



# RENTAL HOUSING TENANT APPLICATION FORM



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

Date: \_\_\_\_\_

**Household Information:** Complete the following information for each household member that will occupy the unit at time of move-in:

### DL Or Photo ID INFORMATION FOR ALL ADULTS 18 AND OVER

DL/Photo ID#: \_\_\_\_\_ DL/ID State: \_\_\_\_\_

DL/Photo ID #: \_\_\_\_\_ DL/ID State: \_\_\_\_\_

Name (Last, First, MI)	Relationship to the Head of Household	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

**Current Physical Address:** \_\_\_\_\_  
**Mailing address if different:** \_\_\_\_\_  
**Primary Phone:** (\_\_\_\_) \_\_\_\_\_ **Alternate Phone:** (\_\_\_\_) \_\_\_\_\_

Would you or anyone in your household benefit from a special needs unit?  
(Mobility, vision, or hearing impairment)  Yes  No

Will you or anyone in your household require a live-in care attendant?  Yes  No

Name of Live-In Care Attendant: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

**Housing References / Information**

List housing references for the past 10 years for each person over 18. **(No relative or someone you are staying with, may be used as a reference)**. Also, if you have not been in the same household for the past 10 years you must give separate references. (You may use the back of this page if necessary).

**REFERENCE INFORMATION**

<b>Current Landlord's Address</b>		<b>Your current address</b>
<b>Name</b>		
<b>Address</b>		
<b>Home Phone</b>		
<b>Did you rent?</b>	<b>Or own?</b>	
<b>Dates:</b>	<b>From</b>	<b>To</b>
<b>Previous Landlord's Address</b>		<b>Your Previous address</b>
<b>Name</b>		
<b>Address</b>		
<b>Home Phone</b>		
<b>Did you rent?</b>	<b>Or own?</b>	
<b>Dates:</b>	<b>From</b>	<b>To</b>
<b>Previous Landlord's Address</b>		<b>Your Previous address</b>
<b>Name</b>		
<b>Address</b>		
<b>Home Phone</b>		
<b>Did you rent?</b>	<b>Or own?</b>	
<b>Dates:</b>	<b>From</b>	<b>To</b>
<b>Previous Landlord's Address</b>		<b>Your Previous address</b>
<b>Name</b>		
<b>Address</b>		
<b>Home Phone</b>		
<b>Did you rent?</b>	<b>Or own?</b>	
<b>Dates:</b>	<b>From</b>	<b>To</b>
<b>PERSONAL REFERENCE: Relationship to you?</b>		
<b>Name</b>		
<b>Address</b>		
<b>Phone number</b>		
<b>PERSONAL REFERENCE: Relationship to you?</b>		
<b>Name</b>		
<b>Address</b>		
<b>Phone number</b>		
<b>PERSONAL REFERENCE: Relationship to you?</b>		
<b>Name</b>		
<b>Address</b>		
<b>Phone number</b>		

**Household Information (continued)**

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?  Yes  No

If YES, explain \_\_\_\_\_

Please explain custody arrangements of any children in the household: \_\_\_\_\_

2. Gender: **List All Family members who will reside in the household.**



Member	Male	Female	Decline to Disclose

3. Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single  
 \_\_\_\_\_ Decline to Disclose

4. Do you expect the number of household members to change in the future?  Yes  No  
 If YES, explain how many members will be added or reduced, and when that change will take place.

\_\_\_\_\_

5. Have any of the household members used names or a social security number other than the names and numbers used above?  Yes  No

If YES, explain \_\_\_\_\_

6. Are any or ALL members of the household full-time students?  Yes  No

If YES, explain \_\_\_\_\_

7. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime?  Yes  No

If YES, provide the nature of the crime(s): \_\_\_\_\_

Date: \_\_\_\_\_ State: \_\_\_\_\_ City \_\_\_\_\_

County: \_\_\_\_\_

Are any of the above convictions a felony?  Yes  No If YES, Please explain \_\_\_\_\_

\_\_\_\_\_

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program?  Yes  No If YES, Please explain \_\_\_\_\_

\_\_\_\_\_

Are there any criminal charges pending now?  Yes  No If YES, please explain \_\_\_\_\_

8. What states have you lived in? \_\_\_\_\_

9. Do you live in subsidized housing now or have you in the past?  Yes  No  
If YES, where? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Were you evicted? \_\_\_\_\_ If YES, why? \_\_\_\_\_

For applicants 62 or older as of January 31, 2010, who do not have a SSN, please list if you have received HUD rental assistance at another location as of January 31, 2010. \_\_\_\_\_

10. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?  Yes  No

If YES, explain \_\_\_\_\_

11. Have you ever filed or are you currently filing for bankruptcy?  Yes  No

If YES, give reason \_\_\_\_\_

Date of filing: \_\_\_\_\_

12. Have you ever lived at any other property managed by **Northwest Regional Housing Authority**?  Yes  No

If YES, where? \_\_\_\_\_

List all states that any household member has ever resided: \_\_\_\_\_

13. Why do you want to move from your current residence? \_\_\_\_\_

Are you seeking housing due to a Presidentially Declared Disaster?

\_\_\_\_\_ Yes \_\_\_\_\_ No

14. How did you hear about us? \_\_\_\_\_

15. Do you know or are you related to any of our residents or staff. \_\_\_\_\_

16. Are you or any member of your household a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

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***Income Information:***

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?  Yes  No  
*(Include overtime, tips, bonuses, commission and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company</u> <i>(or note if self-employed)</i>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation?  Yes  No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?  Yes  No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)?  Yes  No

*(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

<input type="checkbox"/> Child Support Enforcement Agency	Name of Agency: _____
<input type="checkbox"/> Court of Law	Name of Court: _____
<input type="checkbox"/> Directly from Individual	Name of Person: _____
<input type="checkbox"/> Other - Explain: _____	

(c) If money is not actually received, are you taking legal action to remedy?  Yes  No

Explanation: \_\_\_\_\_

5. Social Security, SSI or any other payments from the Social Security Administration?  Yes  No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____

7. Regular payments from a severance package?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Regular payments from any type of settlement? (For example, insurance settlements)  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Disability, death benefits or life insurance dividends?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Regular gifts or payments from anyone outside of the household?  Yes  No

*(This includes anyone supplementing your income or paying any of your bills.)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Educational grants, scholarships, or other student benefits?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

12. Regular payments from lottery winnings or inheritances?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

13. Regular payments from rental property or other types of real estate transactions?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

14. Any other income sources or types not listed above?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

15. Do you or any other household member expect any change in income in the next 12 months?  Yes  No  
 If YES, explain: \_\_\_\_\_

Zero Income Verification:  
 Are YOU or is ANY OTHER ADULT member of your household claiming zero income?  
 Yes  No If YES, who? \_\_\_\_\_

