



MISSISSIPPI REGIONAL  
HOUSING AUTHORITY IV

[www.mrh4.com](http://www.mrh4.com)

Dear Applicant:

This letter is an acknowledgement of your request for a Public Housing application. We are providing you with a **Preliminary Application**. The purpose of the pre-application is to permit the Housing Authority to preliminarily assess your eligibility or ineligibility and to determine placement on the waiting list.

Completed applications may be returned to the Housing Authority by mail or submitted in person during normal business hours. **Your date and time of application will be the date we receive the pre-application.**

You will be notified by mail to come into our office to make your formal application and determine if you are eligible for the program by verifying information you have given about your family composition, family income, past references and preference status. You will be required to provide certain documentation at that time (*ex. social security cards, birth certificates, picture id, documentation of income and preference status*).

**LOWNDES COUNTY APPLICANTS DO NOT NEED TO DO A PRE-APPLICATION.  
FORMAL APPLICATIONS ARE TAKEN AT THE YORKVILLE OFFICE LOCATED AT  
677 YORKVILLE ROAD EAST, COLUMBUS, MS ON ANY WEDNESDAY OR THURSDAY  
FROM 9:00 A.M. TO 2:00 P.M.**

**You are required to inform the Housing Authority in writing within ten (10) business days of changes in family composition, income, and address, as well as any changes in preference status.**

You are also required to respond to requests from the Housing Authority to update information on your application, or to determine your continued interest in assistance.

Failure to provide information or to respond to mailings will result in your application being removed from the waiting list.

Thank you, Public Housing Department



## MISSISSIPPI REGIONAL HOUSING AUTHORITY IV



## PRE-APPLICATION FOR PUBLIC HOUSING

For PHA Use Only: Date: \_\_\_\_\_ Time: \_\_\_\_\_ BR: \_\_\_\_\_ APP #: \_\_\_\_\_

**Please check the county(ies) you wish to apply for; Circle your first choice if more than one checked:**

Columbus/Crawford (Lowndes-Yorkville, Applewood, Stringer Manor, Robinson Courts) – must apply at the Yorkville Office, 677 Yorkville Road East, Columbus, MS on Wednesdays or Thursdays from 9 am – 2 pm)

Ackerman (Choctaw-Millwood)  Eupora (Webster-Westwood)  
 Starkville (Oktibbeha-Conner Heights)  Louisville (Winston-Red Hills)  
 Maben (Oktibbeha-Scattered Sites)  Grenada (Grenada-Oakwood Hills)

**Please print using blue or black ink:****Family Composition:** List members names and information who will be living in your household

	Name	Relation	Birth date	Age	Sex	Soc. Sec. #
1		HEAD				
2						
3						
4						
5						

List additional family member on a separate sheet of paper

Your Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Race (circle): White, Black, American Indian, Asian, Hawaiian/Pacific Islander, MixedMarital Status: Single, Married, Widowed, Separated, DivorcedFamily Status: Family, Elderly/Disabled Ethnicity: Hispanic or Latino, Not Hispanic or LatinoDo you require a unit with handicap accessible features?  Yes  NoAre you a U.S. citizen by birth, naturalized or a national?  Yes  NoAre you or anyone in your household subject to a sex offender registration requirement under a State/National Sex offender registration program?  Yes  No

<u>Income:</u> Family Member's Name	Source of Income (Employer, SS/SSI, Child Support, Tanf, Unemployment)	Amount Monthly
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

List additional family income on a separate sheet of paper

**Your Rental History for the last 7 years (do not include living with family members):**

1. Landlord Name: \_\_\_\_\_

2. Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Address of Unit: \_\_\_\_\_

Address of Unit: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

List additional rental history on a separate sheet of paper

I have no objections to inquiries being made for the purpose of verifying the statements made above. I/We certify the information given above to the Mississippi Regional Housing Authority IV is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are reasons for denial.

Signature(Head) \_\_\_\_\_Signature(Other Adult) \_\_\_\_\_Date \_\_\_\_\_(For PHA Use Only) Previous claims with any PHA?  Yes  No  Checked mdoc/nsopw.gov.?  Yes  NoCertification: The family has been found to be:  Pre-Eligible  Ineligible  Inactive

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Rev. 09/2021)

**MISSISSIPPI REGIONAL HOUSING AUTHORITY IV**  
**PRE-APPLICATION FOR PUBLIC HOUSING Pg. 2**

**LOCAL PREFERENCES**

**1. Involuntarily Displaced:**

(a) I have (within the last 6 months) been displaced as a result of a disaster such as a fire, flood, hurricane, tornado, etc. located within the Housing Authority's area of operation and my housing unit is uninhabitable and I am not living in standard permanent replacement housing.   Yes   No (provide fire report, Red Cross letter, etc.)

(b) I have (within the last 6 months) been displaced as a result of a disaster located within a federally declared disaster area and my housing unit is uninhabitable and I am not living in standard permanent replacement housing.   Yes   No (provide proof of residency, Red Cross letter, etc.)

**Certification:**

We do hereby certify that, as indicated above, we are  are not  applying for a local preference. We understand that prior to receiving the preference we will be required to furnish documented proof, as requested by the Housing Authority.

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Signature(Head)

Signature(Other Adult)

Date

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**(For PHA Use Only)**

The applicant does (    ) does not (    ) have a preference.

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Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_

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**P.O. BOX 1051 COLUMBUS, MS 39703-1051 / PHONE (662) 327-4121 / FAX (662) 327-4344**  
**HEARING AND SPEECH IMPAIRED (662) 327-8114**

(Rev 09/2021)

**MISSISSIPPI REGIONAL HOUSING AUTHORITY IV**  
**P.O. BOX 1051**  
**COLUMBUS, MS 39703-1051**  
**PHONE (662) 327-4121 / FAX (662) 327-4344**  
**HEARING AND SPEECH IMPAIRED (662) 327-8114**

**Authorization for Release of Information**

**CONSENT:**

I authorize and direct any Federal, State, or local agencies, organization, business or individual to release to the Mississippi Regional Housing Authority IV any information regarding my application for participation, and/or to maintain my continued assistance under the Section 8 Rental Assistance, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization and the information obtained with its use will be given to and used by the Mississippi Regional Housing Authority IV in administering and enforcing program rules and policies.

**INFORMATION COVERED**

**Date**

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

Identity and Martial Status  
Employment, Income and Assets  
Medical or Child Care Allowances  
Credit Reports, Landlord References  
Criminal Activity (which may include a NCIC search and drug related activities)

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

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

Previous Landlords (Including  
Other PHAs)  
Courts and Post Offices  
Schools and Colleges  
Law Enforcement Agencies  
Medical and Child Care Providers  
Retirement Systems  
Utility Companies  
EIV (UIV) System

Past and Present Employers  
Department of Human Services  
State Unemployment Agencies  
Social Security Administration  
Support and Alimony Providers  
Veterans Administrations  
Banks and other Financial Institutions  
Credit Providers and Credit Bureaus  
Pharmacies

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office. I understand I have a right to review my file and correct any information that I can document as incorrect.

Name (Signature)	DOB	SS#

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)**

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

**PHA or IHA requesting release of information** (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing  
Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.