

Rochester Housing Authority

77 Olde Farm Lane, Rochester, NH 03867
Phone (603) 332-4126 Fax (603) 332-0039
Web Address: www.rhanh.org

Thank you for your interest in our subsidized 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 application is received by our office.**

Applications may be returned to our main office in-person, by mail, fax, or drop box in the office lobby. Please complete the entire application in **Blue or Black** ink, providing all requested information and answering all questions. Application/forms returned incomplete delays processing. **Sign and date application and all additional forms.** (Duplicate forms are for each adult). 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 and possible prosecution. If you have any questions when completing the application, please contact our office for assistance.

Please note: The following screening process will be conducted on all adults 18 years of age and older applicants.

- Criminal Conviction History and National Sexual Offenders Registration background checks are conducted prior to receiving subsidized housing benefits through RHA for housing programs/properties.
- We verify income and assets to confirm income eligibility of applicants.

Applicants are encouraged to read ALL forms prior to signing. Please inform RHA if you need written material presented in a different language or delivery format changed.

Please provide the following required documents with your completed application **OR** within 2 weeks of application submission. **Do not mail originals** – submit **copies only** or **request copies** when you submit your application.

- **Birth Certificates** (for all members listed on application).
- **Social Security Cards** (**All** household members – **EXCEPTION:** Applicants who were 62+ years 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.

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

The Grievance Procedure Policy is available upon request at the Main Office

Should you have any questions or need additional information, please contact: (603) 332-4126
Catherine Jacques – Applications Manager E-Mail: Applications@rhanh.org





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	<p>When you answer application questions, you must include the following information:</p> <table><tr><td>Income</td><td><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)</td></tr><tr><td>Assets</td><td><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.</td></tr></table>	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.
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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.





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Disability and Homelessness Self Reporting Form

For housing authorities to remain compliant with HUD regulations, we are required to track by number (not name) all those who report themselves as homeless or disabled. Please review each statement below and check the YES or NO box beside it.

Homeless family:

A homeless family includes:

- A. Any person or family that lacks a fixed, regular, and adequate night time residence; and
- B. Any person or family that has a primary night time residence that is:
 - 1. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing).
 - 2. An institution that provides a temporary residence for individuals intended to be institutionalized.
 - 3. A public or private place not designed for, or ordinarily used as, regular sleeping accommodation for human beings.

A "homeless family" does not include any person imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

I self-report that I am a member of a homeless family or an individual who is homeless.

YES _____

NO _____

Persons with disabilities: A person who has a disability, as defined in :

- A. 42 U.S.C. 423 and is determined to have a physical, mental, or emotional impairment that is expected to:
 - 1. Be of long-continued and indefinite duration
 - 2. Substantially impede his or her ability to live independently, and
 - 3. Be of such a nature that the ability to live independently could be improved by more suitable housing conditions,
- B. Has a developmental disability as defined in 42 U.S.C. 6001. This definition includes persons who have the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome.

For purposes of qualifying for low-income housing, it does not include a person whose disability is based solely on any drug or alcohol dependence; and means "individual with handicaps", for purposes of reasonable accommodation and program accessibility for

HUD.

YES _____

NO _____

Applicant Signature Here _____ Date _____

RHA USE ONLY

Time Received: _____

Date Received: _____

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APPLICATION

Head of Household/Household Information

Last Name First Name Mid Intl.

Social Security Number Date of Birth

PHYSICAL ADDRESS: _____
Street City State Zip Code

MAILING ADDRESS (IF DIFFERENT): _____

PRIMARY Phone Number: () _____ **ALT. PHONE NUMBER:** () _____

E-MAIL ADDRESS: _____

Personal Contact: (OPTIONAL) List a person to contact in the event we are unable to reach you.