**Asset Information:**

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account?  Yes  No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

2. CDs, money market accounts or treasury bills?  Yes  No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Stocks, bonds or securities?  Yes  No

<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Trust funds?  Yes  No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Are any of the above listed trusts irrevocable?  Yes  No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?  Yes  No  
Household Member                      Location of Account                      Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Cash on hand?  Yes  No  
Household Member                      Source of Benefit                      Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?  Yes  No  
Household Member                      Life Insurance Company                      Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)  Yes  No  
Household Member                      Source of Benefit                      Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)  Yes  No  
Household Member                      Source of Benefit                      Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Do you have a safe deposit box containing contents with a monetary value?  Yes  No  
Household Member                      Source of Benefit                      Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?  Yes  No  
Household Member                      Description of Asset Disposed                      Amount Received  
 \_\_\_\_\_  
 \_\_\_\_\_

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





Do you or anyone listed above own a vehicle?\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle Identification:

- 1. License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_
- 2. License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

**Signature Clause:**

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD), LIHTC, Rural Development or HOME. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit/criminal information from other institutions.

I hereby grant this property owner, \_\_\_\_\_, and Northwest Regional Housing Authority the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's tenant selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

**All household members 18 and over must sign below:**

Signature	Date
Signature	Date
Signature	Date

“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)

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination: Complete the USDA Program Discrimination Complaint Form, found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office. Or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at: USDA, Director, Office of Adjudication, 1400 Independence Avenue, S. W., Washington, D.C. 20250-9410 or by fax (202)690-7442 or email [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The persons named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Neal Gibson PO Box 2568 Harrison, AR 72601 (870)741-5522 (voice) or (202) 720-6382 (TDD). (870)741-9234(fax)



<b>For Office Use Only</b>	
Check here if Pre-Application is on file. <input type="checkbox"/>	Application Date: _____ Time: _____ Application Received By: _____ <b>As Agent for Owner</b>

**Attention please!**

**The following application must be completed in full as it will provide qualifying applicants Section Eight rental assistance.**

**DECATUR HOUSING 578 N. Main Street, #15, Decatur, AR 72722**  
**ALL INFORMATION REQUIRED BY DHUD Phone: (479) 212-5002 Fax: (870) 212-5002**

If you require a reasonable accommodation, please notify a housing authority staff person at the time of your request regarding housing needs.

<b>Applicant's Legal Name</b>	<b>What County Are You Applying For?</b>
<b>Mailing Address</b>	<b>Maiden Name(if applicable)</b>
City _____ Zip _____	Phone # _____
	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> message

**Preferred method of contact:** US Mail  E-mail E-mail address \_\_\_\_\_

**LIST ALL HOUSEHOLD MEMBER'S INFORMATION BELOW, INCLUDING YOURSELF.**

HOUSEHOLD COMPOSITION List yourself first-Full Name including middle initial	Relationship	Age	Sex	Social Security Number	Race
1. _____	HEAD				
2. _____					
3. _____					
4. _____					
5. _____					

List place of birth, date of birth, indicate marital status and occupation for each household member as numbered above \_\_\_\_\_

PLACE OF BIRTH CITY AND STATE	DATE OF BIRTH			MARRIED SEPARATED DIVORCED, SINGLE	OCCUPATION
	Month	Day	Year		
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

Are you homeless?----- Yes/No

Have you or any household member lived in subsidized housing? ----- Yes/No

If yes, list where and when \_\_\_\_\_

Have you or anyone in the household been arrested/convicted of any crime other than traffic violations?----- Yes/No

If yes, explain \_\_\_\_\_

Have you ever committed any fraud in a federally assisted housing program or been requested to repay money to a housing authority?----- Yes/No

If yes, explain \_\_\_\_\_

Is anyone in your household a registered sex offender in any state?----- Yes/No

If an applicant or member of the household is a lifetime registered sex offender, or if an applicant withholds or falsifies information on the application, the PHA MUST deny admission to the program. The applicant will be notified of the right to dispute the accuracy and relevance of the background check information (24 CFR 5.905 (d) and 24 CFR 960.204 © for PHAs; Paragraph 8-14 C of Handbook 4350,3 REV-1. HUD requires denial of assistance 24 CFR 982.533 (a) to any household member who has ever been subject of a lifetime registration requirement under a state sex offender registration program even if the registration requirement has been terminated.

**Income**

Do you or anyone in the family have an income?----- Yes/No

Are any household members employed?----- Yes/No

Who is employed? \_\_\_\_\_ Employer: \_\_\_\_\_

Gross income per month (before taxes or deductions) \_\_\_\_\_

Who is employed? \_\_\_\_\_ Employer: \_\_\_\_\_

Gross income per month (before taxes or deductions) \_\_\_\_\_

Are any household members Self-Employed? ----- Yes/No

Who? \_\_\_\_\_ gross amount per month. \_\_\_\_\_

Who? \_\_\_\_\_ gross amount per month \_\_\_\_\_

**Do any household members receive the following?**

Social Security Benefits:----- Yes/No

Who? \_\_\_\_\_ Gross monthly amount \_\_\_\_\_

Supplemental Security Income----- Yes/No

Who? \_\_\_\_\_ Gross monthly amount \_\_\_\_\_

VA benefits?----- Yes/No

Who? \_\_\_\_\_ Monthly amount \_\_\_\_\_

Pension benefits?----- Yes/No

Who? \_\_\_\_\_ Monthly amount \_\_\_\_\_

Survivor's benefits?----- Yes/No

Who? \_\_\_\_\_ Monthly amount \_\_\_\_\_

Unemployment Benefits? ----- Yes/No

Who? \_\_\_\_\_ Monthly amount \_\_\_\_\_

Does anyone outside of your household give you money for bills, household products, gifts, ect? ----- Yes/No

If yes, explain: \_\_\_\_\_

Contributed by \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone number \_\_\_\_\_

(If more than one person or agency contributes to the household, list those on a separate sheet of paper for indicate below)

Do you have an open Child Support Case ----- Yes/No

Name of child receiving support:	Monthly amount received

Give name and social security number of absent parent(s)

Name \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

SS No.(if known) \_\_\_\_\_

SS No. (if known) \_\_\_\_\_

TEA Benefits?----- Yes/No

Tea Monthly amount? \_\_\_\_\_

Alimony?----- Yes/No

Alimony monthly amount? \_\_\_\_\_

**Income continued**

Educational Grants or Scholarships? ----- Yes/No

Who? \_\_\_\_\_

Name of College/University? \_\_\_\_\_ Location? \_\_\_\_\_

**Assets**

Bank Accounts? Checking? Savings? Both?

