



Somersworth Housing Authority



Central Office: 25 Bartlett Ave Suite A, Somersworth, N.H. 03878
Phone (603) 692-2864 Fax (603) 692-2877 TDD (800) 545-1833 Ext 113
Website: www.somersworthhousing.org

Thank you for your interest in our affordable housing programs. We take pride in our management and in our apartment community. We actively seek qualified residents and strive to provide the best services possible. ***Applicants who are determined preliminarily eligible will be placed on a waiting list by date and time your completed application is received by our office.***

Applications may be returned to us in person, by mail, by fax or drop box at office entrance. Please provide all requested information and answer all questions. Applications dated 30 days prior to receipt by our office will not be accepted. Any falsification of information on the application is immediate grounds for denial of residency. If you have any questions when filling out the application, please contact us for assistance.

Screening Process (for all adult applicants):

- Criminal Conviction History and National Sexual Offenders Registration background check is conducted prior to receiving subsidized housing benefits with SHA housing programs/properties.
- We will request present and prior landlord 5-year rental history for all adult applicants of our managed properties.
- We verify income and assets (where applicable) to confirm income eligibility of applicants.

Please provide the following documents with your completed application. **Do not mail originals** – submit copies only or request copies when you submit your application.

- **Birth Certificates** (for all members listed on application); the following are accepted *in lieu of Birth Certificates*: Social Security Administration Benefits printout, Baptismal Certificate, Military Discharge papers, valid Passport, Census document showing age, Naturalization certificate.
- **Social Security Cards** (All household members – **EXCEPTION**: Applicants who were 62+ on 1/31/2010 receiving assistance without SSN) (Except household members who do not contend eligible immigration status)

If unable to provide card, check with intake about other acceptable SS # verification.

- **Picture ID** (License, Non-Drivers ID, Passport, etc. for household members over 18-years-old)
- **Social Security award letter/Verification of Disability** if applying for elder/disabled development and under the age of 62 years.

Applicants are encouraged to read ALL forms prior to signing.

Please inform SHA if you need to have any written material presented in a different language or delivery format.

If you or anyone in your family is a person with disabilities and require any other specific reasonable accommodation to fully utilize our programs and services, please contact us.

The Grievance Procedure Policy is available upon request at the Central Office.





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	<p>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:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
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	<ul style="list-style-type: none">▫ 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	<ul style="list-style-type: none">▫ 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.
- 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.
- 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:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- 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:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- 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.



Somersworth Housing Authority - APPLICATION

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HEAD OF HOUSEHOLD/HOUSEHOLD INFORMATION_____
Last Name_____
First Name_____
Mid Initial_____
Maiden Name_____
Social Security Number_____
Date of Birth_____
GenderPHYSICAL ADDRESS: _____
Street City State Zip Code

MAILING ADDRESS (IF DIFFERENT): _____

PRIMARY PHONE NUMBER: () _____ ALT. PHONE NUMBER: () _____

E-MAIL ADDRESS: _____

Check below what you are applying for AND # of bedrooms (circle) 1 2 3 4**Medically Necessary:** (if CHECKED you will only be contacted for a unit with the medically necessary requirements after doctors' note is provided)1-2 bedrooms: ☐ Wheelchair Modified1-4 bedrooms: ☐ Deaf/Hard of Hearing Modified**Single & Multifamily:**1-4 bedrooms: ☐ Housing Choice Voucher (Section 8)1-4 bedrooms: ☐ Bartlett Commons (2 floors, no elevator)☐ First Floor (Doctors note Needed) ☐ Second Floor2-3 bedrooms: ☐ Smoky Hollow Commons (2 floors, no elevator)1-2 bedrooms: ☐ Filion Terrace (2 floors, no elevator)☐ First Floor (Doctors note Needed) ☐ Second Floor1 bedroom only: ☐ Charpentier (4 floors, has elevator)**Elder:** (AGE 62+ Only)1 bedroom only: ☐ Albert J. LaBonte/Maple Street (3 floors, has elevator)**Elder / Disabled Adult:** (AGE 62+ OR UNDER AGE 62 W/ VERIFICATION OF DISABILITY)1 bedroom only: ☐ Preservation Park (2 floors, no elevator)☐ First Floor (Doctors note Needed) ☐ Second Floor1 bedroom only: ☐ Queensbury Mill (4 floors, has elevator)**If you need any "Reasonable Accommodation," please describe your request here:**

HOUSEHOLD MEMBERS

List **ALL** members in the household. Complete **ALL** columns.

