



## The Tohono O'odham Ki:Ki Association Will Be Accepting Applications for all TOKA Housing Programs.

All Applications that meet the basic eligibility criteria will be placed on the waiting list.

### **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

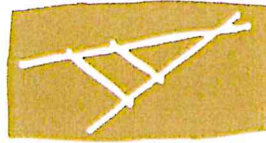
A COMPLETE APPLICATION has the following documentation-

- ◆ Head of Household Must be 18 years old on date the application is submitted.
- ◆ Submit Picture ID for adult(s) listed on the application. (Driver's License, State ID)
- ◆ Submit Tribal enrollment verification for individual(s) listed on application
- ◆ Submit Social Security cards for individual(s) listed on application
- ◆ Submit Birth Certificates for individual(s) listed on application-
- ◆ Submit Household Income Verification- Benefit letter for TANF, SSI, SSA-Retirement, Survivors, GA Unemployment, Child Support, and/or Current Check Stub for employment for entire household-
- ◆ Signed Tribal authorization form for all adults listed on application-
- ◆ Signed State & Federal authorization form for all adults listed on application-
- ◆ Signed HUD Release of Information form- all adults listed on application.
- ◆ Any other documents Required to complete your application, i.e., marriage certificates, divorce decrees, custody documentation, child support, death certificates.

### FY 2025 INCOME LIMITS UNDER NAHASDA ACT OF 1996

HHS	1	2	3	4	5	6	7	8
80 %	58,352	66,688	75,024	83,360	90,029	96,698	103,366	110,035
100%	72,940	83,360	93,780	104,200	112,536	120,872	129,208	137,544

Revised 6/01/2025



**TRAVOIS**<sup>™</sup>  
Asset Management

**TOKA Homes I, II, III, IV, & V**  
**2025 LIHTC Income & Rent Limits**

Pima County Median Income % of AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
40%	26,920	30,760	34,600	38,440	41,520	44,600	47,680	50,760
50%	33,650	38,450	43,250	48,050	51,900	55,750	59,600	63,450
60%	40,380	46,140	51,900	57,660	62,280	66,900	71,520	76,140

Pima County Rent Limits					
AMI	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom
40%	\$721	\$865	\$999	\$1,115	\$1,230
50%	\$901	\$1,081	\$1,249	\$1,393	\$1,538
60%	\$1,081	\$1,297	\$1,499	\$1,672	\$1,845

Based on 2025 MTSP Limits

Effective 04/01/2025

TOKA I - PIS 05/27/15, TOKA II - PIS 12/13/16, TOKA III - PIS 03/21/19, TOKA IV - PIS 03/30/21  
TOKA V - PIS 12/05/23



# TOHONO O'ODHAM KI:KI ASSOCIATION

P.O. Box 790 Sells, Arizona 85634

## APPLICATION FOR HOUSING ASSISTANCE

PROGRAM PLEASE CHECK THE BOX FOR THE PROGRAM THAT YOU ARE APPLYING FOR

<b>Emergency Assistance:</b> _____ <b>Must Provide Written Statement Of Reason/Emergency</b>	
Low Rent: <input type="checkbox"/> Sells <input type="checkbox"/> Pisinemo <input type="checkbox"/> Elderly	Market Rate Rental: _____ Roof Repair : _____
Tax Credit (LIHTC): _____ San Xavier <input type="checkbox"/> Sells <input type="checkbox"/> Hanem Ke:K <input type="checkbox"/> Kawulk <input type="checkbox"/> Topawa <input type="checkbox"/> Pisinemo	
<b>Homebuyers</b> <input type="checkbox"/> <b>Native American Housing Assistance and Self-Determination Act (NAHASDA)</b>	
<b>Programs:</b> <input type="checkbox"/> <b>Unrestricted Income Program (U.I.P.)</b>	
Location: Village / Community: _____ Bedroom Size: _____	
_____ Subdivison. _____ Own Lot (Submit Copies of Land Documents)	

### HEAD OF HOUSEHOLD

### USE LEGAL NAMES ONLY

Last Name	First Name	Middle Initial	Sex	Social Security Number
Do you use any other Social Security Number or Name(s)?		Enrollment Number	Date of Birth (MM/DD/YY)	
SSN: _____ Name(s): _____				
Marital Status – Check One				
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Current Living Address	Apt #	City / State	Zip	Phone – (10 digits)
				( )
Mailing Address (If different than above)	Apt #	City / State	Zip	Message Phone (10 digits)
				( )
Race – Check One		Ethnicity	Other – Check All That Apply	
<input type="checkbox"/> White <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Elderly – 62 or older <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran	
Email Address: _____				