Name of bank \_\_\_\_\_

Who in the household has accounts? \_\_\_\_\_

Have you sold any property in the past two years?----- Yes/No

Amount of the sale of property \_\_\_\_\_

Do you or any household member own or have interest in real estate, house, land, mobile home?----- Yes/No

If so, is the property used as rental property?----- Yes/No

Amount of rent received per month \_\_\_\_\_

Stocks, Bonds, IRA's?----- Yes/No

Value of asset? \_\_\_\_\_

**Expenses**

Does this person pay out-of-pocket for Medicare, health, or prescription insurance?----- Yes/No

Who? \_\_\_\_\_ Monthly amount \_\_\_\_\_

Do you pay any out of pocket medical expenses?----- Yes/No

Amount of medical expenses per month \_\_\_\_\_

Do you pay out-of-pocket child care expenses (daycare, babysitter..)----- Yes/No

Amount per month \_\_\_\_\_

**CERTIFICATION: I do hereby affirm and attest that all the information above is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority IN WRITING IMMEDIATELY. All family members 18 or older must sign below:**

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

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ 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 manner 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 five years, or both.**



## CURRENT STATUTORY AND REGULATORY REQUIREMENTS

In accordance with the regulations at 24 CFR 5.856 and 5.905, The Northwest Regional Housing Authority hereafter called (PHA) must perform necessary criminal history background checks to determine if an applicant, or a member of an applicant's household, is subject to a lifetime registration requirement under a State sex offender registration program. This check must be carried out with respect to the State in which the housing is located and with respect to States where the applicant and members of the applicant's household are known to have resided. The PHAs will make the determination, in accordance with their screening standards, whether the applicant and the applicant's household members meet the screening criteria. If these processes reveal that an applicant or member of the household is a lifetime registered sex offender, or if the applicant withholds or falsifies information on the application, the PHA **MUST deny admission** to the program. Before admission can be denied, the applicant must be notified of the right to dispute the accuracy and relevance of the background check information (24 CFR 5.905 (d) and 24 CFR 960.204 (c) for PHAs; Paragraph 8-14.C of Handbook 4350,3 REV-1.

### ADDITIONAL PROCEDURES

#### A. At Admission

In addition to screening adult members of the household, this screening will include background checks on juvenile household members to the extent allowed by state and local law. In order to request information necessary to screen applicants for lifetime sex offender registration requirements, the PHA's application will include a question asking whether the applicant or any member of the applicant's household is subject to a lifetime state sex offender registration program in any state. **Notation:** Failure to respond to the question may jeopardize the approval of the application. Any changes to admissions policies will be consistent with Fair Housing and Equal Opportunity regulations as well as any other applicable legal requirements. The PHAs will verify the information provided by the applicant by searching the Dru Sjodin National Sex Offender Database. The Dru Sjodin National Sex Offender Database is an online, searchable database, hosted by the Department of Justice, which combines the data from individual state sex offender registries. The website for the database is located at: <http://www.nsopw.gov>. A record of this screening, including date performed, will be retained. PHA must destroy the results of the search in accordance with 24 CFR 5.903 (g). As long as the household member continues to reside in the household, the family will not be eligible. If the household member is no longer in the household and proof of a different residence is provided, the family may be eligible.

#### B. At Recertification/Reexamination

Annual recertification/reexamination documents will include a question asking whether the tenant or any member of the tenant's household is subject to a lifetime state sex offender registration program in any state. The PHAs will verify this information using the Dru Sjodin National Sex Offender Database and document this information in the same method used at admission. For any admissions after June 25, 2001 (the effective date of the Screening and Eviction for Drug Abuse and Other Criminal Activity final rule), if the recertification/reexamination screening reveals that the tenant or a member of the tenant's household is subject to a lifetime sex offender registration requirement, or that the tenant has falsified information or otherwise failed to disclose his or her criminal history or that of a family member on their application and/or certification/reexamination forms, the PHA will pursue termination of tenancy to the extent allowed HUD regulations.

Notwithstanding the above, if the tenant or a member of the tenant's household, regardless of when they were admitted, commits criminal activity while living in federally assisted housing, the PHA will pursue termination of tenancy to the extent allowed by HUD regulations.

#### MANDATORY DENIAL OF ASSISTANCE [24 CFR 982.553(a)]

HUD requires the PHA to deny assistance in the following cases:

- Any household member is subject or has ever been subject to a lifetime registration requirement under a state sex offender registration program even if the registration requirement has been terminated.

I have read and understand the statements above.

Is someone in your household a Lifetime Sex Offender subject to registration? Yes  No

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

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

\_\_\_\_\_  
Date

**WARNING: 18 USC 1001** provides, among other things, that whoever knowingly and willingly 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 five years, or both.

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**FEDERAL PRIVACY ACT STATEMENT**

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you provided **NORTHWEST REGIONAL HOUSING AUTHORITY** at application and re-examination. HUD will collect the information electronically from Form 50058. The data collected includes name, sex, birth date, Social Security Number (SSN), income (by source), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with this information.

HUD may use the information to manage and monitor HUD-assisted housing programs. It also may verify if the information is accurate and complete.

HUD may provide information to Federal, State, and local agencies if used for civil, criminal or regulatory investigations and prosecutions. HUD may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543, requires applicants and residents give the Authority SSN(s) of household members **at least six (6) years old**. If you are an applicant and have been issued or use a SSN(s) not provided to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937 as amended 42 U.S.C. 1437 et, seq., and the Housing Community Development Act of 1981, P.L. 97-35, 85 stat., 348,408 require applicants and residents to provide other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to provide the Authority this information, the Authority may reject your application or delay acting on it. If you are receiving housing assistance and you do not provide the Authority this information, the Authority may evict you or withdraw housing assistance.

I READ THE Federal Privacy Act Statement on \_\_\_\_\_  
Date

**SIGNATURE** \_\_\_\_\_  
**HEAD OF HOUSEHOLD**

**SIGNATURE** \_\_\_\_\_  
**SPOUSE OR OTHER ADULT**

**SIGNATURE** \_\_\_\_\_  
**OTHER ADULT**



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD’s record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i>:</b></p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>Signature</b></td> <td style="width: 40%; border: none;"><b>Date</b></td> </tr> <tr> <td colspan="2" style="border: none;"><b>Printed Name</b></td> </tr> </table>	<b>Signature</b>	<b>Date</b>	<b>Printed Name</b>	
<b>Signature</b>	<b>Date</b>				
<b>Printed Name</b>					

# 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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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)

**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.

**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 expires 15 months after signed.

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 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 are 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 HA, 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.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



## ***What You Should Know About EIV***

### **A Guide for Applicants & Tenants of Public Housing & Section 8 Programs**

#### **What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

#### **What information is in EIV and where does it come from?**

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

#### **What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### **Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

***Note:*** *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

#### **What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

**February 2010**

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

### **What are the penalties for providing false information?**

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

### **What do I do if the EIV information is incorrect?**

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

### **Where can I obtain more information on EIV and the income verification process?**

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/hiip/iv.cfm>.

