for found on the first attached page.

1. **PREFERENCE FORM** - READ THIS SECTION OF THE APPLICATION CAREFULLY BECAUSE IF YOU FIT ONE OF THE CATEGORIES LISTED ON THE APPLICATION YOU MAY QUALIFY FOR A PREFERENCE AND SPECIAL CONSIDERATION MAY BE GIVEN TO YOUR APPLICATION.
2. **PERSONAL DECLARATION** - This is side two of the first page to be completed answering ALL the questions on the back and filling in **ALL** information concerning the people who will live with you. Make sure you complete this form in ink and sign and date it.
3. **AUTHORIZATION & PRIVACY ACT** - This form must be signed on the back by you and each person who will live with you who is 18 or older.

IMPORTANT: YOU MUST SEND IN COPIES OF YOUR SOCIAL SECURITY CARD & BIRTH CERTIFICATE AND COPIES OF THE CARDS & BIRTH CERTIFICATES OF EACH PERSON WHO WILL LIVE WITH YOU. IF YOU ARE MARRIED YOU MUST SEND IN A COPY OF YOUR MARRIAGE LICENSE. IF YOU FAIL TO SEND THESE ITEMS, YOUR APPLICATION WILL REMAIN ON HOLD UNTIL YOU SEND THEM IN.

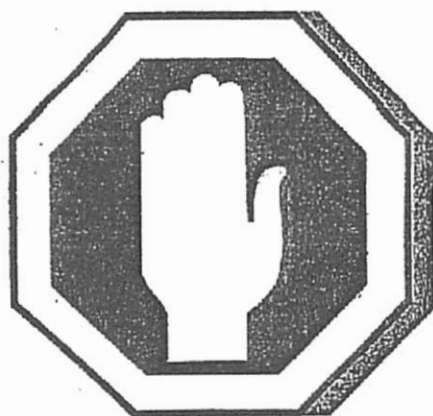
PLEASE NOTE ALL OUR TENANTS ARE CHOSEN BY COMPUTER SELECTION BASED ON LOCAL PREFERENCE, INCOME, AND DATE OF APPLICATION. YOU WILL ONLY BE CONTACTED WHEN AN APARTMENT APPROPRIATE FOR THEIR FAMILY SIZE BECOMES VACANT. AFTER YOU RETURN ALL THE ENCLOSED FORMS AND ITEMS REQUESTED, YOU WILL BE NOTIFIED BY LETTER OF YOUR POSITION ON THE WAITING LIST. PLEASE NOTE FAILURE TO RETURN A COMPLETED APPLICATION WILL RESULT IN YOUR APPLICATION BEING PLACED ON HOLD AND YOU WILL NOT BE NOTIFIED WHEN A VACANCY OCCURS.

THANK YOU FOR YOUR INTEREST IN THE MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. VII.

Thank you,

MRHA7 STAFF

P.S. NO POSTAGE DUE LETTERS ACCEPTED.



STOP & READ!

Before completing this application you must understand that incomplete applications will not be considered for housing. Answer all questions and return your application with copies of you and your family members' birth certificates and social security cards. Also we must have a copy of the driver's license or picture ID of any family member 18 and older. You must have a source of income to be considered for housing. If you have questions about any part of the application please call our office for help 601-684-0561.



Mississippi Regional Housing Authority No. VII
Low Income Housing Apartments
909 Delaware Ave. ~ P.O. Box 748
McComb, MS 39648
Phone: 601-684-0561 ~ Fax: 601-684-6422
TTY: 1-800-582-2233

APPLICANT'S NAME: _____

ADDRESS WHERE YOU PRESENTLY LIVE: _____

CURRENT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY IN WHICH YOU NOW LIVE: _____

PHONE NUMBERS: _____

The Mississippi Regional Housing Authority No. VII has apartments in Fayette, Roxie, Gloster, Osyka and Monticello, Mississippi. Enclosed you will find with this application, additional forms which must be completed and returned with this application before you name will go on our waiting list. The last page of this application packet must be notarized on the very last back page. Please make sure you mark below ONE apartment complex for which you would like to be considered.