Key for Relationship to Head of Household Column

- 1 – HOH:** Head of household means the adult member of the family who is considered the head for purposes of determining income eligibility and rent.
- 2 – Spouse:** Marriage partner of the HOH who is equally responsible with the HOH for ensuring that the family fulfills all of its responsibilities under the program. A family may have a spouse or cohead, but not both.
- 3 – Co-Head:** Same as spouse but isn't marriage partner. A family may have a spouse or cohead, but not both.
- 4 – Other Adult:** A family member, other than the head, spouse, or cohead, who is 18 years of age or older. Foster adults and live-in aides are not considered other adults.
- 5 – Unborn Child:** If pregnant, please list and indicate the estimated due date.
- 6 – Child:** A dependent is a family member who is under 18.
- 7 – Foster Adult:** Usually persons with disabilities, unrelated to the tenant family, who are unable to live alone.
- 8 – Foster Children:** A child that is in the legal guardianship or custody of a state, county, or private adoption or foster care agency, yet is cared for by foster parents in their own homes, under some kind of short-term or long-term foster care arrangement with the custodial agency.
- 9 – Live in Aide:** A person who resides with one or more elderly persons, or near-elderly persons, or persons with disabilities, and who: (1) is determined to be essential to the care and well-being of the persons, (2) is not obligated for the support of the persons, and (3) would not be living in the unit except to provide the necessary supportive services.

Key to Race and Ethnicity Columns (providing this information is optional)

Race: 1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American
 4 – Native Hawaiian or Other Pacific Islander 5 – White 6 – Other

Ethnicity: 1 – Hispanic or Latino 2 – Not Hispanic or Latino

(Optional)

Relationship To HOH* Use above key #	First Name	MI	Last Name	Social Security Number	DOB or Estimated Due Date	M/F	Student? Yes/No Full Time Part Time	Race Use above key #	Ethnicity Use above key #
1 - HOH									
*									
*									
*									
*									
*									

Is anyone in the household disabled? Yes ☐ No ☐

Which Household Member(s): _____

MEDICAL EXPENSES

Does anyone in the household have any medical expenses? Yes ☐ No ☐

Provide information for anyone who has medical expenses in the following table:

Type of Expense	Company Name & address that generates expense	Amount Paid	Frequency of Payment	Which Household Member's expense is this?

(Attach a separate sheet if you need to add more medical expenses.)

YOUR HOUSEHOLD'S ANNUAL INCOME

Key to Type of Income:

- | | |
|---|---|
| 1 – NO INCOME | 8 – COLLECTED CHILD SUPPORT |
| 2 – EMPLOYMENT (Include tips, bonuses, commissions) | 9 – UNCOLLECTED CHILD SUPPORT |
| 3 – SELF EMPLOYMENT | 10 – PUBLIC ASSISTANCE (APTD) OR AID TO FAMILIES WITH DEPENDENT CHILDREN (TANF) |
| 4 – UNEMPLOYMENT OR WORKERS COMPENSATION | 11 – ALIMONY/PARTNER SUPPORT |
| 5 – SOCIAL SECURITY (Note Which: SSA, SSDI, SSI) | 12 – RENTAL /REAL ESTATE INCOME |
| 6 – PENSIONS OR ANNUITIES | 13 – OTHER INCOME SOURCES/TYPES NOT LISTED |
| 7 – VETERAN'S BENEFITS | |

Provide information for any sources of income: (Attach separate page if necessary)

Type of Income (Use above Key #)	Employer/Address OR Agency (Ex: Social Security/DHHS)	Amount Received (Gross \$\$)	Weekly/Bi-weekly or Monthly	Name of person Receiving Income
		\$		
		\$		
		\$		
		\$		

Do you receive any regular contributions, monetary or not from other people/sources?

No ☐ Yes ☐ (Three or more times a year is regular)

If YES, From Whom? _____ Amt \$_____ How Often? _____

YOUR HOUSEHOLD'S ASSETS

Key to Asset Type:

- | | |
|---|---|
| 1 – No Assets
2 – Checking Accounts
3 – Savings Accounts
4 – CDs, Money Market Accounts
5 – Stocks
6 – Bonds | 7 – IRAs or other Retirement Accounts
8 – Life Insurance (Whole)
9 – Annuity Account
10 – Real Estate (Fair Market Value)
11 – Direct Express/EBT /Pre-paid Debit Card
12 – Any other Asset not listed |
|---|---|

Provide information below for any **CHECKED** asset: (Attach separate page if necessary)

Asset Type (Use above Key #)	Balance of Account or Value of Asset	Account #	Bank or Company Name	Whose Name is on the Account?
	\$			
	\$			
	\$			
	\$			
	\$			

Disposal of Assets:

Have you **sold/disposed** of any property in the last 2 years for more than **\$5,000**:

Yes ☐ No ☐

If Yes, CHECK:

☐ Property (Real Estate)

☐ Any other asset

(Example: Given away money to relatives, created an Irrevocable Trust Account(s) etc.)