**The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:**

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

**My signature below is confirmation that I have received this Guide.**

Signature

Date





# OBLIGATIONS AND RESPONSIBILITIES FOR SECTION 8 PROJECT BASED RENTAL ASSISTANCE PROGRAM

## A FAMILY MUST:

- A. Supply any certification, release, information or documentation that the PHA or HUD determines to be necessary, and any other information required for use by the PHA in a regular or interim reexamination.
- B. Allow the PHA to inspect the unit at a reasonable time and after reasonable notice.
- C. Notify the PHA before vacating the dwelling unit and giving proper, written, 30 day advance notice.
- D. Use the unit solely for the residence by the family and as the family's principal place of residence.
- E. Notify the PHA in writing of **all changes** in the family's income and or family composition within 10 days in writing.

## A FAMILY MUST NOT:

- A. Sublease or assign the lease or transfer unit.
- B. Own or have any interest in the rental unit (except for the HOMEOWNERSHIP Program)
- C. Commit any fraud in connection with the Voucher Program.
- D. Rent from relatives (unless approved by the housing authority).
- E. Receive duplicate assistance under the voucher program while receiving assistance under any other housing assistance program.
- F. Have any person/persons living in the unit without the prior approval of both the PHA and landlord.

## THE PROPERTY HAS AGREED TO:

- 1. Certify legal ownership of the property
- 2. Perform necessary maintenance ensuring the unit is in compliance with Housing Quality Standards ensuring decent, safe and sanitary housing in accordance with 24 CFR Section 882.109 and failing to do so is grounds for termination of the Housing Choice Voucher Program
- 3. Agree to abide by all Fair Housing Laws which prohibits discrimination in housing because of: Race or color; National Origin; Religion; Sex and Familial Status (including children under the age of 18 living with parents or legal custodians; pregnant women and people securing custody of children under 18); Handicap (Disability); or individuals and families regardless of sexual orientation, gender identity, or marital status.
- 4. Will not charge more rent than stated in the contract.

Tenant: \_\_\_\_\_ Spouse or Co-Head: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: TITLE 18 US CODE SECTION 1001 STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWING AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES**

## Landlord Reference Verification Forms Instructions

Please do not fill-out the following forms!

**All you need to do is sign and date it, where stated, at the bottom of 2nd page.**

Signing this form gives us permission to contact and obtain the information asked for on this form from the Landlord Reference(s) you have noted on your Application.

You can return this form, signed and dated, with your completed Application.

**Completing any other sections of these forms will void the form and, your application may be automatically rejected !!**

# Northwest Regional Housing Authority

## LANDLORD VERIFICATION FORM

Name of Applicant: \_\_\_\_\_

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

Name of Landlord: \_\_\_\_\_

Are you a relative or friend of the applicant? If so, please describe relationship:

\_\_\_\_\_

Current Landlord: \_\_\_\_\_ Previous Landlord: \_\_\_\_\_ Other: \_\_\_\_\_

Dates of Applicant's Tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_

Does (Did) the Applicant have a lease? YES NO

### **1. Rent Payment**

A. Amount of monthly rent: \_\_\_\_\_

B. Does (did) applicant pay rent on time? YES NO

C. Has (had) he/she ever paid late? YES NO

How late \_\_\_\_\_ How often \_\_\_\_\_

D. Have (had) you ever begun/completed eviction? YES NO

If yes, describe \_\_\_\_\_

E. Did any eviction require legal action? YES NO

F. Do you provide any of the utilities for the unit? YES NO

G. Have tenant-paid utilities ever been disconnected? YES NO

### **2. Caring for the Unit**

A. Does (did) the applicant keep the unit clean, safe and sanitary? YES NO

B. Has (had) the applicant damaged the unit? YES NO

Describe: \_\_\_\_\_

Cost to repair? \_\_\_\_\_ How often? \_\_\_\_\_

C. Has (had) the applicant paid for the damage? YES NO

D. Will (did) you keep any security deposit? YES NO

E. Does (did) the applicant have problems with insect/rodent infestation? YES NO

F. Does (did) the applicant's housekeeping contribute to infestation? YES NO

G. Did the applicant make any alterations to the unit without your permission? YES NO

### **3. General**

A. Is (was) the applicant listed on the lease for the unit? YES NO

B. Does (did) the applicant permit persons other than those on the lease

to live in the unit?	YES	NO
If yes, Describe: _____		
C. Has (had) the applicant, family members or guests damaged or vandalized the common areas?	YES	NO
D. Does (did) the applicant, family members or guests create any damages? Or complaints to the project or other residents?	YES	NO
If yes, Describe: _____		
E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants?	YES	NO
If yes, Describe: _____		
F. Has (had) the applicant, family members or guests engaged in any activity, Resulting in authorities coming to property?	YES	NO
If yes, Describe: _____		
G. Has (had) the applicant given you any false information?	YES	NO
If yes, Describe: _____		
H. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff?	YES	NO
If yes, Describe: _____		
I. Would you rent to this applicant again?	YES	NO
If not, why? _____		

Signature of Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

Name of authorized project staff (telephone verification): \_\_\_\_\_

**Applicant Release**

**I, \_\_\_\_\_ hereby authorize the release of the requested information.**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

PENALTIES FOR MISUSING THIS CONTENT: 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 uses 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). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

# Northwest Regional Housing Authority

## LANDLORD VERIFICATION FORM

Name of Applicant: \_\_\_\_\_

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

Name of Landlord: \_\_\_\_\_

Are you a relative or friend of the applicant? If so, please describe relationship:

\_\_\_\_\_

Current Landlord: \_\_\_\_\_ Previous Landlord: \_\_\_\_\_ Other: \_\_\_\_\_

Dates of Applicant's Tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_

Does (Did) the Applicant have a lease? YES NO

### **1. Rent Payment**

A. Amount of monthly rent: \_\_\_\_\_

B. Does (did) applicant pay rent on time? YES NO

C. Has (had) he/she ever paid late? YES NO

How late \_\_\_\_\_ How often \_\_\_\_\_

D. Have (had) you ever begun/completed eviction? YES NO

If yes, describe \_\_\_\_\_

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### **2. Caring for the Unit**

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Describe: \_\_\_\_\_

Cost to repair? \_\_\_\_\_ How often? \_\_\_\_\_

C. Has (had) the applicant paid for the damage? YES NO

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### **3. General**

A. Is (was) the applicant listed on the lease for the unit? YES NO

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to live in the unit?	YES	NO
If yes, Describe: _____		
C. Has (had) the applicant, family members or guests damaged or vandalized the common areas?	YES	NO
D. Does (did) the applicant, family members or guests create any damages? Or complaints to the project or other residents?	YES	NO
If yes, Describe: _____		
E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants?	YES	NO
If yes, Describe: _____		
F. Has (had) the applicant, family members or guests engaged in any activity, Resulting in authorities coming to property?	YES	NO
If yes, Describe: _____		
G. Has (had) the applicant given you any false information?	YES	NO
If yes, Describe: _____		
H. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff?	YES	NO
If yes, Describe: _____		
I. Would you rent to this applicant again?	YES	NO
If not, why? _____		