1. PLEASE MARK ONLY ONE APARTMENT COMPLEX YOU WOULD LIKE TO BE CONSIDERED FOR:
- ☐ Fayette Apartments

☐ Roxie Apartments

☐ Osyka Apartments
- ☐ Gloster Apartments

☐ Monticello Apartments

2. LOCALPREFERENCES – Mark any of the following items that describe your housing situation now.

☐ NATURAL DISASTER – The dwelling unit where I lived was destroyed in a fire, in a hurricane or tornado or some form a natural disaster in the last 6 months. **(You must send in a copy of the fire report or natural disaster report with your application.)** 50 Points

☐ ELDERLY/DISABLED – If you, as head of household, are elderly, (62 or older) or disabled according to the Social Security Administration (receiving SSD or SSI), you may qualify for a Local Preference. **(You must send copies of your birth certificate verifying the date of birth and proof the Social Security Administrations disability determination.)** 50 Points

☐ WORKING FAMILY – If you as head of household have been employed working a minimum of 25 hours per week at minimum wages for at least 6 months prior to applying and remain employed you may qualify for a working family preference. 25 Points

☐ NONPREFERENCE – I have read the above local preferences and find that none of these match my present living situation; therefore, I understand that I do not qualify for a local preference and my application will receive standard consideration. 0 Points

IMPORTANT: You must send in copies of **your social security card** and **your birth certificate** and the **birth certificates** and **social security cards of all the persons who will be living with you**. If you are married, you must send a copy of your marriage license. If you fail to send any of these items, your application will not go on the waiting list until you do so. Note, all our residents are chosen by computer selection based on application date, local preference and income. After you return all the enclosed completed forms and items requested, you will be notified by letter of your position on the waiting list. **Please note all information submitted with your application becomes the property of Mississippi Regional Housing Authority No. VII and cannot be returned.**

I have read the above information concerning my application for housing assistance. I certify that the information I have given this application both on front and back is true to the best of my knowledge. Furthermore, I acknowledge that all addresses and family composition changes will be made IN WRITING to this office immediately as a condition to keeping my place on the waiting list.

Head of Household Signature: _____ Date: _____

Other Adult or Spouse Signature: _____ Date: _____

DO NOT WRITE OR MARK BELOW THIS LINE FOR!!! FOR HOUSING USE ONLY!!

DATE & TIME APPLICATION RECEIVED: _____

PREFERENCE TYPE:

- ☐ INVOLUNTARY DISPLACED

☐ NATURAL DISASTER

☐ ELDERLY/DISABLED

☐ WORKING FAMILY
- ☐ NONPERFORMANCE

TOTAL POINTS: _____

REVIEWED BY: _____

This form must be completed in **your own** handwriting. You must use the correct legal name for each member of your household as it appears on each individual's Social Security Card. **PLEASE ATTACH A COPY OF ALL SOCIAL SECURITY CARDS, BIRTH CERTIFICATES OF EACH INDIVIDUAL AND PHOTO ID'S EACH ADULT INDIVIDUAL.**

HOUSEHOLD COMPOSITION: List all persons who will be living with you in the apartment, listing the head of household first.



ADULTS (Legal Name) (Including Middle Initials)	Date of Birth	Relationship To Head of Household	Social Security Number	City and State of Birth	Indicate Marital Status Married (M) Widowed (W) Separated (S) Divorced (D)
1.					
2.					
3.					
4.					
CHILDREN (Legal Name) (Including Middle Initials)	Date of Birth	Relationship To Head of Household	Social Security Number	City and State of Birth	Absent Parent's Name & Address
1.					
2.					
3.					
4.					
5.					
6.					

Do you or any household member have the need of a handicapped accessible housing unit? YES or NO
If so, list the type of accommodations needed: _____

To your knowledge, have any household members age 6 and under tested positive for Lead Poisoning? YES or NO

LIST ALL INCOME BELOW

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone who will live in your household including money from wages, self-employment, unemployment, child support, cash contributions, Social Security Disability Payments benefit letters, Supplemental Security Income (SSI) benefit letters, workman’s compensation benefit letters, retirement benefit letters, Veterans benefit letters, pension benefit letters, TANF, rental property income, stock dividends, income from bank accounts, alimony, help from family or any other source.

HOUSEHOLD MEMBER NAME	EMPLOYER NAME & ADDRESS	TOTAL MONTHLY WAGES	TANF	MONTHLY CHILD SUPPORT	SOCIAL SECURITY OR SSI BENEFITS	UNEMPLOYMENT OR WORKER'S COMPENSATION BENEFITS	ALL OTHER INCOME
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

ANSWER ALL THE FOLLOWING QUESTIONS

1.

Does anyone outside your household pay for any of your bills or give you money?
If yes, explain here. _____

YES or NO
2.

Have you or any other adult members ever used any name (s) or Social Security number (s) other than the one currently being used?
If yes, explain here. _____

YES or NO
3.

Have you or any household member lived in government-assisted housing?
Name of Housing Authority: _____ When: _____

YES or NO
4.

Have you or any household member committed fraud or been requested to repay money for knowingly misrepresenting information in a Federally Assisted Housing Program?
Name of Housing Authority: _____ When: _____

YES or NO
5.