Provide information below for any **CHECKED** sold/disposed asset: (Attach separate page if necessary)

Property Type	Date of Sale / Disposition	Appraised Market Value	Amount Property Sold for	Mortgage Balance Due	Net Gain Actual Amt. Rec'd

YOUR HOUSING HISTORY

List your housing history for the past **FIVE** years. **Start with Present Housing. IF YOU'RE HOMELESS PLEASE LIST THAT OR SHELTERS IF APPLICABLE:** (Attach a separate page if necessary)

Landlord's Name / Address / Phone # / Email	Your Address (While renting)	Length of Tenancy (month/year)		Your Name on Lease?	Staying w/ Family/Friends
		From:	To:		
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No

Have you or any household member over 18 years:

- Received Housing Authority rental assistance before from any state? **Yes** ☐ **No** ☐
- Owe(d) any money to a Housing Authority? **Yes** ☐ **No** ☐
- Been evicted from a housing assistance program? **Yes** ☐ **No** ☐
- Been terminated from the Section 8 certificate or voucher program? **Yes** ☐ **No** ☐

Provide information below for any **CHECKED** yes:

Name of Housing Authority	Dates of Tenancy/Section 8	Head of Household	Evicted? Terminated?	Amount Owed? Re-Payment Agreement Yes / No

Have you or any other adult / child(ren) in your household lived in any state other than NH?

No ☐ Yes ☐ If yes please list:

Name of person: _____

Where & what year(s): _____

Have you or anyone in your household been convicted of a criminal misdemeanor or felony?

No ☐ Yes ☐ If yes, check those that apply:

☐ A drug related crime

☐ Crimes of physical violence against persons or property

☐ Subject to a lifetime state sex offender registration program in any state

Provide information below for any **CHECKED** question: (Attach separate page if necessary)

What Household Member	Date(s) of /Conviction	What Court Jurisdiction (City/State)

Do you have a pet? (Circle if yes): Dog Cat Other(describe) _____

In accordance with HUD policy, ALL Somersworth Housing Authority developments, offices, and common areas/grounds are SMOKE-FREE. HUD has declared that medical marijuana is considered federally illegal, regardless of state law, and considered an illegal drug.

Do you or any member of your household currently use illegal drugs (including marijuana)?

No ☐ Yes ☐

How did you hear about SHA? (Check all that apply)

☐ Agency ☐ Family/Friend ☐ Current Resident ☐ Internet/Facebook

☐ Radio/Newspaper ☐ Community Posting ☐ Other (?)_____

APPLICANT CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, income, and family assets, is accurate and complete to the best of my knowledge. I have reviewed this Application Form and certify that the information shown is true and correct. I acknowledge that I have read the form "**THINGS YOU SHOULD KNOW**" and the rights under the Violence Against Women Act (VAWA) and have initialed here to confirm that.

HOH Initial(s)

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial of this application or termination of housing assistance or termination of tenancy.

Determination of Eligibility

I understand that this is only my "Initial Application" and that I shall be required to up-date, later, so that the Housing Authority can determine my eligibility for the housing assistance programs.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

_____ Signature of Head of Household	_____ Print Name	_____ Date
_____ Signature of Spouse OR Co-Head	_____ Print Name	_____ Date
_____ Signature of Other Adult Household Member 18 yrs. or Older	_____ Print Name	_____ Date
_____ Signature of Other Adult Household Member 18 yrs. or Older	_____ Print Name	_____ Date

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Applicant/Resident Release and Consent Form

I (we), the undersigned, understand that in order to be considered eligible for housing assistance, the Somersworth Housing Authority will process an initial application and routine re-certifications (for residents) in which I (we) have provided all of the information that the U.S. Department of Housing and Urban Development (HUD) requires in determining both initial and, if a resident, ongoing housing assistance eligibility.

I (we) understand that the Somersworth Housing Authority may seek authorized information from the following, but not limited to, listed entities as they apply to the household (herein defined as the undersigned and any other listed household members) to meet HUD requirements and determine eligibility under HUD regulations/guidelines. Somersworth Housing Authority utilizes **Enterprise Income Verification Systems** and other computer matching programs to verify information relating to applicants and residents:

- **Income Verification/Assets Verification**

Employment – Unemployment Benefits – Disability Benefits-Social Security Benefits
Bank Accounts; Investment Accts; Stocks; Bonds; Real Estate
Life Insurance (cash value only)
Child Support/Spousal/Partner Payments (Alimony)

- **Criminal History Record/Police Reports**

I/we authorize the release of my criminal record as well as any law enforcement reports involving myself &/or my residence & guests at my residence including but not limited to criminal arrests & convictions, documented complaints involving alcohol/illegal substance consumption, domestic violence/disputes, noise/nuisance complaints, & other violations of the law.

