**Please complete the attached application and return to Sawyer County Housing Authority, PO Box 791, Hayward WI 54843, or deliver to 16036 W US Hwy 63 S, Hayward.**

Sawyer County Housing Authority administers several different rental assistance programs throughout the county. A brief description of each program follows:

**Housing Choice Voucher Program**: Tenant based rental assistance. This program will allow you to rent through a private landlord. Rent will be based on income.

**48 Project**: Rent will be 30% of adjusted monthly income, all utilities included. Two and Three bedroom units located in Hayward, Radisson, Winter and Exeland. **As of June 1, 2014, these will be non-smoking units.**

**Exeland** Senior Duplex: Must be elderly, handicapped or disabled to be eligible. Rent is $480 per month and includes all utilities.

**Stone Lake Senior Duplex**: Must be elderly, handicapped or disabled to be eligible. Rent is $525 per month and includes all utilities.

**Please select all of the waiting lists you are in interested in.** You may be on several lists.

| | Yes | No |
|---|---|---|
| Housing Choice Voucher Program | ____ | ____ |
| Stone Lake Elderly Duplex | ____ | ____ |
| Exeland Elderly Duplex | ____ | ____ |

| | Yes | No |
|---|---|---|
| 48 Project, Hayward | ____ | ____ |
| Radisson | ____ | ____ |
| Winter | ____ | ____ |
| Exeland | ____ | ____ |

In order to be eligible for rental assistance, your annual gross income must not be higher than the income in the table below.

| 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|---|---|---|---|---|---|---|---|
| $21950 | $25050 | $28200 | $31300 | $33850 | $36350 | $38850 | $41350 |

**Priority Guidelines**: Preference will be given to families without housing, families living in substandard housing, families paying more than 50% of their income toward housing, and those who are working/disabled/retired.

## AUTHORIZATION FOR RELEASE OF INFORMATION

### CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to SAWYER COUNTY HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

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

### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

| | | |
|---|---|---|
| Identity and Marital Status | Employment, Income, and Assets | Residences and Rental Activity |
| Medical or Child Care Allowances | Credit and Criminal Activity | |

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

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

| | | |
|---|---|---|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers | Veterans Administration |
| Courts and Post Offices | Welfare Agencies | Retirement Systems |
| Schools and Colleges | State Unemployment Agencies | Banks and other Financial Institutions |
| Law Enforcement Agencies | Social Security Administration | Credit Providers and Credit Bureaus |
| Support and Alimony Providers | Medical and Child Care Provider | Utility Companies |

### COMPUTER MATCHING NOTICE AND CONSENT

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

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

| | | |
|---|---|---|
| _____ | _____ | _____ |
| *Head of Household* | *Print Name* | *Date* |
| _____ | _____ | _____ |
| *Spouse/Co-Tenant* | *Print Name* | *Date* |

U.S. Department of Housing and Urban Development
Office of Inspector General

November 2004

# Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

## Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

## Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house:
- Required to repay all overpaid rental assistance you received:
- Fined up to S 10,000:
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

## Asking Questions

When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

## Completing The Application

When you answer application questions, you must include the following information:

### Income

- All sources of money you or any member of your household receive (wages. welfare payments, alimony, social security, pension, etc.):
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit: dividends from stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

### Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

| | |
|---|---|
| Signing the Application | ▫ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.<br>▫ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.<br>▫ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct. |
| Recertifications | You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:<br>▫ All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.<br>▫ Any move in or out of a household member; and,<br>▫ All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value. |
| Beware of Fraud | You should be aware of the following fraud schemes:<br>▫ Do not pay any money to file an application;<br>▫ Do not pay any money to move up on the waiting list;<br>▫ Do not pay for anything not covered by your lease;<br>▫ Get a receipt for any money you pay; and,<br>▫ Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges). |
| Reporting Abuse | If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410. |

HUD- 1140-OIG THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION

# 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:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

**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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**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.