Signature of Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

Name of authorized project staff (telephone verification): \_\_\_\_\_

**Applicant Release**

**I, \_\_\_\_\_ hereby authorize the release of the requested information.**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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## TENANT SELECTION CRITERIA

The tenant selection criteria shall be used for all HUD, Rural Development, HOME and/or LIHTC properties under rent-up and/or management by the Management Agent. The policy of the Management Agent is one of equal opportunity and non-discrimination in compliance with all Civil Rights legislation (1964,1968,1988) Section 504 of the Rehabilitation Act of 1973 and Affirmative Fair Housing Marketing requirements as set forth individually for each property. No applicant will be denied on the basis of race, color, religion, sex, familial status, handicap, or national origin. Applicants must meet all HUD, Rural Development, HOME and/or LIHTC and Management Agent tenant selection requirements to gain admission to a property rented or managed by the Management Agent. This is federally assisted housing.

The property manager is not allowed to complete any paperwork for an applicant or resident that is associated with the application process, move-in process, or recertification process. Reasonable accommodations will be offered in the application and interview process to any handicap/disabled applicants when requested

This property is designated as a Multi-Family property.

### **1. APPLICATION/ ELIGIBILITY**

All persons interested in any property rented or managed by the Management Agent may request an application either in person (or through a designated individual) at the local on-site office during posted office hours; or request an application to be mailed by calling the local phone number posted on the project sign at \_\_\_\_\_. A fax request for applications may be sent to \_\_\_\_\_. TDD telecommunication is available by calling **1-800-285-1131**. Applications are available even if a sizeable waiting list exists.

If the waiting list were ever closed at any property operated by the Management Agent, a notice of closure would be advertised in the local newspaper as well as posted on the bulletin board. No applications would be issued or accepted while the list is closed except for possible preference exceptions or applications for barrier free apartments. Waiting list will be closed if there is a wait of more than 1 year for a unit. When the waiting list is reopened, a notice of opening would be advertised in the local newspaper as well as posted on the bulletin board. Applications would once again be accepted.

An application must be completed in full by the applicant and submitted either in person to the local office or via mail to the local office. No application other than the one mailed or given in response to an inquiry may be used. The application contains requests for all information necessary for determining initial eligibility. Applicants may request assistance in completing the application if necessary. The Management Agent's policy is to assist wherever possible especially with accommodation requests by persons with disabilities or handicaps. All applicants whose application is not complete will be notified



within 10 days of receipt, in writing. While the office will track all applications and requests for additional information, no application will be placed on the waiting list until it is complete. When a complete application is received, or the requested information is received subsequently to make it complete, the application will then be logged by date and time received. If a vacancy at the property exists, or is expected within the next 90 days, the verification-selection process will begin immediately in regard to the income, assets and allowances for certification and the Management Agent references for selection or rejection.

The application contains several release forms, which must be signed to authorize the office to verify all items inclusive of credit history and other references. The Head of Household, the spouse or co-head, and all other adults (age 18 and older) in each applicant family must sign an Authorization for Release of Information (HUD Form 9887 and 9887/A) prior to being accepted and every year thereafter. For those properties with an existing waiting list and no current or known upcoming vacancies, preliminary eligibility will be satisfied by using information on the application. Placement of an application on the waiting list does not denote final tenant selection. That can and will occur only after complete processing.

All applicants who submit a completed application (or when an application becomes complete) will be placed on the waiting list. The unit for which the family is applying for must be their only residence. The family's annual income must not exceed program income limits. Any applicant, who exceeds income limits for eligibility based upon application information, or if ineligible during later processing, will be notified in writing that they are ineligible. Similarly, any applicants who are not eligible due to eligibility requirements for an elderly/disabled project would also receive a notice of ineligibility. However, should the property have permission (or will be seeking such permission) to rent to ineligibles, the income ineligible application would be maintained on the waiting list.

Per HUD guidelines all properties are required to ensure that during a fiscal year at least 40% of the units that become available, together with initial certifications of in-place tenants, serve extremely low-income families. If an owner has actively marketed available units to extremely low-income families and has been unable to achieve the 40% target for admissions and initial certifications, the owner is permitted to rent to other eligible families after a reasonable marketing period has expired. Reasonable marketing period is defined as 60 days.

If this is a Post-1981 universe Section 8 property applicants are considered income eligible if they are very low income (50% median). Total household gross income is compared to the per person income limits. Those at 50% or below are income qualified. The income limit used for this property is extremely low.

Non-citizens (except those age 62 or older) must sign a Verification Consent Form and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Non-citizens age 62 and older must sign a declaration of eligible

immigration status and provide a proof of age document. U.S. citizens must sign a declaration of citizenship. Owners may establish a policy of requiring additional proof of citizenship for those declaring to be U.S. citizens or nationals. Only U.S. citizens or eligible non-citizens may receive assistance.

Assistance in subsidized housing is restricted to the following: a. U.S. citizens or nationals; and b. Noncitizens that have eligible immigration status. 2. All applicants for assistance must be given notice of the requirement to submit evidence of citizenship or eligible immigration status at the time of application. The entity responsible for receiving the documentation, where possible, must arrange to provide the notice in a language that is understood by the individual if the person is not proficient in English 3. All family members, regardless of age, must declare their citizenship or immigration status. Noncitizens (except those age 62 and older) must sign a Verification Consent Form and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Noncitizens age 62 and older must sign a declaration of eligible immigration status and provide a proof of age document. U.S. citizens must sign a declaration of citizenship. Owners may establish a policy of requiring additional proof of citizenship for those declaring to be U.S. citizens or nationals. 4. A mixed family—a family with one or more ineligible family members and one or more eligible family members—may receive prorated assistance, continued assistance, or a temporary deferral of termination of assistance. 5. Applicants who hold a noncitizen student visa are ineligible for assistance, as are any noncitizen family members living with the student. For Section 1: Program Eligibility HUD Occupancy Handbook 3-26 06/07 Chapter 3: Eligibility for Assistance and Occupancy 4350.3 REV-1 noncitizen students with a citizen spouse or citizen children.