- **Division of Health and Human Services, local Welfare Agencies**

- **Health care providers/Medical Expenses/Medical Info if requesting Special Accommodations**

- **Landlords/Shelter/Transitional Housing/Public Housing Authority Agencies**

- **Childcare Providers**

- **SAVE – for non-citizen applicants**

By signing this consent form, I (we) certify that ALL the information provided as part of the application process and upon any recertification of housing assistance is true and accurate to the best of my (our) knowledge.

I (we) authorize the Somersworth Housing Authority to obtain all required information from any of the above sources regarding the undersigned or any member of the household.

I (we) understand that the Somersworth Housing Authority will keep all information on all household members in the highest confidence and only divulge this information where required by HUD and by law.

Signature of Head of Household

Print Name

Date

Signature of Spouse OR Co-Head

Print Name

Date

Signature of Other Adult
Household Member 18 yrs. or Older

Print Name

Date

Signature of Other Adult
Household Member 18 yrs. or Older

Print Name

Date

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)

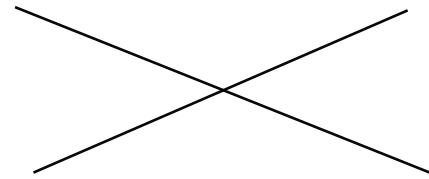
U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

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

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.

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:***

Signature

Date

Printed Name



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:

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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:***

Signature

Date

Printed Name

DECLARATION OF CITIZENSHIP

Please provide all information requested:

Part 1: Applies to All Family Members

Each person who will benefit under the Public Housing and/or Section 8 Program must either be a citizen or national of the United States, or be a non-citizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a non-citizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national United States, or do not claim to be a non-citizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

Check which box applies

First Name	Last Name	Age	I am citizen or national of the U.S.	I am a non-citizen with eligible immigration status	Signature of Adult Listed to Left. OR Signature of Minor's Guardian
					X
					X
					X
					X
					X
					X
					X
					X
					X

Warning- Title 18 US Code Section 1001 states that a person is guilty of felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family member who have checked a box indicating that they are a non-citizen with eligible immigration status must complete Part 2 of this form.

Part 2 on next page.

Part 2: Applies to Non-citizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

1. Form I-551, Alien Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-688, Temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the INS indicating that an application or issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call _____ at _____ to arrange for delivery and copying of original documents.

DO NOT MAIL ORIGINAL DOCUMENTS TO THIS OFFICE!

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification:

As head of household I certify, under penalty or perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or non-citizens with eligible immigration status.

Signature: _____ Date: _____

Consent to Verify Eligible Immigration Status:

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to Left. OR Signature of Minor's Guardian	<u>Office Use Only:</u> INS Verification #
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be release by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> 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.

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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.





Somersworth Housing Authority



Central Office: 25 Bartlett Ave Suite A, Somersworth, N.H. 03878
Phone (603) 692-2864 Fax (603) 692-2877 TDD (800) 545-1833 Ext 113

Language/Alternate Format Designation Form

The Somersworth Housing Authority wants to provide effective communication and services to all its clients. This includes person with disabilities, and persons who do not speak English.

The purpose of this form is to gather information to help us serve you better.

Kinds of Communications:

SHA can communicate with persons who have disabilities in several ways. Check below to tell us how you would like to information from the SHA:

☐ I do not need written materials in a different format.

☐ I need written materials in the following format:

☐ Large Print: **This is 18 point font.**

☐ Braille: Written text is provided in Braille.

☐ Spoken: Written material is read aloud by a SHA employee, in person or over the phone.

☐ I need a sign language interpreter.

☐ Other: Please Explain: _____

Your Language:

☐ I speak English and read English and do not need help communicating with the SHA

☐ I speak English, but I need help filling out paperwork.

☐ I do not speak or read English, and I need written materials in:

☐ French ☐ Spanish ☐ German ☐ Greek ☐ Italian ☐ Chinese ☐ Arabic

☐ Korean ☐ Portuguese ☐ Vietnamese

☐ Other: Please Specify- _____

I have read this form, or it has been read to me.

HOH Print Name

HOH Signature

Date





Somersworth Housing Authority



Central Office: 25 Bartlett Ave, Suite A, Somersworth, N.H. 03878
Phone (603) 692-2864 Fax (603) 692-2877 TDD (800) 545-1833 Ext 113

Certification of Receipt

I certify that I have received a copy or and understand the Notice of Occupancy Rights under the Violence Against Women Act HUD Form 5380 and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking HUD Form 5382.

Print Name

Signature

Date

All Additional Adults please sign:

Print Name

Signature

Date

Print Name

Signature

Date