

ALL FORMS



BILOXI HOUSING AUTHORITY

Waiting List:

- Section VIII
- Public Housing
- Section VIII and Public Housing

Applicant Name: _____**Household Size:** _____ **Dependents:** _____ **Minors:** _____**Mailing Address:** _____**City:** _____ **State:** _____ **Zip Code:** _____**Current Telephone:** _____ **Alternative Number:** _____

List all individuals who will live at the residence in the chart below:

Last Name	First Name	M.I.	Social Security Number	Date of Birth	Sex	Race	Ethnicity (Hispanic or Non-Hispanic)

Preferences:Involuntary Displacement Working Head or Spouse Victim of Domestic Violence Disabled Head or Spouse **Total Annual Household Income:** _____

For Office Use Only**Date Applied:** _____ **Time:** _____



BILOXI HOUSING AUTHORITY
Application for Housing Assistance

Public Housing

Section VIII

PLEASE PRINT IN INK ONLY

Applicant Full Name: _____

Mailing Address (City, State and Zip Code): _____

Current Telephone: _____ **Alternative Telephone:** _____

Household Composition: List the Head of Household (HOH) and all other members who will be living in the assisted housing:

Relation	Last Name	First Name + M/I	Race	Sex (M/F)	Age	Social Security Number	Birthday (mm/dd/yr)	Disability (Y/N)

Income Source (s) -- Example: Wages, Social Security Benefits, Retirement, Pension, TANF, Child Support, etc.

1. Type of Income: _____ \$: _____ Weekly Monthly

Name of member who receives income: _____

2. Type of Income: _____ \$: _____ Weekly Monthly

Name of member who receives income: _____

3. Type of Income: _____ \$: _____ Weekly Monthly

Name of member who receives income: _____

4. Type of Income: _____ \$: _____ Weekly Monthly

Name of member who receives income: _____

Local Preferences (Documented Proof is required by the Housing Authority):

True False **Involuntarily Displaced Due to Disaster (200)** – I have been displaced as a result of a disaster, such as fire, flood, hurricane, tornado, etc. and my housing unit is uninhabitable and I am not living in standard, permanent replacement housing at this time.

True False **Working Family (100)** – I and/or my spouse other adult in the household is gainfully employed or have a bona fid offer of employment or enrolled and/or graduated from an upward mobility or job training program.

True False **Elderly or Disabled Family (100)** – I and/or my spouse or sole member of the household is age 62 or older, or is receiving Social Security disability income, disability benefits, SSI or other payments based on the individual's inability to work.

True False **Domestic Violence (100)** – I am a victim of domestic violence and have documentation to support this claim and will provide documentation upon request.

For Office Use Only:

The above applicant:

Qualifies for a Local Preference of _____ points.

Does not qualify for a Local Preference and requests that the housing authority keep the application.

WARNING!! Title 18, Section 1001 of the United States Code, states that a person is guilty of a Felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States or The Department of Housing and Urban Development (HUD).

Work History: Please list work history for all adult household members for the last two jobs. Please start with the most recent job.

Family Member	From -- To	Employers Name	Type of Work

Emergency Contacts/References (Friends or Relatives):

Name	Address	Phone	Relationship

Assets: Please answer the following questions:

Yes No Do you or any member of your household own or have interest in any Real Estate? Boat? Mobile Home?

Yes No Have you sold any Real Estate in the past two years?

Yes No Do you own any Stocks or Bonds?

Yes No Do you have a Checking or Savings Account?
If so, name of Bank and Account Number:

Yes No Do you own a car?
If so, what is the Model/Year and Tag Number? _____

Yes No Do you or any member of your household require special living accommodations?
If yes, please explain:

Yes No Does anyone outside of your household pay for any of your bills or other expenses?
If yes, please indicate:
Name of Provider: _____
Contribution Amount: \$ _____ Weekly Monthly

Yes No Have you ever lived in subsidized housing?
If the answer is Yes, were you Evicted? Please explain:

Yes No Do you owe any money to your former Landlord or another Public Housing Authority?
If you do please explain and list how much.

Yes No Have you or anyone in your household been convicted of any crime other than traffic
violations? If Yes, please explain.

Yes No Have you ever used any name(s) other than the one you currently use?
If Yes, please explain.

I hereby certify that the information I have provided in this application is true and accurate. I understand that willfully providing false information will result in my application being cancelled or denied, or in the case of existing subsidizing housing assistance, this may be cancelled. I accept the responsibility to keep the BHA informed of my current address and update any changes in my contact information. I further understand that failure to do so may result in my application being cancelled.