**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.
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?**
You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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.

| **This Notice was provided by the below-listed PHA:** | **I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:** |
|---|---|
| Sawyer County Housing Authority<br>PO Box 791<br>Hayward WI 54843 | **Signature** **Date**<br>**Printed Name** |

# 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. 1/31/2014

| 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) |
|---|---|
| Sawyer County Housing Authority<br>PO Box 791<br>Hayward WI 54843<br>Sheila Young<br>August 15, 2011 | |

**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.

P.O. Box 791 16038W Hwy 63 S Hayward, Wisconsin 54843
Phone (715) 634-4280 Fax (715) 934-4803 Email: schous@cheqnet.net

**Head of Household Information** **E-Mail Address:**_____

| Social Security Number | Date of Birth | | Phone (include area code) |
|---|---|---|---|
| First Name | Middle Name | Last Name | |
| Address | City/Town | State | Zip Code |

Do you qualify for a reasonable accommodation due to a disability? ☐ Yes ☐ No Are you a Veteran?____

**Household Composition** – List all other members who will be living in the unit. Give the relationship of each family member to the head. For example: spouse/partner, son, daughter, aunt, grandmother, etc.

| First Name | Last Name | Relationship to Head | Birth Date | Age | Sex | Disabled | Social Security Number |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Household Income: (Employment, General Relief, W2, SS, SSI, VA, Pensions, Child Support, Workers Compensation, Unemployment Compensation, Alimony, Annuities, Per Capita, Bonuses, Tips, Commissions)**

| Family Member | Source of Income | Gross Amount per week/month |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**Household Assets: Please list all household member's assets (i.e., bank accounts, real estate, stocks, bonds, retirement or pension funds, IRA, 401K account, life insurance policies, etc)**

| Type of asset | Account Number | Cash Value | Location of Asset | Int Rate/Dividend |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**For Housing Authority Use Only:**

☐ HCV Program ☐ Vista Village ☐ Radmore Village ☐ Winmore Village ☐ Plainview Village
☐ Exeland Elderly ☐ Stone Lake Elderly

Date Received:_____ Time:_____ Initials:_____ CCAP:_____ SOR:_____

"This institution is an equal opportunity provider and employer"

## Rental History

| Name of Landlord | Address | Phone # | Date of Rental |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Have you ever been evicted? If yes, when?_____ Who was your landlord?_____ |
| ☐ | ☐ | Do you owe any past due rent? If yes, what is the amount? _____ |
| ☐ | ☐ | Do you owe any past due utilities? If yes, what utilities? _____ Amount? _____ |

## Preference

- ☐ I am homeless (Must supply third party verification of housing situation)
- ☐ I live in substandard housing (Schedule home visit or provide third party documentation)
- ☐ I Pay more than 50% of my income for rent and utilities (supply three months of receipts and income)
- ☐ I am working, disabled, or over age 62 (Must provide income verification or verification of disability status or verification of age)

## Miscellaneous Information

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Is anyone in your household on the Sex Offender Registry? |
| ☐ | ☐ | Is anyone in your household pregnant? If yes, what is your due date? |
| ☐ | ☐ | Has anyone in your household been arrested or convicted for drug related activity within the last 24 months? |
| ☐ | ☐ | Has anyone in your household been arrested or convicted of violent criminal activity in the last 24 months? |
| ☐ | ☐ | Have you or any member of your household ever received rental assistance through a government agency? If yes, what agency did you receive rental assistance through?_____ date?_____ |
| ☐ | ☐ | Do you currently owe a balance to any housing authority? If yes, what agency?_____ Amount?_____ |
| ☐ | ☐ | Do you have pets? If yes, how many dogs?_____ cats? _____ Would you be willing to give them away?_____ |
| ☐ | ☐ | Have you disposed of any assets at less than fair market value within the last 24 months? If yes, please list amount of asset and amount received. Asset Value_____ Amount Received_____ |

## Ethnicity/Race

We collect data on race and ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

Race of head of household (You may choose more than one of the following)

☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander

Ethnicity of head of household (Check only one)

☐ Hispanic ☐ Non-Hispanic

## Certification of Applicant

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- Any misrepresentation or false information will result in my application being cancelled or denied;
- At the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and SCHA policy;
- It is my responsibility to notify SCHA in writing of any change of address and my application may be cancelled if I fail to do so;
- It is my responsibility to notify SCHA in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
- I/We give permission to SCHA to verify my/our income, assets, expenses and family composition to determine eligibility;

_____ _____

Signature Date

_____ _____

Signature Date

OMB Control # 2502-0581
Exp. (07/31/2012)

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.