Applicants and tenants must provide adequate documentation to verify the complete and accurate SSNs assigned to all household members. Adequate documentation means a social security card issued by the Social Security Administration (SSA), an original document issued by a federal or state government agency, which contains the name and SSN of the individual along with identifying information of the individual, or other acceptable evidence of the SSN listed. All applicants and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for:

- Individuals who do not contend eligible immigration status in mixed families.
- Tenants who were 62 or older as of January 31, 2010 and whose initial determination of eligibility was begun before January 31, 2010.
- Persons under the age of 6 in applicant households that were added to the applicant household within the 6 month of the date of admission. The family must disclose and provide verification of the SSN within 90 days of the date of admission. An additional 90 day extension must be granted if delays are due to circumstances beyond the family's control.

An applicant may not be admitted until SSNs for all household members have been disclosed and verification provided. If all household members have not disclosed and/or provided verification of the SSNs at the time a unit becomes available, the next eligible

applicant must be offered the available unit. The applicant who has not disclosed and provided verification of SSNs for all household members must disclose and provide verification of SSNs for all household members to the owner within 90 days from the date they are first offered an available unit. After 90 days, if the applicant has been unable to supply the required SSN and verification documentation, the applicant will be determined ineligible and removed from the waiting list.

When adding a new household member who is under the age of six to an existing household, the tenant must disclose and provide verification of the SSN of the individual to be added within 90 days of adding the new member. An additional 90 day extension must be granted if delays are due to circumstances beyond the family's control.

The documentation necessary to verify the SSN of an individual who is required to disclose his or her SSN is one of the following documents:

- \*Original Social Security card
- \*Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual\*
- \* Driver's license with SSN
- \* Identification card issued by a medical insurance provider, or by an employer or trade union.
- \* Earnings statements on payroll stubs
- \* Bank statement
- \* Form 1099
- \* Benefit award letter
- \* Retirement benefit letter
- \* Life insurance policy
- \* Court records

If the applicant cannot supply the original Social Security card and supplies one of the documents listed above, the applicant must also certify that the other document provided is complete and accurate.

## **2. WAITING LIST/ PRIORITIES**

All applications are placed on a master list by date and time received, name of the applicant, estimated income and any special comments. Every application is tracked. Those rejected due to ineligibility by income or occupancy status are notified of rejection and the master list so noted.

Selection priorities include households with incomes at 30% of median or below, disabled applicants who need the features of adapted units and if this property also has Tax Credits, households with incomes at 60% of median or below.

All applicants may inquire at any time as to their chronological place on the waiting list. All priorities in regard to waiting lists and tenant selection in addition to eligibility regulations for income and occupancy will be explained to all applicants.

A waiting list update will occur at least once every 12 months. Applicants who do not respond to the waiting list update within 5 working days will be removed from the waiting list with appropriate written notice.

### **3. SELECTION/REJECTION**

Applicants who meet the income/occupancy guidelines, and in order of preferences if in use, still need to meet management selection criteria for final approval as residents.

Applicants must complete the application in full and supply references to be checked. Since management staff are available to answer any questions an applicant may have in regard to filling out the application form, incomplete applications will be returned to applicants and will only be accepted when completed in full. Managers will house no applicant without an interview, reference check and criminal background check. Two rental references are preferred. A rental history of up to 10 years may be considered when checking rental references. Some applicants may have no previous or current landlords or credit references, but nonetheless can still offer personal non-related references. Applicants whose references prove negative whether from landlord, personal, credit, or criminal back ground source may be rejected solely based on negative references. The rejection may also occur should the current living circumstances be unsanitary due to applicant damage or neglect or should the applicant have a previous history of evictions, non-payment of rent or other financial obligation, violation of previous rental agreements such as damage or destruction of units, or a history of disturbing the quiet enjoyment of neighbors or violence and harassment. Applicants found to have provided false answers on the application or at the interview would also be rejected. Applicants would not be rejected solely on the basis of race, color, sex, national origin, religion, disability, or familial status.

Handicap accessible units will be marketed to qualified handicap/disabled households who would benefit from the unit features. In the event no such households apply, or there are no eligible households, non-handicap households or households who do not need the unit features would be temporarily housed. In this circumstance, tenants would sign a lease addendum agreeing to transfer at the residents own expense to a non-adapted unit later on should an appropriate unit become available and there are households needing the benefit of the handicap accessible unit now on the waiting list. Applicants for handicap accessible units may be required to supply verification that a household member is "disabled" as defined by federal law and that their disability is one requiring the unit features.

In determining occupancy standards, the intent of project policy is to neither overcrowd nor under utilize space. Occupancy is for one (1) family per unit. Family includes, but is not limited to the following: (regardless of actual or perceived sexual orientation, gender identity, or marital status.)

1. A single person, who may be an elderly person, displaced person, disabled person, near-elderly person or any other single person; or
2. A group of person residing together and such group includes, but is not limited to:
  - a. A family with or without children ( a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
  - b. An elderly family
  - c. A near-elderly family
  - d. A disabled family
  - e. A displaced family; and
  - f. The remaining member of a tenant family

(24 CFR 5.403) Occupancy is based on number of persons in the household, and is based on counting all full time members of a household including dependent minors who are away at school but live with the applicant at recesses, unborn children or children in the process of being adopted or secured by custody action, foster children and live-in attendants. Children who live in a household 50% of the year or more are also counted towards the total household number; however, visitors, permanently confined/institutionalized household members and children on active military duty are not counted in this determination for occupancy eligibility. An occupancy standard serves to prevent the over or under utilization of units that can result in an inefficient use of housing assistance. Occupancy standards also ensure that tenants are treated fairly and consistently. By following the standards described in this paragraph, it ensures that tenants are housed in appropriate sized units and in a fair and consistent manner. If a reasonable accommodation needs to be considered, please inform the property manager at the time of application. A one bedroom for each two persons within the household practice will be followed except in the following circumstances:

- HOH and spouse will be allocated a separate bedroom
- Children under the age of 18 and over the age of 1, of the opposite sex, will be allocated separate bedrooms.
- Live-in aides will be allocated a separate bedroom.
- Documented need for an additional bedroom for medical equipment.
- Documented need for a separate bedroom for reasons related to a family member's disability, medical, or health condition.
- Other reasonable accommodations.

Ex of Occupancy standards:	1 bedroom - 2 persons
	2 bedroom - 4 persons
	3 bedroom - 6 persons
	4 bedroom - 8 persons

All households must provide positive identifications of all persons who will be part of the household, identify if anyone is pregnant, and adoption or other custody in process must have written documentation.