Name: _____ Phone #: _____ Relationship to Applicant: _____

Check below the developments or programs you are applying for AND

of bedrooms (Check) 1 2 3 4

Section 8: _____ Project Based Voucher Linscott Court: _____

Family Housing: _____ Project Based Voucher Marshview: _____
(62+ years of age)

Elderly/Disabled: _____

Do you need: Unit with no stairs but has an elevator: _____ Handicapped-Modified Unit: _____
Deaf/Hearing Impaired Modified: _____

NOTE: If you need a "Reasonable Accommodation," please describe your request:

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

HOUSEHOLD MEMBERS

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

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

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

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

<u>Legal Name</u>	<u>Date of Birth</u>	<u>Social Security No(s)</u>	<u>Relationship</u>	<u>Sex</u> M F	<u>Race</u>	<u>Ethnicity</u>
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Head of Household					please enter from chart above	
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Co-Head of Household						
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Other adult over 18						
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Youth Under 18						
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Youth Under 18						
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Youth Under 18						
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Youth Under 18						
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Youth Under 18						
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YOUR HOUSEHOLD'S ANNUAL INCOME

Please check off all types of income your household receives and list on next page (3)

SOURCE OF INCOME: **No Income:** _____

Employment: (Include tips, bonuses, commissions) _____

Self Employment: _____

Unemployment or Workers Compensation: _____

Social Security: circle (SSA, SSDI, SSI)

Child Support Check One: Collected OR Uncollected)

Alimony/Partner Support: _____

Pensions or Annuities: _____

Veteran's Benefits: _____

**Public Assistance (APTD) OR
Aid to Families with Dependent Children:** _____

Rental/Real Estate Income: _____

Other Income Sources/Types Not Listed:

Income: (continued)

Provide information for any **CHECKED** INCOME source (from page 2)

Type of Income: (From Checked Box)	Employer/Address OR Agency (Ex: Social Security/DHHS)	Amount Received	Weekly/Bi-weekly or Monthly	Name of person Receiving Income
		\$		
		\$		
		\$		
		\$		

Do you receive a regular contribution (three or more times a year is regular), monetary or not from other people/sources? Yes No

If you answered YES, from whom? _____ Amt. \$ _____ How Often? _____

HOUSEHOLD ASSETS

Check any that apply:

If you have none of the assets listed below, you hereby certify this household has no assets.

Signature

Checking Accounts: _____ Savings Accounts: _____ CDs, Money Market Accounts: _____

Stocks: _____ Bonds: _____ IRAs or other Retirement Accounts: _____

Life Insurance (Whole): _____ Annuity Account: _____ Real Property _____
(Suitable for Occupancy)

Direct Express/EBT/Pre-paid Debit Card: _____ Any other Asset not Listed: _____

Provide information below for any **CHECKED** asset: Attach a separate page if necessary.

Asset Type (From checked Box)	Balance of Account or Value of Asset	Account #	Bank or Company Name	Whose Name is. on the Account?
	\$			
	\$			
	\$			
	\$			
	\$			

Disposal of assets:

In the past 2 years: Have you sold/disposed of any property more than **\$5,000** Yes No

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**
Attach a separate page if necessary.

Landlord's Name: & Address ** (Provide both)	Your Address (While Renting)	Length of Tenancy (month/year) From To		Your Name on Lease? Yes/No	Staying w/ Family/Friends Yes/No

****Property owners names/address information can be obtained by contacting city assessor or on-line property records/tax cards where rental property is located if you cannot recall this information.**

HAVE YOU OR ANY HOUSEHOLD MEMBER OVER 18 YEARS:

Received housing assistance before from any state or housing authority? YES NO

Owe(d) any money to a Housing Authority?

*RHA is required to check HUD systems to verify 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

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

YES

NO

Name of person: _____

Where & what year(s): _____

*** Attach a separate page if necessary

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

YES

NO

Check all 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:

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

APPLICANT CERTIFICATION

Giving True and Complete information

I certify 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.

Initial(s)

Reporting on Prior Housing Assistance

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

Initial(s)

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 will be required to update, information so the Housing Authority can determine my eligibility for the housing assistance programs prior to receiving assistance.

Initial(s)

**In accordance with HUD policy, ALL Rochester 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.

How did you hear about RHA (check all that apply)

Current Resident

Internet/Facebook

Other(?)_____

Agency

Radio/Newspaper

Friend/Family

Community Posting

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Applicant/Resident Release and Consent Form

I(we), the undersigned, understand that to be considered eligible for housing assistance, the Rochester Housing Authority will process an initial application and routine re-certifications (for residents) in which I(we) have provided all 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 Rochester 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 and guidelines. Rochester 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 Accounts; Stocks; Bonds; Real Estate
Life Insurance (cash value only)
Child Support/Spousal/Partner Payments (Alimony)

- **Criminal History Record/Policy Reports**

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

- **Division of Health and Human Services, local Welfare Agencies**
- **Health care providers/Medical Expenses/Medical Information if requesting Special Accommodations**
- **Landlord/Shelter/Transitional Housing/Public Housing Authority Agencies**
- **Childcare Providers**
- **SAVE – for non-citizen applicants.**
- **Community Partners**

or other organizations to assist with coordination of housing benefits.

