

**The Housing Authority  
of the  
County of Kings**

670 South Irwin Street  
Hanford, California 93230  
(559) 582-3120

P. O. Box 355  
680 North Douty Street  
Hanford, California 93232-0355  
(559) 582-2806

700 - 6 1/2 Avenue  
Corcoran, California 93212  
(559) 992-2957

**ATTENTION APPLICANTS:**

**CRIMINAL RECORD CHECK**

**A CRIMINAL RECORDS CHECK BY LOCAL LAW ENFORCEMENT AGENCIES IS REQUIRED FOR ALL ADULT APPLICANTS.**

Please complete a separate Request for Housing Authority Applicant/Employee Criminal Records Check for each adult member of the household. In addition, applicants may be asked to submit fingerprints, which will be forwarded to the FBI for processing.

The existence of a criminal record is not an automatic bar to housing. However, the Housing Authority will not rent to an applicant with a recent history of violent crime, drug-related criminal activity, or crimes such as burglary or arson unless there are mitigating factors.

On March 28, 1996, President Clinton announced a "One Strike and You're Out" Policy which encouraged stricter applicant screening. Goals of the Policy include freeing public housing residents from threats to their safety, as well as building safer, drug-free communities.

Your criminal history information is confidential and the records will be destroyed thirty (30) days from the time a housing decision is made.

**HOUSING AUTHORITY OF THE COUNTY OF KINGS**



APPLICATION FOR: Corcoran Station Apartments 55 or older

**THE HOUSING AUTHORITY  
OF THE  
COUNTY OF KINGS**

670 South Irwin Street  
Hanford, California 93230  
(559) 582-3120

P. O. Box 355  
680 North Douty Street  
Hanford, California 93232-0355

700 - 6 1/2 Avenue  
Corcoran, California 93212  
(559) 992-2957

**PERSONAL DECLARATION**

This form must be completed IN YOUR OWN HANDWRITING. You must use the correct legal name for each member of your Household as it appears on the Social Security card. All adult members of the Household must sign below certifying the information pertaining to them. PLEASE PRINT.

**I. HOUSEHOLD COMPOSITION:** List all persons who will be living in your home, listing Head of Household first.

ADULTS (Legal Name)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE IF MARRIED (M), WIDOWED (W) SEPARATED (S), DIVORCED (D)
1				YEAR
2				YEAR
3				YEAR
4				YEAR

PRESENT ADDRESS: \_\_\_\_\_  
Street Address Apt. No, if applicable City Zip Code

TELEPHONE NUMBER: ( ) \_\_\_\_\_ CURRENT RENT AMOUNT \$ \_\_\_\_\_  
APPROXIMATE COST OF UTILITIES PER MONTH \$ \_\_\_\_\_

IS THE HEAD OR SPOUSE ELDERLY (62 years of age or older) OR DISABLED? ( ) YES ( ) NO  
IF YES, SPECIFY FAMILY MEMBER AND IF EITHER ELDERLY OR DISABLED OR BOTH. \_\_\_\_\_  
IF NO TO ABOVE QUESTION, IS HEAD OR SPOUSE AT LEAST 55 YEARS OF AGE? ( ) YES ( ) NO  
IS ANY HOUSEHOLD MEMBER A VETERAN? ( ) YES ( ) NO  
ARE YOU REQUESTING HANDICAP/DISABILITY UNIT ACCOMMODATIONS? ( ) YES ( ) NO

**II. TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wage, self-employment, child support, contributions, Social Security, disability payments, Workers' Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all others.

LIST AMOUNTS RECEIVED BELOW:

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	TANF	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT	ALL OTHER INCOME
1							
2							
3							
4							

The following information is strictly used for statistical purposes only. Please check the one that applies to the **HEAD OF HOUSEHOLD**.

White                       Black                       Alaskan Native/American Indian                       Hispanic  
 Asian/Pacific Islander                       Other, Please specify \_\_\_\_\_

**III. ASSETS:** If yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home?  Have you sold any real estate in the last two years?  Do you own any stocks or bonds?  Do you have savings accounts?  If yes, give bank, account numbers, and amounts. Do you own a car?  Model/Year: \_\_\_\_\_ Tag No.: \_\_\_\_\_ Do you own a second car?  Model/Year: \_\_\_\_\_ Tag No.: \_\_\_\_\_

1. Does anyone outside of your household pay any of your bills or give you money? Yes/No  If yes, explain below.
2. Have you or any other adult members ever used any name(s) or Social Security Number(s) other than the one you are currently using? Yes/No  If yes, explain below.
3. Have you or any member lived in any assisted housing? Yes/No  If yes, list where and when below.
4. Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes/No  If yes, explain below.
5. Have you or anyone in your household ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes/No  If yes, explain below.

**IV. ADDRESS CHANGES:**

**EACH TIME** you move or have a new mailing address, you must **COME INTO THE HOUSING AUTHORITY OFFICE** with a picture I.D. and Social Security card. You are required to fill out an address change form, which will be attached to your application.

**IF YOU FAIL TO REPORT AN ADDRESS CHANGE** and correspondence we send to you is not received or is returned to us, your name will be withdrawn from the waiting list and you will need to reapply to be placed back on the waiting list.

---

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any household member, as well as any changes in the members of the household, and all address changes must be reported immediately to the Housing Authority IN WRITING.

I DECLARE UNDER PENALTY OF PERJURY THE FOREGOING IS TRUE AND CORRECT.

---

SIGNATURE OF HEAD OF HOUSEHOLD                      DATE                      SIGNATURE OF SPOUSE                      DATE

---

SIGNATURE OF OTHER ADULT                      DATE                      SIGNATURE OF OTHER ADULT                      DATE

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

# Kings County Management and Development Corporation

Corcoran Station Apartments

821 Whitley Avenue  
Corcoran, CA 93212  
(559) 992-8062

## AUTHORIZATION for Release of Information

### CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the **Kings County Management and Development Corporation** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or the Department of Housing and Community Development (HCD) in administering and enforcing program rules and policies.

I also consent for HUD, HCD or the PHA to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

### INFORMATION COVERED

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 the following:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

### 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 the following:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks/Other Financial institutions
Schools and Colleges	Social Security Administration	Credit Providers/Credit Bureaus
Law Enforcement Agencies	Utility Companies	
Support and Alimony Providers		

### COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD, HCD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD, HCD or the PHA may in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

### 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 with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

---

### SIGNATURES

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

**NOTE:** THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.