### HOUSEHOLD COMPOSITION

### LIST ONLY THOSE MEMBERS WHO WILL BE LIVING WITH YOU

Last Name	First Name	M. I.	Relationship	Sex	Social Security Number
Date of Birth (MM/DD/YY)	Place of Birth (City, State, Country)	Monthly Income	Source of Income	Student Status	
		\$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Race – Check All that Apply		Ethnicity	Tribe	Disability	Veteran
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Tohono O'odham Other _____	<input type="checkbox"/> Disabled	<input type="checkbox"/> Veteran
Last Name	First Name	M. I.	Relationship	Sex	Social Security Number
Date of Birth (MM/DD/YY)	Place of Birth (City, State, Country)	Monthly Income	Source of Income	Student Status	
		\$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	



Race – Check All that Apply ___ White ___ Black ___ American Indian/Native Alaskan ___ Asian/Pacific Islander		Ethnicity ___ Hispanic ___ Non-Hispanic		Tribe ___ Tohono O'Odham Other _____		Disability ___ Disabled		Veteran ___ Veteran	
Last Name		First Name		M. I.	Relationship	Sex	Social Security Number		
Date of Birth (MM/DD/YY)	Place of Birth (City, State, Country)		Monthly Income \$	Source of Income		Student Status ___ Full-Time ___ Part-Time			
Race – Check All that Apply ___ White ___ Black ___ American Indian/Native Alaskan ___ Asian/Pacific Islander		Ethnicity ___ Hispanic ___ Non-Hispanic		Tribe ___ Tohono O'Odham Other _____		Disability ___ Disabled		Veteran ___ Veteran	
Last Name		First Name		M. I.	Relationship	Sex	Social Security Number		
Date of Birth (MM/DD/YY)	Place of Birth (City, State, Country)		Monthly Income \$	Source of Income		Student Status ___ Full-Time ___ Part-Time			
Race – Check All that Apply ___ White ___ Black ___ American Indian/Native Alaskan ___ Asian/Pacific Islander		Ethnicity ___ Hispanic ___ Non-Hispanic		Tribe ___ Tohono O'Odham Other _____		Disability ___ Disabled		Veteran ___ Veteran	
Last Name		First Name		M. I.	Relationship	Sex	Social Security Number		
Date of Birth (MM/DD/YY)	Place of Birth (City, State, Country)		Monthly Income \$	Source of Income		Student Status ___ Full-Time ___ Part-Time			
Race – Check All that Apply ___ White ___ Black ___ American Indian/Native Alaskan ___ Asian/Pacific Islander		Ethnicity ___ Hispanic ___ Non-Hispanic		Tribe ___ Tohono O'Odham Other _____		Disability ___ Disabled		Veteran ___ Veteran	
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Last Name		First Name		M. I.	Relationship	Sex	Social Security Number		
Date of Birth (MM/DD/YY)	Place of Birth (City, State, Country)		Monthly Income \$	Source of Income		Student Status ___ Full-Time ___ Part-Time			
Race – Check All that Apply ___ White ___ Black ___ American Indian/Native Alaskan ___ Asian/Pacific Islander		Ethnicity ___ Hispanic ___ Non-Hispanic		Tribe ___ Tohono O'Odham Other _____		Disability ___ Disabled		Veteran ___ Veteran	
Last Name		First Name		M. I.	Relationship	Sex	Social Security Number		
Date of Birth (MM/DD/YY)	Place of Birth (City, State, Country)		Monthly Income \$	Source of Income		Student Status ___ Full-Time ___ Part-Time			
Race – Check All that Apply ___ White ___ Black ___ American Indian/Native Alaskan ___ Asian/Pacific Islander		Ethnicity ___ Hispanic ___ Non-Hispanic		Tribe ___ Tohono O'Odham Other _____		Disability ___ Disabled		Veteran ___ Veteran	
Last Name		First Name		M. I.	Relationship	Sex	Social Security Number		
Date of Birth (MM/DD/YY)	Place of Birth (City, State, Country)		Monthly Income \$	Source of Income		Student Status ___ Full-Time ___ Part-Time			

#### NEXT OF KIN / EMERGENCY AND OTHER CONTACT INFORMATION

Next of Kin Name	Relationship	Address	Phone – (10 digits) (   )
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## DECLARATION OF INCOME

Federal regulations require families applying for or receiving federal housing assistance to report all sources of income currently being received or will be received BY ALL MEMBERS OF THE HOUSEHOLD. Please check either Yes or No below.