Signature of Head of Household

Date

For Office Use Only:

Date of Application: _____

Time of Application Submission: _____

Signature of BHA Representative



BILOXI HOUSING AUTHORITY
P. O. BOX 447 BILOXI, MISSISSIPPI 39533
(228) 374-7771 (TDD Accessible) FAX (228) 436-6585
www.biloxihousing.org
"Making a Difference"

**OCCUPANCY PROVISIONS OF THE HOUSING OPPORTUNITY PROGRAM EXTENSION ACT OF 1996
NOTICE PIH 96-27 & NOTICE 96-16**

ONE STRIKE AND YOU'RE OUT POLICY

The Biloxi Housing Authority "One Strike and You're Out" or "No Tolerance" policy concerning the illegal use or possession of a controlled substance (drugs) or alcohol which adversely effects the health, safety, or the right to the peaceful enjoyment of the premises by the other residents.

A) Ineligibility if Evicted for Drug-Related Activity

Drug related criminal activity is the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, or use a controlled substance.

Persons evicted from public housing Indian housing, Section 23, 94 any Section 8 program because of drug-related criminal activity are ineligible for admission to public housing for a three-year period beginning on the date of such eviction.

The Executive Director can waive this requirement if:

- The person demonstrates successful completion of a rehabilitation program approved by the Housing Authority; or
- The circumstances leading to the eviction no longer exist. For example, the individual involved in drugs is no longer in the household because the person is incarcerated.

B) Screening Out Illegal Drug Users, Alcohol Abusers, and All Other Criminal Activity

This Policy prohibits this Housing Authority from the admission of any person who it determines is or has illegally manufactured, sold, distributed, used or possessed any detectable amount of a controlled substance in the past three years.

This Policy also prohibits this Housing Authority from admitting any person to public housing in cases where there is reasonable cause to believe that the person abuses alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents or employees.

This Policy prohibits this Housing Authority from admitting any person to public housing in cases where it has been determined that there is reasonable cause to believe that the person's pattern of illegal use of a controlled substance or pattern of abuse of alcohol, or any other criminal activity (including: crimes of violence-murder, battery assault, crimes against property-burglary, larceny, robbery; crimes that impose financial cost-vandalism, arson; crimes that involve disturbing the peace) may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents or employees.

This Public Housing Authority will conduct comprehensive background checks that include screening for all criminal activity. Screening procedures include, but are not limited to:

1. Checking credit or payment histories;

2. Landlord references;
3. Checks with probation officers, parole officers and social service providers;
4. Home visits;
5. Where warranted and consistent with legal standards, reviewing Police and court records.

Screening may be conducted on all appropriate members of the applicant's family.

The Housing Authority may waive this policy if the person demonstrates to the Housing Authorities satisfaction that the person is no longer engaging in illegal use of a controlled substance or abuse of alcohol and:

- Has successfully completed a supervised drug or alcohol rehabilitation program;
- Has otherwise been rehabilitated successfully; or
- Is participating in a supervised drug or alcohol rehab program

C) Terminating Assistance to Illegal Drug Users, Alcohol Abusers and Those Participating in Criminal Activity

This Housing Authority will terminate the tenancy of any person who this Housing Authority determines has or is illegally manufacturing, selling, distributing, using, or possessing any detectable amounts of a controlled substance.

This Housing Authority will terminate the tenancy of any person who this Housing Authority determines that the person's abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents or employees.

The Housing Authority will terminate tenancy of any person that the Housing Authority has determined that there is reasonable cause to believe that the person is involved in other criminal activity (including but not limited to: crimes of violence- murder, battery assault; crimes against property- burglary, larceny, robbery; crimes that impose a financial cost- vandalism, arson; crimes that involve disturbing the peace) that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents or employees.

This Housing Authority also reserves the right to enter the Residents dwelling prior to notice to the Resident, if Management reasonably believes that an emergency exists which requires entrance. An emergency under this provision may include but not limited to: the presence of drugs or illegal firearms or devices and/or materials that may present a danger to the health or safety of other residents, gunfire, heightened gang activity, concealment of a fugitive from the law, or to verify other suspected lease violations.

All criminal activity is cause for eviction even in the absence of conviction or arrest. Federal Law preempts State laws that require conviction in this case.

Signature of Head of Household

Date

Signature of Spouse or other Adult

Date



BILOXI HOUSING AUTHORITY
Section 8 Briefing Certification
Housing Choice Voucher

I certify that I have been briefed on the following items and given all associated forms, manuals and handbooks.