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

I(we) authorize the Rochester 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 Rochester Housing Authority will keep all information on all household members in the highest confidence and only divulge this information where required by HUD, RHA policy and by local and state law.

Signature of Head of Household

Print Name

Date

Signature of Spouse/Co-Head

Print Name

Date

Signature of Other Household Member
18yrs. or older

Print Name

Date

Signature of Other Household Member
18yrs. or older

Print Name

Date

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms **HUD-9887 & 9887-A** (02/2007)

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

Optional and Supplemental 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.

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

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	

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.



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

THE HOUSING AUTHORITY CITY OF ROCHESTER**Notice of Occupancy Rights under the Violence Against Women Act¹****To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender, identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Rochester Housing Authority (RHA)** is in compliance with VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

Protection for Applicants

If you otherwise qualify for assistance under the **RHA**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protection for Tenants

If you are receiving assistance under the **RHA**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the **RHA** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

RHA may divide (bifurcate) your lease to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If RHA chooses to remove the abuser or perpetrator, RHA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. **(NH RSA 540:2V11), (NH RSA 540:14IV)** If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, RHA must allow the tenant who is or has been a victim and other household members to remain in the unit for period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, RHA must follow Federal, State, and local eviction procedures. **(NH RSA 540), (540-A)** In order to divide a lease, RHA may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking. **(NH RSA 540:2 VII (D)), (540:14 IV).**

Moving to Another Unit

Upon your request, RHA may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, RHA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.**
If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

RHA will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

RHA's emergency transfer plan provides further information on emergency transfers, and RHA must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

RHA can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, (NH RSA 173-B) sexual assault (NH RSA 632-A) or stalking (NH RSA 633:3a). Such requests from RHA must be in writing and RHA must give you at least 14 business days (Saturdays, Sundays and Federal holidays do not count) from the day you receive the request to provide the documentation. RHA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to RHA as documentation. It is your choice which of the following to submit if RHA asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by RHA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the Incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent or volunteer of a victim service provider, an attorney, a medical professional or mental health professional (collectively "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the profession selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that RHA has agreed to accept.

If you fail or refuse to provide one of these documents within 14 business days, RHA does not have to provide you with the protections contained in this notice.

If RHA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), RHA has the right to request that you provide third-party documentation with thirty (30) calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, RHA does not have to provide you with the protections contained in this notice.

Confidentiality

RHA must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

RHA must not allow any individual administering assistance or other service on behalf of RHA (for example, employees and contractors) to have access to confidential information unless for reasons that specially call for these individuals to have access to this information under applicable Federal, State, or local law.

RHA must not enter your information into any shared database or disclose your information to any other entity or individual. RHA, however, may disclose the information provided if:

- You give written permission to RHA to release the information on a time limited basis.
- RHA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires RHA or your landlord to release the information.

VAWA does not limit RHA'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.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May be Evicted or Assistance May be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you (**NH RSA 540:2 VII (e)**). However, RHA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protection described in this notice might not apply, and you could be evicted and your assistance terminated, if RHA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- (1) Would occur within an immediate time frame, and
- (2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If RHA can demonstrate the above, RHA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **HUD Manchester Field Office at 603-666-7510.**

For Additional Information

You may view a copy of HUD's final VAWA rule at **(24 CFR part 5, subpart L.)**
<https://portal.hud.gov/hudportal/documents/huddoc?id=5720-F-03VAWAFinRule.pdf>

Additionally, RHA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Rochester Housing Authority AT 603-332-4126.**

For help regarding abusive relations, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY) You may also contact **Coordinated Entry at 603-435-2488.**

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **HAVEN: 24-Hour Confidential Hotline at 1-603-994-SAFE (7233) or Relay NH/Confidential TTY: 1-800-735-2964 or 711.**

Victims of stalking seeking help may contact **HAVEN: 24-Hour Confidential Hotline at 1-603-994-SAFE (7233) or Relay NH/Confidential TTY: 1-800-735-2964 or 711.**

Attachment: Certification for HUD-5382

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the request was received by victim or on the victims behalf: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



Rochester Housing Authority



77 Olde Farm Lane, Rochester, NH 03867
Phone (603) 332-4126 Fax (603) 332-0039
Web Address: www.rhnh.org

Certification of Receipt

I certify that I have received a copy of 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, and Alternate Documentation HUD for 5382.