Yes	No	Type of Income	Monthly \$ Amount	Verification Obtained For TOKA Use Only
		General Assistance		
		Temporary Assistance to Needy Families (TANF)		
		Food Stamps		
		Social Security Benefits (SS or SSD)		
		Supplemental Security Income (SSI)		
		Day Labor or Odd Jobs		
		Unemployment Benefits		
		Worker's Compensation Benefits		
		Veteran's Administration Benefits		
		Private Retirement or Pensions		
		Child Support		
		Military Pay and Allowances		
		Death Benefits		
		Insurance Settlements (Life Insurance, etc.)		
		College Grants		
		College Work Study		
		Income from Business or Property		
		Lump Sum Receipts (inheritances, lottery, etc.)		
		Personal Property held as investment		
		Other Income		
		Employment (Name & Address of Employer _____)		
		Does anyone outside your household pay for any bills or give you money?		

## ASSET INFORMATION

List all banking accounts (including IRA's, Keogh and Certificates of Deposit) of all household members, including any amounts disposed of during the past two years

Bank/Credit Union Name & Address	Account Number	Type of Account	Current Balance	Verification Obtained For TOKA Use Only
			\$	
			\$	

List the value of all stocks, bonds, pensions or other assets

Investment Agency Name & Address	Account Number	Type of Account	Current Balance	Verification Obtained For TOKA Use Only
			\$	



Do you own a home or other real estate?	Yes      No	
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### CERTIFICATION OF ASSET DIVESTITURE

I/We hereby certify that during the two year (24 month) period preceding the effective date of my certification or re-certification of eligibility for program participation, I/We have disposed of more than \$1,000.00 in assets for less than fair market value.

Asset Disposed Of	Value of the Asset	Amount Received	Verification Obtained For TOKA Use Only

### EXPENSES

#### DAY CARE

Yes	No	Do you pay for childcare that enables you or another family member to work or go to school? If yes, please provide name and address of child care provider
Name and Address of Child Care Provider		Monthly Amount Paid Out of Pocket
		Verification Obtained For TOKA Use Only

#### ELDERLY/DISABLED FAMILIES ONLY

Yes	No	Medical Expenses	Verification Obtained For TOKA Use Only
		Do you have Medicare/Medicaid or other kinds of medical insurance? If yes, what is the monthly premium that you pay \$ _____	
		Do you pay for any medical bills? If yes, please provide name and address of medical providers (Doctors / Pharmacies / Dentists, etc.)	
Name and Address of Medical Provider		Monthly Amount Paid Out of Pocket	Verification Obtained For TOKA Use Only

**PRIOR PARTICIPATION/BACKGROUND INFORMATION**

Have you ever participated in any assisted housing program?		Yes      No	<b>Verification Obtained For TOKA Use Only</b>
Program	Where (City)	Dates: From / To	
Program	Where (City)	Dates: From / To	
Do you owe any money to TOKA?		Yes      No	
Do you or any other adult members of your household have a criminal record?		Yes      No	
If yes, please give details			

**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 is 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 TOKA, 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.

**APPLICANT/PARTICIPANT CERTIFICATION****GIVING TRUE AND COMPLETE INFORMATION**

I/We certify that all the information provided on household composition, income assets and expenses are accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct

**REPORTING CHANGES IN HOUSEHOLD COMPOSITION OR INCOME**

I/We know that I am required to report immediately in writing, any change in income and any change in household composition. I understand that I may not move anyone into or out of my unit without prior written authorization of the TOKA.

**REPORTING ON PRIOR HOUSING ASSISTANCE**

I/We certify that I have disclosed where I received any previous federal housing assistance and whether or not any money is owed to that entity. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.



**DUPLICATE ASSISTANCE**

I/We certify that the house or apartment will be my principal residence and that I will not obtain duplicate federal housing assistance while I am in this current program. I will not live anywhere else without notifying the TOKA immediately in writing.