1. Housing Choice Voucher -- Form HUD 52646
 - A. The Section 8 Program and How it Works
 - B. Family and Owner Responsibilities
 - C. Where the family may lease a unit (Jurisdiction and Non-Impacted Areas)
 - D. The Term of the Voucher
 - E. How to Request an Extension
 - F. Housing Assistance Payment (HAP) and How it is Determined
 - G. Fair Market Rents/Payment Standards for Vouchers
 - H. Maximum Rent and How it is Determined
 - I. Housing Quality Standards (HQS) Booklet -- "A Good Place to Live"
 - J. Portability -- What is That? An Explanation
 - K. Biloxi Housing Authority Section 8 Landlord Listing
 - L. Handicapped Accessible Units in our Area
 - M. Housing Authorities in our Area -- Who and How to Contact
 - N. Biloxi Housing Authority -- Who -- How and Why to Contact
2. Request for Tenancy Approval
3. Housing Choice Voucher Program Tenancy Addendum to the Lease

4. Lead Base Paint Information
5. Fair Housing Booklet – Housing Discrimination Complaint – HUD Form 903
6. Tenant and Owner Fraud and Related Manuals/Flyers
7. The Biloxi Housing Authority’s “One Strike and You’re Out” Policy
8. Informal and Formal Hearing Procedures/How to Request a Hearing
9. Family Self Sufficiency (FSS) Program

My signature on this Briefing Certificate acknowledges that I am responsible to:

- Notify the Biloxi Housing Authority of all changes in my family’s income or composition within 10 days;
- Keep all tenant- paid utilities in service at all times;
- Report needed repairs to the Owner/Landlord immediately;
- Pay for any tenant-inflicted damages or rental assistance overpaid on my behalf due to fraud/neglect;
- Not let unauthorized person(s) live in my unit that have not been approved by the Housing Authority;
- Not engage in drug-related or violent criminal activity, and that this includes all family members;
- Comply with all rules and regulations associated with the Section 8 Program.

I understand that violation of any of the rules, regulations and responsibilities that I have been briefed on at this Briefing Session, are grounds for termination of my Section 8 rental assistance. I further understand that my eligibility for assistance in the future could be lost as a result of any violation. I have read this document or it has been read to me in its entirety and I fully understand its content.

Section 8 Program Participants Signature: _____ Date

Section 8 Program Representative: _____ Date

Request for Tenancy Approval Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
(exp. 4/30/2014)

Public reporting burden for this collection of information is estimated to average .08 hours 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, apartment number, city, State & zip code)		
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection

9. Type of House/Apartment

Single Family Detached
 Semi-Detached / Row House
 Manufactured Home
 Garden / Walkup
 Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy

Section 202
 Section 221(d)(3)(BMR)
 Section 236 (Insured or noninsured)
 Section 515 Rural Development

Home
 Tax Credit

Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____

11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

12. Owner's Certifications.

a. The program regulation requires the PHA to certify that the rent charged the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.**

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

_____ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

_____ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

_____ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. **The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.**

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)



BILOXI HOUSING AUTHORITY

P. O. BOX 447 BILOXI, MISSISSIPPI 39533
(228) 374-7771 (TDD Accessible) FAX (228) 436-6585

www.biloxihousing.org

"Making a Difference"

LEAD BASE PAINT ADDENDUM TO DWELLING LEASE AGREEMENT

Lead Base Paint Warning: Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women.

Before renting pre-1978 constructed housing, Lessors must disclose the presence of lead based paint and/or lead based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

LEAD PAINT: OWNER'S CERTIFICATION

The undersigned hereby certifies that the property located at (give full address of unit)

Street Address _____ City _____ State _____ Zip Code _____

Check all that apply

<input type="checkbox"/>	All applicable surfaces were treated as required for abatement of Lead-Based Paint
<input type="checkbox"/>	Unit is free of any Lead-Based Paint
<input type="checkbox"/>	Lessee has received the federally approved pamphlet on Lead-Based Paint
<input type="checkbox"/>	This unit was constructed after the year 1978 and contains no Lead-based Paint

Owner's Name: _____

Signature: _____ Date: _____

LEAD PAINT: LESSEES CERTIFICATION

Lessees Name: _____

I have received the federally approved pamphlet on Lead-based Paint at my Section 8 Housing Choice Voucher Briefing and I am fully aware of the hazards of lead poisoning and methods of prevention.

Lessees Signature: _____ Date: _____

**BILOXI HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM
HOUSING SEARCH RECORD**

NAME: _____ TELEPHONE: _____

DATE VOUCHER ISSUED: _____ EXPIRATION DATE: _____ DATE REQUESTING EXTENSION: _____

Instructions: Your voucher is valid for _____ days from the date it is issued. You may request an extension for an additional 60 days. You must make the request for the extension before your voucher expires. An extension will be granted if you can provide us with a minimum of five contacts you have made. You must complete the information below and turn this form in with your request for an extension.

Date Contact Made	Method of Contact (Telephone or Personal)	Street Address of Unit	BR Size	Asking Rent	Owner	Telephone	Reason Not Accepted
Signature:						Date:	