Applicants, in addition to HUD, Rural Development, HOME and/or LIHTC income and owner occupancy policy requirements, must also meet application, interview and

reference criteria. In completing the application, all applicants must sign a release form allowing the office to verify all income, assets and allowances along with credit, personal and landlord references. The Head of Household, the spouse or co-head, and all other adults (age 18 and older) in each applicant family must sign an Authorization for Release of Information (HUD Form 9887, 9887/A and/or 9886) prior to being accepted and every year thereafter. In addition the office is authorized to check with other agencies necessary to verify eligibility and police departments and wage matching as well. After processing and the interview have been completed, an eligible applicant will be notified of tenant selection. Applicants who wish to be a tenant or co-tenant must possess the legal capacity to sign all documents, (unless an accommodation determination for the handicapped to allow guardian signature if otherwise eligible is made), and would have to agree to complete the tenant certification process, enter into a one year lease agreement, pay a security deposit and participate in a unit inspection prior to physical occupancy of the unit. Once a unit is offered to an applicant to occupy, the applicant has 5 working days (plus 2 days mail time) to respond if they want the unit or not. If an applicant does not respond, they will be removed from the waiting list. If the applicant does accept the unit offered within the 5 working day time frame, the applicant must enter into a lease agreement for that unit within 10 working days.

This property has suspended use of federal preferences until further action. Therefore tenant selection does not take these into account.

Bed bug issues will be dealt with on a case by case basis.

This property has access and does utilize the Enterprise Income Verification System "EIV". All members of a household (including a live-in aide) will be entered into the Existing Tenant Search module. Please see attachment "A" to review our policy. (This sentence is only used for the properties who have access to EIV) Procedure for using the EIV existing tenant search: This report identifies applicants applying for assisted housing that may be receiving rental assistance at the time of application at another Multifamily Housing or Public and Indian Housing (PIH) location. Owners must: 1. Use this report at the time they are processing an application to determine if the applicant or any applicant household members are currently being assisted at another Multifamily Housing or PIH location. 2. Discuss with the applicant if the report identifies that the applicant or a member of the applicant's household is residing at another location, giving the applicant the opportunity to explain any circumstances relative to his/her being assisted at another location. This may be a case where the applicant wants to move from his/her present location or where two assisted families share custody of a minor child. 3. Follow up with the respective Public Housing Agency (PHA) or owner to confirm the individual's program participation status before admission, if necessary, depending on the outcome of the discussion with the applicant. The report gives the owner the opportunity to coordinate move-out and move-in dates with the PHA or owner of the property at the other location. 4. Retain the search results with the application along with any documentation obtained as a result of contacts with the applicant and the PHA and/or owner at the other location

VAWA protections:

The plan, as well as House Rules where applicable, must include policies and procedures covering the VAWA protections. Owner policy must support or assist victims of domestic violence, dating violence, or stalking and protect victims, as well as members of

their family, from being denied housing or from losing their HUD assisted housing as a consequence of domestic violence, dating violence, or stalking.

- A. Owners must provide notice to tenants of their rights and obligations under VAWA.
- B. Certification of Domestic Violence, Dating Violence, or Stalking:
  1. Owners must provide tenants the option to complete the Certification of Domestic Violence, Dating Violence or Stalking, form HUD-91066. The certification form may be made available to all eligible families at the time of admission or, in the event of a termination or start of an eviction for cause proceeding, the certification may be enclosed with the appropriate notice, directing the family to complete, sign, and return the form within fourteen (14) business days. The owner may extend this time period at his/her discretion.
  2. Alternately, in lieu of the certification form or in addition to it, owners may accept:
    - i. A federal, state, tribal, territorial, or local police record or court record or
    - ii. Documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking or, the effects of the abuse in which the professional attests under penalty of perjury under 28 U.S.C 1746 to the professional's belief that the incident or incidents are bona fide incidents of abuse, and the victim of domestic violence, dating violence or stalking has signed or attested to the documentation.
  3. Owners are not required to demand that an individual produce official documentation or physical proof of an individual's status as a victim of domestic violence, dating violence or stalking in order to receive the protections of the VAWA. Owners, at their discretion may provide assistance to an individual based solely upon the individual's statement or other corroborating evidence. Owners are encouraged to carefully evaluate abuse claims as to avoid conducting an eviction based on false or unsubstantiated accusations.
  4. Owners should be mindful that the delivery of the certification form to the tenant via mail may place the victim at risk, e.g., the abuser may monitor the mail. Therefore, in order to mitigate risks, owners are encouraged to work with the tenant in making acceptable delivery arrangements, such as inviting them into the office to pick up the certification form or making other discreet arrangements.
- C. Confidentiality of Information:

The identity of the victim and all information provided to owners relating to the incident(s) of domestic violence, dating violence or stalking must be retained in confidence by the owner and must not be entered into any shared database or provided to a related entity, except to the extent that the disclosure is:

  1. Requested or consented to by the individual in writing;
  2. Required for use in an eviction proceeding; or
  3. Otherwise required by applicable law

The HUD-approved certification form provides notice to the tenant of the confidentiality of the form and the limits thereof.

D. Retention of Information:

Owners must retain all documentation relating to an individual's domestic violence, dating violence or stalking in a separate file that is kept in a separate secure location from other tenant files.

E. VAWA lease addendum:

Owners must have tenants sign the VAWA lease addendum, form HUD 91067.

#### **4. REJECTION**

Applicants rejected due to ineligibility by HUD, Rural Development, HOME and/or LIHTC age and /or income or owner occupancy regulations or for failure to meet management criteria will receive a written notice detailing the reasons for rejection. Should an applicant be selected and refuse occupancy for reasons other than medical or emergency situation, that applicant's name will remain on the waiting list, if requested by applicant for one time. Upon the second refusal, the applicant will be removed from the waiting list.

As previously stated, any application that is incomplete will not be processed. Applicants found to have provided false answers on the application or at the interview would also be rejected. An applicant who refuses to sign releases allowing verification by the management company of eligibility, references, etc. will be rejected. Applicants who do not meet age and/or income limits for a property would be rejected unless permission to rent to income ineligibles is in process or been received from HUD, Rural Development, and/or ADFA. Applicants who exceed the maximum allowable occupancy standards for a property would also be rejected. Applicants with negative credit, personal, landlord or police references could also be rejected. Rejection may also occur should there be a chronic history of late payment or non-payment of rent, history of eviction, non-payment of other financial obligations, intentional damage, violation of the terms of current or previous lease agreements inclusive of failure to maintain a unit in sanitary condition, or a conviction for drug manufacture, sale or distribution or anyone who would pose a direct demonstrable threat to the health and safety of other tenants or their property. Any household containing a member who was evicted in the last (5) five years from federally assisted housing for conviction of the illegal manufacture or distribution of a controlled substance as defined in section 102 of the Controlled Substances act (21 U.S.C. 802) or for conviction of any crime that is considered to be a demonstrable risk to resident safety and/or property will be denied. Any household containing a member who has been convicted of any crime that is considered to be a demonstrable risk to resident safety and/or property or convicted for the illegal manufacture of distribution of a controlled substance as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802) within the last (5) five years from the offense date will be denied. Criminal conduct that indicates demonstrable risk to resident safety and/or property is defined as: murder, theft, burglary, robbery, any sex crime, arson, assault, battery, stalking, or illegal manufacture or distribution of drugs. Any household containing a member who is on parole or