ALL ADULTS (18 and older) PLEASE SIGN:

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

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ADDENDUM 1

CRIMINAL RECORDS VERIFICATION

The RHA is authorized to obtain criminal conviction records from law enforcement agencies to screen applicants for admission or to terminate current residents in public housing or voucher program(s.) This authority assists the RHA in complying with HUD requirements and RHA policies to deny or terminate applicants or residents who are engaging in or have engaged in certain criminal activities. All applicants and household members will be screened for criminal history. In order to gain access to these records, the RHA will require all household members aged 18 and older to sign a criminal background release form and submit fingerprints if necessary to gather information, necessary information, to determine eligibility.

The RHA may not pass along to the applicant or participant the cost of criminal records check.
Per HUD 24 CFR 5.903.

The RHA is also required to perform criminal background checks necessary to determine whether any household member is subject to a lifetime registration requirement under a state or federal sex offender program in the United States.

Applicants and residents must complete an authorization to release criminal information for the Rochester Police Department and FBI. When an applicant and/or resident completes and signs the authorization form, the applicant and/or resident certifies the information contained within the form is true under penalty of Forgery (NH RSA 638:1) and Unsworn Falsification (NH RSA 641:3). Applicants will be denied admission to housing if they fail to provide truthful information on the application and are subject to further prosecution as listed above under NH Law.

A history of any of the following by any household member is cause for denial or termination of an applicant and/or current program participant and managed property residents as follows:

- A. Lifetime denial with any conviction or adjudication other than acquittal of:
 - 1. First-degree murder.
 - 2. Sex offences, including, but not limited to, forcible rape, child molestation, and aggravated sexual battery.
 - 3. Arson and/or crimes involving explosives.
 - 4. Any applicant (or member of applicant's household) who has been convicted of the manufacture of methamphetamine on the premises of federally assisted housing is prohibited from admission to the RHA's public housing program.



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- B. Within 10 years from the date of criminal record processing, any conviction or adjudication other than acquittal of any felony that involved bodily harm against a person or property, including, but not exclusive of:
1. Homicide (other than first-degree murder)
 2. Manslaughter
 3. Armed robbery
 4. First, second degree assault and domestic violence assault
 5. Buying, receiving, or possession of stolen property
 6. Burglary or theft
 7. Auto theft
 8. Embezzlement
 9. Sales or manufacture of controlled substance; and/or
 10. Any crime of violence that may establish that the applicant constitutes a direct threat to the health and safety of other individuals.
 11. Weapons offenses.
- C. Within 5 years from the date of criminal record processing, any conviction or adjudication other than acquittal of:
1. A crime involving the illegal use of a controlled substance other than sales.
 2. Illegal gambling
 3. Prostitution
 4. Commercialized vice
 5. Stalking
 6. Forgery
- D. Within 3 years from the date of criminal record processing; any conviction or adjudication other than acquittal of:
1. Any other felony not included above.
 2. Any Misdemeanor A or B conviction or adjudication other than acquittal
- E. Police or court records within the past ten years will be used to check for any evidence of disturbance of neighbors or destruction of property that may have resulted in an arrest.

If at the time of application or admission the applicant has a pending charge not resolved in the courts, the application will be placed on hold. Once the pending charge(s) are resolved, the applicant must provide the RHA with information from the court as to the outcome of the charge(s). The RHA will then review and make a determination as to the applicant's eligibility.



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The RHA will not admit an applicant into housing until three years post-conviction, or if sentenced, until three years post completion of sentence, or if released on probation, until probation ends, and the applicant is released from all court ordered restrictions and mandated programs.

F. Screening for Suitability as a Tenant HUD 24 CFR 960.203 (c)

The RHA will deny admission to applicants or terminate assistance to current participants whose habits and practices may be reasonably expected to have a detrimental effect on the operations of the development or neighborhood or on the quality of life for its residents, based on the following provisions:

1. Respecting the rights of other residents to the peaceful enjoyment of their housing
2. Criminal activity on the part of any family member that is a threat to the health, safety or property of others.
3. Behavior of all household members as related to the grounds for denial as detailed in A through E above.
4. Compliance with any other essential conditions of tenancy.

