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. Pre-applications will not require interviews. Information on the application will not be verified until you have been selected for final eligibility determination. Final eligibility will be determined when the full application process is completed and all information is verified. You are not actually eligible for a unit offer until the final determination has been made, even though you may have been preliminarily determined eligible and may have been listed on the waiting list.

In order to qualify for Public Housing, you must first be (1) 21 years of age or older, (2) 18 years of age and married, or (3) have had your minority disability removed by the proper chancellor under Miss. Code 1972 93-19-1 et seq (1994 rev).

If you choose more than one county waiting list please indicate your first choice. If you are offered a unit in a county you have indicated and refuse with no good cause your application will go to the bottom of the waiting list in all counties. Duplicate applications, including applications from a segment of an applicant household, will not be accepted. 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 along with all required documentation.

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 and past references. 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).

Local Preferences claimed on the pre-application or while you are on the waiting list will be verified upon receipt of the preliminary application and prior to placement on the waiting list. The qualification for preference must exist at the time the preference is verified regardless of the length of time an applicant has been on the waiting list because the preference is based on current status.

You are required to inform the Housing Authority in writing within 10 calendar 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
Pre-Application for Public Housing

Please circle the county(ies) you wish to apply for and indicate your first choice:

For Official Use:

Date _________
Time _________
Application # ________
Bedroom Size ________

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Director of Special Programs at 662-327-4121 ext. 8031 at the housing authority.

In accordance with the Violence Against Women Act (VAWA) of 2013, the Mississippi Regional Housing Authority IV shall not deny admission to the project to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, sexual assault or stalking if the applicant otherwise qualifies for assistance or admission. The information provided by the Applicant about the violence will be kept confidential unless needed in an eviction proceeding, applicant gives written permission or required by applicable law.

This form must be filled out completely using blue or black ink:

Family Composition: List members names and information who will be living in your household

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<tr>
<th>Name</th>
<th>Relation</th>
<th>Birth date</th>
<th>Age</th>
<th>Sex</th>
<th>Soc. Sec. #</th>
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</table>

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, Mixed

*Marital Status: Single, Married, Widowed, Separated, Divorced

*Family Status: Family, Elderly/Disabled

*Are you a U.S. citizen by birth, naturalized or a national? □ Yes □ No

Income:

*Do you or any family member in your household work? □ Yes □ No

If yes, list name of family member(s), name and address of employer, hire date, gross monthly income.

*Do you or any family member receive TANF, Child Support or Food Stamps? □ Yes □ No

If yes, list name of family member(s), source and monthly amount.

*Do you or any family member receive Social Security/SSI, VA, Unemployment? □ Yes □ No

If yes, list name of family member(s), source and monthly amount.

*Do you or any family member receive other income not listed above? □ Yes □ No

If yes, list name of family member(s), source of income and monthly amount.

*Do you or any family member own or have disposed of any assets? □ Yes □ No

Value $____________ Describe ________________________________

____________________________________________________________________________
Past Rental History for the last 7 years:

1. Landlord Name: ___________________
   Address: ___________________________
   City, State Zip:_____________________
   Phone: _____________________________
   Address of Unit:_____________________
   From ______________ To ______________

2. Landlord Name: _______________________
   Address: ______________________________
   City, State Zip:__________________________
   Phone: ________________________________
   Address of Unit:_____________________
   From ______________ To ________________

List additional rental history on a separate sheet of paper

Person To Contact In Case of Emergency:
Name: _______________________________________  Relation: ______________
Address: ______________________________________ Phone: ______________

Records:
*Have you or anyone in your household ever been arrested or convicted of a Felony, Crime of Physical Violence, or a Drug-Related Crime? □ Yes □ No
*Are you or anyone in your household subject to a sex offender registration requirement under a State/National Sex offender registration program? □ Yes □ No
*Have you or anyone in your household ever committed any fraud in a federally assisted housing program or been requested to repay money? □ Yes □ No
*Have you or anyone in your household ever been evicted or had your assistance terminated from any federally assisted housing program or been evicted from a private landlord? □ Yes □ No
*Do you currently owe a private landlord or a utility company (Electric, Gas, or Water)? □ Yes □ No

I have no objections to inquiries being made for the purpose of verifying the statements made above. I/We certify the information given to the Mississippi Regional Housing Authority IV on household composition, income, assets, and rental/criminal history 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)  ______________________________  Date

______________________________
Signature(Other Adult)  ______________________________  Date

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
   (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 in uninhabitable and I am not living in standard permanent replacement housing. □ Yes □ No

2. Working Preference:
   (a) I am currently employed (head, spouse or co-head) and my hire date was at least 6 months previous and I am working at least 20 hours per week or make the equivalent of 20 hours at the current minimum wage. □ Yes □ No
   (b) I am the head, spouse or sole member and am a person whose age is 62 or older, or am a person with disabilities. □ Yes □ No

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.

______________________________
Signature(Head)  ______________________________  Date

______________________________
Signature(Other Adult)  ______________________________  Date

(PHA Use Only) Previous claims with any PHA? □ Yes □ No; Checked mdoc/nsopw.gov.? □ Yes □ No
The applicant is (___) is not (___) pre-eligible; does (___) does not (___) have a preference.

Reviewed By: _________________________________ Date __________________________ (11/2014)
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 Past and Present Employers
Other PHAs) Department of Human Services
Courts and Post Offices State Unemployment Agencies
Schools and Colleges Social Security Administration
Law Enforcement Agencies Support and Alimony Providers
Medical and Child Care Providers Veterans Administrations
Retirement Systems Banks and other Financial Institutions
Utility Companies Credit Providers and Credit Bureaus
EIV (UIV) System 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#

Name (Signature) DOB SS#

Name (Signature) DOB SS#

Name (Signature) DOB SS#