Have you or any person listed on your application ever been arrested or convicted of a crime?
If yes, explain here. _____

YES or NO
6.

Do you or any person listed on your application own land or real estate property?
If yes, explain giving location and value of property. _____

YES or NO

I have read and completed the information above concerning my application for housing assistance. I certify that the information I have given is true and correct to the best of my knowledge.

_____ Signature of Head of Household	_____ Social Security Number	_____ Date
_____ Signature of Other Adult (s) or Spouse	_____ Social Security Number	_____ Date

WARNING! TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES, THAT A PERSON — KNOWINGLY AND WILLINGLY MAKES FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATION; FALSIFIES, CONCEALS, OR COVERS UP ANY TRICK, SCHEME, OR DEVICE; OR MAKES OR USES ANY FALSE WRITING DOCUMENT — TO ANY DEPARTMENT OR AGENCY OF THE GOVERNMENT OF THE UNITED STATES SHALL BE FINED AND IMPRISONED.

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)

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

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.



MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. VII

909 Delaware - P. O. Box 748 - McComb, Mississippi 39649

Phone: 601-684-0561 ~ FAX: (601) 684-6422

TTY: 1-800-582-2233

LUCIOUS CAMERON ~ Executive Director



APPLICANT/TENANT CERTIFICATION

APPLICANT(S)/TENANT(S) STATEMENT

I/We certify that the information given to the **MS Regional Housing Authority No. VII** Housing Agency 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 false statements or Information are punishable under Federal law. I/We also understand that false statements or Information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Other Adult

Date

Other Adult

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590.

(Within the Washington D. C. Metropolitan Area, call 426-3500.)

*After verification by this Housing Agency, the Information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more Information about Its use.



MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. VII

909 Delaware - P. O. Box 748 - McComb, Mississippi 39649

Phone: 601-684-0561 ~ FAX: (601) 684-6422

TTY: 1-800-582-2233

LUCIOUS CAMERON ~ Executive Director



TENANT/APPLICANT
Mailing Address Information

Tenant Name: _____ **Id Number:** _____

Mailing Address: _____

FILL IN ALL INFORMATION WHICH APPLIES TO YOUR HOUSEHOLD

Employer's Name & Mailing Addresses

(4 - 6 Copies of Check Stubs)

_____	_____
_____	_____
_____	_____

Bank's Name & Mailing Addresses

_____	_____
_____	_____
_____	_____

Child Care Provider's Name & Mailing Addresses

_____	_____
_____	_____
_____	_____

Doctor's & Pharmacists Name & Mailing Addresses

(Fill-In Only if the Head of Household is 62 years old or older or disabled)

_____	_____
_____	_____
_____	_____

Name & Mailing Addresses for People Who Give You Monthly Cash Gifts

_____	_____
_____	_____
_____	_____



Mississippi Regional Housing Authority No. VII
Low Income Housing Apartments
909 Delaware Ave. ~ P.O. Box 748
McComb, MS 39648
Phone: 601-684-0561 ~ Fax: 601-684-6422
TTY: 1-800-582-2233

DATE: _____

I do hereby authorize Law Enforcement Agencies to release any complaint, criminal, felony, misdemeanor or traffic records which may be retained by the Mississippi Regional Housing Authority No. VII, Public Housing/Low Rent Office, McComb, MS.

PRINT NAME: _____

SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

RACE: _____ GENDER: _____

YOU **MUST** LIST **ALL** THE STATES WHERE YOU HAVE LIVED: _____

ARE YOU, OR ANY MEMBER OF YOUR HOUSEHOLD, SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT IN ANY STATE? **YES or NO (You must circle one.)**

IF 'YES', LIST ALL STATES: _____

APPLICANT DO NOT WRITE BELOW LINE
FOR OFFICE USE ONLY

Arrest/conviction record found within the last year?: YES: _____ NO: _____

Drug Related arrest/conviction found within the last three (3) years?: YES: _____ NO: _____

Registered Sex Offender YES: _____ NO: _____

Remarks: _____
Signature: _____ Date: _____
Title/Position: _____



MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. VII

909 Delaware - P. O. Box 748 - McComb, Mississippi 39649

Phone: 601-684-0561 ~ FAX: (601) 684-6422

TTY: 1-800-582-2233

LUCIOUS CAMERON ~ Executive Director



IN CASE OF EMERGENCY CONTACT INFORMATION

Applicant Name: _____

Name of Nearest Relative (Not Living With You): _____

Address: _____

Phone Number: _____

Below List at Least 3 People to Notify In Case of Emerengency

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

3. Name: _____ Phone Number: _____

Mississippi Regional Housing Authority No. VII

Detail Resident Income/Expense Report

Answer All Questions

COMPUTER # _____

1. Mark all sources of income received by anyone living in your household:

- ☐ Wages \$ _____ per month
Who Receives: _____
- ☐ TANF Benefits \$ _____ per month
Who Receives: _____
- ☐ Child Support \$ _____ per month
Who Receives: _____
- ☐ Food Stamps \$ _____ per month
Who Receives: _____
- ☐ SSI Benefits \$ _____ per month
Who Receives: _____
- ☐ Social Security Benefits \$ _____
Who Receives: _____
- ☐ Veteran's Benefits \$ _____
Who Receives: _____