| | |
|---|---|
| **Applicant Name:** | |
| **Mailing Address:** | |
| **Telephone No:** | **Cell Phone No:** |
| **Name of Additional Contact Person or Organization:** | |
| **Address:** | |
| **Telephone No:** | **Cell Phone No:** |
| **E-Mail Address (if applicable):** | |
| **Relationship to Applicant:** | |

**Reason for Contact:** (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

**Commitment of Housing Authority or Owner:** 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.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

**Legal Notification:** 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.

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# NOTICE OF RIGHTS AND OBLIGATIONS OF HOUSING CHOICE VOUCHER APPLICANTS AND TENANTS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA)

*This notice was adapted from a notice prepared by the National Housing Law Project.*

A federal law that went into effect in 2006 protects individuals who are victims of domestic violence, dating violence, and stalking. The name of the law is the Violence against Women Act, or "VAWA." This notice explains your rights under VAWA.

## Protections for Victims

If you are eligible for a Section 8 voucher, the housing authority cannot deny you rental assistance solely because you are a victim of domestic violence, dating violence, or stalking.

If you are the victim of domestic violence, dating violence, or stalking, you cannot be terminated from the Section 8 program or evicted based on acts or threats of violence committed against you. Also, criminal acts directly related to the domestic violence, dating violence, or stalking that are caused by a member of your household or a guest can't be the reason for evicting you or terminating your rental assistance if you were the victim of the abuse.

## Reasons You Can Be Evicted

You can be evicted and your rental assistance can be terminated if the housing authority or your landlord can show there is an *actual* and *imminent* (immediate) threat to other tenants or employees at the property if you remain in your housing. Also, you can be evicted and your rental assistance can be terminated for serious or repeated lease violations that are not related to the domestic violence, dating violence, or stalking committed against you. The housing authority and your landlord cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

## Removing the Abuser from the Household

Your landlord may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the assisted unit. Also, the housing authority can terminate the abuser's Section 8 rental assistance while allowing you to continue to receive assistance. If the landlord or housing authority chooses to remove the abuser, it may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, your landlord must follow federal, state, and local eviction procedures.

## Moving to Protect Your Safety

The housing authority may permit you to move and still keep your rental assistance, even if your current lease has not yet expired. The housing authority may require that you be current on your rent or other obligations in the housing choice voucher program. The housing authority may ask you to provide proof that you are moving because of incidences of abuse.

## Proving That You Are a Victim of Domestic Violence, Dating Violence, or Stalking

The housing authority and your landlord can ask you to prove or "certify" that you are a victim of domestic violence, dating violence, or stalking. The housing authority or your landlord must give you at least 14 business days (i.e., Saturdays, Sundays, and holidays do not count) to provide this proof. The housing authority and your landlord are free to extend the deadline. There are three ways you can prove that you are a victim:

- Complete the certification form given to you by the housing authority or your landlord. The form will ask for your name, the name of your abuser, the abuser's relationship to you, the date, time, and location of the incident of violence, and a description of the violence.
- Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing "under penalty of perjury."

- Provide a police or court record, such as a protective order.

If you fail to provide one of these documents within the required time, the landlord may evict you, and the housing authority may terminate your rental assistance.

**Confidentiality**

The housing authority and your landlord must keep confidential any information you provide about the violence against you, unless:

- You give written permission to the housing authority or your landlord to release the information.
- Your landlord needs to use the information in an eviction proceeding, such as to evict your abuser.
- A law requires the housing authority or your landlord to release the information.

If release of the information would put your safety at risk, you should inform the housing authority and your landlord.

**VAWA and Other Laws**

VAWA does not limit the housing authority's or your landlord's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

**For Additional Information**

**If you have any questions regarding VAWA, please contact your assigned caseworker at 503-802-8333.** For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY). For local DV services call the Portland Women's Crisis Line: 503-235-5333 or 1-800-235-5333, or the services referral hotline for contact information for local victim advocacy groups and service providers: 211 or 503-222-5555.

**Definitions**

For purposes of determining whether a tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines ***domestic violence*** to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse of the victim
- A person with whom the victim shares a child in common
- A person who is cohabitating with or has cohabitated with the victim as a spouse
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies
- Any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction

VAWA defines ***dating violence*** as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines ***stalking*** as (A)(i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person OR (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person AND (B) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person, (ii) a member of the immediate family of that person, or (iii) the spouse or intimate partner of that person.

If you need interpretation assistance please notify your case worker. This Notice is available in Spanish and Russian.

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