G. Criteria for Deciding to Deny Admission or Terminate Assistance

1. Evidence

The RHA will use the concept of preponderance of evidence as the standard for making all admission decisions. Preponderance of evidence defined as which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which, as a whole, shows that the fact sought to be proved is more probable than not. Preponderance of evidence may not be determined by the number of witnesses, but by the greater weight of all evidence.

2. Consideration of Circumstances HUD 24 CFR 960.203 c (3) and (d)

- a. The RHA will consider all relevant circumstances when deciding whether to deny admission or termination of assistance based on a family's past history except in the situations for which denial of admission is mandated (See Sections A through D)
- b. In the event the RHA receives unfavorable information up to ten years prior to application with respect to an applicant or applicant's family member or current participant, consideration will be given to the time, nature, and extent of the applicant's conduct (including the seriousness of the offense). In a manner consistent to the RHA policies, the RHA may give consideration to factors which might indicate a reasonable probability of favorable future conduct.
- c. The RHA will consider the following factors prior to making its decision.



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3. The length of time since the violation occurred, the family's recent history and the likelihood of favorable conduct in the future.
4. Evidence of the family's participation in or willingness to participate in social service or tother appropriate counseling services.
5. In the case of drug or alcohol abuse, whether the culpable household member is participating in or has successfully completed a supervised drug or alcohol rehabilitation program. The RHA will require evidence to support the current rehabilitation effort or evidence that supports completion of having been successfully rehabilitated.
6. Removal of a Family Members Name from the Application HUD CFR 960.203 c (3) (i)
 - a. As a condition of receiving assistance, a family may agree to remove a culpable family member's name from the application or household. In such instances, the head of the household must certify that the family member will not be permitted to visit or stay as a guest in the public housing unit.
 - b. Prior to admission to the program or current participation in any RHA program or managed property, the family must present evidence of the former family member's current address and proof of residency, for example, copy of lease or rent receipts.
7. Continued Occupancy
 - a. All applicants who become residents are subject to continued monitoring of their behavior as it pertains to local, state and federal laws, as well as, HUD and RHA rules and regulations.
 - b. All applicants upon reaching the top of any wait list are subject to a criminal background check. The applicant is required to sign a release for a criminal background check that includes a clause enabling the RHA to continue to use this document in perpetuity for the purpose of the monitoring residents who may be under the suspicion of criminal behavior.



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- H. Current participation of any RHA program or managed property; any conviction or adjudication other than acquittal of any felony that involved bodily harm against a person or property, including, but not exclusive of:
1. Homicide (other than first-degree murder).
 2. Manslaughter
 3. Armed robbery
 4. Aggravated assault
 5. Buying, receiving, or possession of stolen property.
 6. Burglary or theft
 7. Auto theft
 8. Embezzlement
 9. Sales or manufacture of controlled substance; and/or
 10. Any crime of violence that may establish that the applicant constitutes a direct threat to the health and safety of other individuals.
 11. Weapons offenses.
- I. Current participation of any RHA program or managed property; any conviction or adjudication other than acquittal of:
1. A crime involving the illegal use of a controlled substance other than sales.
 2. Illegal gambling.
 3. Prostitution.
 4. Commercialized vice.
 5. Stalking
 6. Forgery
- J. Current participation of any RHA program or managed property; any conviction or adjudication other than acquittal of:
1. Any other felony not included above.
 2. Any Misdemeanor A crime of violence that may establish that the applicant or participant constitutes a direct threat to the health and safety of other individuals.





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Acknowledge of Receipt of Documentation

The following documents are required to be presented to you to help you understand your rights.

Please remove the forms listed below from the application packet and sign this page acknowledging you received the forms.

Debts Owed Refers to anyone who has lived in public housing and been evicted or who left public housing owing rent or received housing assistance and committed fraud owing fraud recovery monies.

Violence Against Women's Act Refers to the rights of victims of domestic violence while housed in public housing.

Criminal Records Policy The RHA policy pertaining to criminal records and what we refer to when reviewing criminal background information.

I certify that I received copies of the Debts Owed, Violence Against Woman's Act and Criminal Records Policy.

Sign

Date

Print Full Name