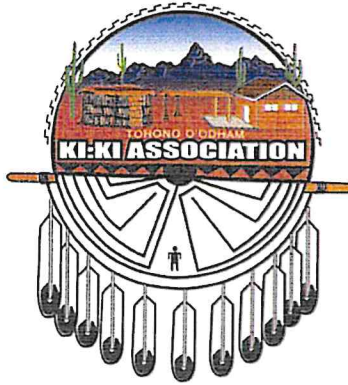
**COOPERATION**

I/We understand that I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand that failure or refusal to do so will result in denial of eligibility.

**TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IS ACCURATE AND COMPLETE ON FAMILY COMPOSITION, INCOME, ASSETS AND EXPENSES.**

Signature – Head of Household	Printed Name	Date
Signature – Spouse	Printed Name	Date
Signature – Other Adult	Printed Name	Date
Signature – Other Adult	Printed Name	Date
Signature – Other Adult	Printed Name	Date
Signature – Other Adult	Printed Name	Date
Signature – Other Adult	Printed Name	Date
Signature – Other Adult	Printed Name	Date

**\*\*Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than 5 years, or both.



**TOHONO O'ODHAM KI:KI ASSOCIATION  
BACKGROUND INVESTIGATION AUTHORIZATION FORM**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Last Name, First Name, Middle Name)

Maiden and/or Former Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Have you utilized and/or lived at this address for more than five (5) years? ☐ YES ☐ NO  
(If No, please provide your previous address)

Previous Address (1): \_\_\_\_\_ Address (2): \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver and/or Identification Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_

**NOTICE:** This form provides your written authorization for the Tohono O'odham Ki:Ki Association to conduct a Background Investigation utilizing the information provided above. A Background Investigation may include, but not be limited to the release of the following information: 1) Pending Criminal Matters and/or Criminal Convictions and/or Discharge of Sentence within the past (5) years from any City, County, State, Tribal or Federal Jurisdiction; 2) Outstanding Fines due to a Court (City, County, State, Tribal, and/or Federal); 3) Any pending, outstanding or active Civil Judgments currently pending or discharged within the past five (5) years; and 4) Any active sex offender or requirement to register as a sex offender as a high-risk person or lifetime registration requirement.

\_\_\_\_\_  
Signature of Person Named Above

\_\_\_\_\_  
TOKA Staff Signature & Title



**TOHONO O'ODHAM KI:KI ASSOCIATION  
BACKGROUND INVESTIGATION AUTHORIZATION FORM**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Last Name, First Name, Middle Name)

Maiden and/or Former Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Have you utilized and/or lived at this address for more than five (5) years? ☐ YES ☐ NO  
(If No, please provide your previous address)

Previous Address (1): \_\_\_\_\_ Address (2): \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver and/or Identification Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Person Named Above

\_\_\_\_\_  
TOKA Staff Signature & Title

<p style="text-align: center;"><b>Background Release Form</b> <b>Disclosure and Authorization</b></p>
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In connection with my application for employment (including contract for service) with \_\_\_\_\_ ("the Company"), I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for employment-related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that if the Company hires me, it may request a consumer report or an investigative consumer report about me for employment-related purposes during the course of my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and that the nature of such an investigation will be my continuing suitability for employment, or whether I possess the minimum qualifications necessary for promotion or transfer to another position. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

I understand that I am being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681u. If I am applying for employment in the State of California or if I am a resident of California at the time of applying for employment, a summary of the provisions of California Civil Code section 1786.22 is also being provided to me with this form. If I am applying for employment in the State of New York or if I am a resident of New York at the time of applying for employment, in compliance with Section 380-c of the New York General Business law, I am being provided with a copy of NY Correction Law Article 23-a. This Disclosure and Authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information. I hereby consent to your obtaining the above information from Accurate Background, Inc. (and/or any of their licensed agents) located at 6 Orchard, Suite 200, Lake Forest, CA 92630, (800) 784-3911. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

Print Name \_\_\_\_\_

Other Names Known By \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Prospective Employer \_\_\_\_\_

California, Oklahoma or Minnesota Applicants:

I would like to receive a copy of any report obtained on me by "the Company".

☐ Yes

☐ No

<b>Background Release Form Disclosure and Authorization</b>
---

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Other Names Known By \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Prospective Employer \_\_\_\_\_

California, Oklahoma or Minnesota Applicants:

I would like to receive a copy of any report obtained on me by "the Company".

☐ Yes

☐ No

## 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.

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)

TOHONO O'ODHAM KI:KI ASSOCIATION  
P. O. Box 790  
Sells, Arizona 85634

**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.