probation will not be denied unless the household member does not meet the (5) five year look back period due to a conviction of a crime that is considered to be a demonstrable risk to resident safety and/or property. Criminal conduct in the past five (5) years that indicates a conviction of fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program would be denied. In the event a negative criminal background check is revealed, the applicant will be mailed a letter giving them 10 days to come in to talk to the property manager to explain the circumstances surrounding the criminal activity. The property manager will listen to the applicant's explanation and consider evidence such as a conviction for the criminal activity, facts or circumstances surrounding the criminal activity, the individual's age at the time of the criminal activity, evidence of rehabilitation efforts, and evidence of the individual has maintained a good tenant history before and/or after the conviction or criminal activity. If, after listening to the applicant's explanation and considering the other factors listed in the previous sentence, applicant is denied, the applicant will be mailed a written rejection notice that will state the reason for the rejection, advise of the applicant's right to respond in writing, or to request a meeting within 14 days to dispute the rejection, and advise that persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process. Any household member's behavior, from abuse or pattern of abuse of alcohol is determined to potentially interfere with the health, safety, and right to peaceful enjoyment by other residents will be denied. Pattern of abuse of alcohol is considered to have 2 or more convictions of an alcohol related incident within a 6 month period. A preponderance of evidence must be demonstrated before terminating or disqualifying an applicant/tenant for any reason provided in this section. Applicants who have been convicted of illegal manufacturing or distributing of a controlled substance in federally assisted housing will be rejected regardless of time frame. Applicants who are subject to a lifetime registration requirement under any sex offender registration program will be rejected regardless of time frame. All applicant family members (including a live-in aide) will be run through the Dru Sjodin National Sex Offender Database ([www.nsopw.gov](http://www.nsopw.gov)) as part of the application process and at each annual recertification. Applicants would never be rejected arbitrarily such as on the basis of race, color, religion, sex, disability, familial status or national origin.

A household in which any member is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents will be denied.

All selected tenants must agree to pay rent as determined on the HUD 50059, Rural Development form or Tenant Income Certification or Data Requirements Form, and sign that form along with the lease and attachments.

Other reasons for rejection:

- The applicant does not meet eligibility requirements for a particular unit or property
- The unit for which the family is applying must be the only residence

- The applicant is unable to disclose and provide verification of SSN's for all household members, except for those household members who do not contend eligible immigration status or tenants who were 62 or older on January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.
- The household includes family members who did not declare citizenship status, or sign a statement electing no to contend noncitizen status.
- The applicant must meet the screening standards that have been established.

### **5. DEPOSIT POLICY**

No apartment can be occupied without paying a security deposit. Deposit will be equal to amount of the \$ TTP . The security deposit must be paid in full at lease signing. However, where a hardship exists, a payment plan could be requested, which would require a down payment of at least \$50.00 and remaining balance to be paid full within 90 days.

If pets are allowed at this property, a pet deposit will be equal to the amount of \$ TTP . Applicants must pay a pet deposit in full at lease signing. However, where a hardship exists, a payment plan could be requested, which would require a down payment of at least \$50.00 and remaining balance to be paid in monthly instalments.

### **6. UNIT TRANSFER POLICY**

Unit transfers are considered only for changes in household composition and medical reasons that would prohibit a resident from physically achieving peaceful enjoyment, and need for an accessible unit (example: entering, leaving, or moving about the unit). Requests for transfers must be received in writing (per the transfer policy), and **may** not be considered until after a resident has been in place for at least one (1) year, and has demonstrated to be a resident in good standing. A preference will be granted to an in-house transfer before placing an applicant from the waiting list. Transfer policies and requirements may vary depending on the property and rental program involved. Inspections will be performed prior to transfer to determine move-out costs. (ALL MOVE-OUT EXPENSES MUST BE PAID PRIOR TO TRANSFER.)

### **7. STUDENT ELIGIBILITY**

The student rule applies to all individuals enrolled as students at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential.

Eligibility of students: A student who is otherwise eligible and meets screening requirements is eligible for assistance if the student meets the criteria indicated below. Section 8 assistance shall be provided to any individual who is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential;

when the student: o Is classified as Vulnerable Youth; A student meets HUD's definition of a vulnerable youth when:

- a. The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
- b. The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
- c. The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) (42 U.S.C. 11431 et seq.), or as unaccompanied, at risk of homelessness, and self-supporting, by;
  - A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;
  - The director of a program funded under the Runaway and Homeless Youth Act or a designee of the director;
  - The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (relating to emergency shelter grants) or a designee of the director; or
  - A financial aid administrator; or the individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances;
    - If a student does not meet the eligibility criteria above, but can prove independence from parents under HUD rules, then the student would meet HUD's student eligibility criteria.
    - If an ineligible student applies for or is a member of an existing household receiving Section 8 assistance, the assistance for the household will not be prorated but will be terminated.

#### HUD Student Rule:

Owners must determine a student's eligibility for Section 8 assistance at move-in, annual recertification, initial certification (when an in-place tenant begins receiving Section 8), and at the time of an interim recertification if one of the family composition changes reported is that a household member is enrolled as a student.

Section 8 assistance shall not be provided to any individual who:

- a. Is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential; and
- b. Is under the age of 24; and
- c. Is not married; and
- d. Is not a veteran of the United States Military; and
- e. Does not have a dependent child; and

- f. Is not a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E) and was not receiving section 8 assistance as of November 30, 2005; and
- g. Is not living with his or her parents who are receiving Section 8 assistance; and
- h. Is not individually eligible to receive Section 8 assistance or has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance.

Financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, from private sources, or from an institution of higher education, is considered income for that individual, except for persons over the age of 23 with dependent children.

TAX CREDIT student rule:

If you are a student, you must meet one of the following exceptions in order to be eligible to live in a tax credit property:

1. All members of the household are married and entitled to file a joint tax return.
2. The household consists of single parent(s) and their child or children and no one in the household is a dependent of a third party.
3. At least one member of the household receives assistance under Title IV of the Social Security Act (ex: TANF)
4. At least one member of the household is participating in an officially sanctioned job training program such as those funded under the Workforce Investment Act
5. At least one member of the household was formerly in foster care.

**8. CHANGES IN TENANT SELECTION CRITERIA**

All applicants on the waiting list will be notified of changes to the existing Tenant Selection Criteria.

\*\* Signed acknowledgement form must be returned with completed application.

# ACKNOWLEDGEMENT

  

## FORM

I hereby acknowledge that I have received and reviewed a copy of the Tenant Selection Criteria for Northwest Regional Housing Authority dba Decatur Housing Authority.

I acknowledge the Property Manager was available for questions regarding this policy.

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Applicant Signature

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Date

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Applicant Signature

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Date

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Applicant Signature

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Date