

APPLICANT SCREENING CONSENT FORM

The Housing Authority of the City of Frostburg performs a thorough screening process on all applicants and participants in the public housing program. This screening process is conducted by both our staff and a professional screening company in accordance with the Fair Credit Reporting Act and the Fair Housing Act. The screening process utilizes records and reports gathered from banks and financial Institutions, credit bureaus, law enforcement agencies, state and federal courts, government agencies, past/present landlords, Registered Sex Offender Registries, subsidized housing agencies, or other entities to confirm the accuracy of representations made on housing documents or undisclosed information.

I understand and acknowledge that my failure to fully and truthfully answer questions on housing related documents, disclose any requested information, or falsifying answers, may constitute grounds for denial or rejection of my application or continued participation for rental assistance benefits. I further understand and acknowledge that making false statements in either an attempt to or actually obtain rental assistances benefits is a FELONY under federal law, which may result in CRIMINAL PROSECUTION.

Through my signature below, I hereby consent to and authorize the Housing Authority of the City of Frostburg to perform the screening process and to obtain the information needed for the purpose of verifying my eligibility for admission and continued participation in the public housing program. I hereby release the Housing Authority of the City of Frostburg from any claim or liability arising from such reports and representations, or its use in the rental assistance program selection process. I agree that photocopies of this authorization may be used for the purposes stated. ***YOUR SIGNATURE IS REQUIRED TO COMPLETE YOUR CONSENT FORM***

Applicant Printed Name (Last, First, M.I.): _____

SS#: ____ - ____ - ____ **Signature:** _____

Other household members 18+ listed on application:

Printed Name (Last, First, M.I.): _____

SS#: ____ - ____ - ____ **Signature:** _____

Printed Name (Last, First, M.I.): _____

SS#: ____ - ____ - ____ **Signature:** _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)