- ☐ Unemployment Income \$ _____
per week Who Receives: _____
- ☐ Interest Income \$ _____ per month
Who Receives: _____
- ☐ Cash Gifts \$ _____ per month
Who Receives: _____
- ☐ Student Financial Aid \$ _____
Who Receives: _____
- ☐ Charitable Organizations \$ _____
per month Who Receives: _____
- ☐ Pension or Retirement \$ _____ per
month Who Receives: _____
- ☐ Other Income _____
\$ _____ per month
Who Receives: _____

2. Do you receive money from anyone who does not live with you? (YES or NO)
3. Give the average monthly amount, name and mailing address of the people or person or agency which helps you pay your bills or gives you cash contributions:

Name & address of person giving you Money

\$ _____ per month From Who: _____
Their Mailing Address: _____

\$ _____ per month From Who: _____
Their Mailing Address: _____

4. List & mark the expenses your household has below giving yearly or monthly amounts.
(Note: you must send copies of three of your most recent bills you mark below.)

- ☐ Household Supplies (Cleaning etc.)
\$ _____ (yearly or monthly)
- ☐ Food (You Pay Cash for not food stamps)
\$ _____ (yearly or monthly)
- ☐ Children's Clothes
\$ _____ (yearly or monthly)
- ☐ Medical Expenses
\$ _____ (yearly or monthly)
- ☐ Travel Expenses to Doctor
\$ _____ (yearly or monthly)
- ☐ Electrical Bill
\$ _____ (yearly or monthly)
- ☐ Cable or Satellite
\$ _____ (yearly or monthly)
- ☐ Other _____

- ☐ Phone Bill
\$ _____ (yearly or monthly)
- ☐ Furniture Rental Fee
\$ _____ (yearly or monthly)
- ☐ Day Care While you Work
\$ _____ (yearly or monthly)
- ☐ Day Care While you Look For Work
\$ _____ (yearly or monthly)
- ☐ Auto Upkeep & Car Loans
\$ _____ (yearly or monthly)
- ☐ Cash Value of Life or Burial
Insurance \$ _____
- ☐ Medical Insurance Payments
\$ _____ (yearly or monthly)

Turn over for page 2

5. Mark all of the following, which applies, to your household & give the mailing address of the bank. If you do not have any of the following please mark this box ☐:

☐ Checking Account

☐ Savings Account

☐ Pension or CD's

Present

Present

Present

Balance \$ _____

Balance \$ _____

Balance \$ _____

Bank or Financial Institution's Mailing Address:

6. If you attend college and receive financial assistance, give the amount, name and mailing address of the financial aid office of the college or school where you attend:

\$ _____/semester _____

7. If you have to pay for day care for your child or children while you attend college or work give the amount, name and mailing address of the day care provider:

\$ _____/week _____

8. If you have to pay for day care for your child or children while you look for work, give the name and mailing address of the day care provider:

\$ _____/week _____

I _____ have read and fully understand the questions
(Print Name Above)

above and have answered these questions truthfully as signified by my signature before a notary below. I further certify that this is a sworn statement of my income and expenses.

Please give your mailing address: _____

Phone Number: _____

NOTE: Do not sign this form until you are in front of a Notary Public who will witness your signature and notarize this form. Also any false or untrue information placed on this form can lead to lease termination. Failure to cooperate in completing this form will lead to lease termination.

Signature of Head of Household

Notary Seal

Signature of Spouse or Other Adult on Lease

This _____ day of _____, 20 ____

Notary Signature: _____

My commission expires: _____

NOTICE: Any person who obtains or attempts to obtain or who establishes or attempts to establish, eligibility for, and any person who knowingly or intentionally aids or abets such person in obtaining or attempting to obtain, or in establishing or attempting to establish eligibility for any public housing or a reduction in public housing rental charges or any rent subsidy to which such person would not otherwise be entitled, by means of false statement, failure to disclose information, impersonation, or other fraudulent scheme or device, is subject to prosecution under section 43-33-16, Mississippi Code of 1972.