



4817 South Catherine Street
Suite 101
Plattsburgh NY 12901
Phone: 518-561-0720
Fax: 518-561-1769
www.phaplattsburgh.com

For Office Use Only

Application No. _____
Annual Income _____
Income Limit _____
_____ Elderly _____ Disabled
_____ Non-Elderly _____ Residency
Approved By _____
Date _____

HOUSING CHOICE VOUCHER PROGRAM (HCVP)

PRELIMINARY APPLICATION

All Questions Must Be Answered in **Ink** (Please Print)
Information Regarding this Application Will Be Released to Applicant(s) Only

Name _____

Street Address _____

City/State/Zip _____

Telephone No. _____ Message Telephone No. _____

List **all** persons who will **reside in your housing unit** when you enter the HCV Program.

Name Relationship Sex Date of Birth Social Security No.

_____ *Self* _____

FAILURE TO TRUTHFULLY RESPOND TO THESE QUESTIONS MAY JEOPARDIZE APPROVAL OF THE APPLICATION.

You are required to notify the Plattsburgh Housing Authority in writing within ten (10) days of any change of address or information on this application. If we cannot contact you at your listed address, your name will be removed from the waiting list and you will be required to reapply when the Plattsburgh Housing Authority is accepting applications.

1) If you or anyone in your family is a person with disabilities and you require specific accommodations to fully utilize our programs and services, please contact the PHA. Do you require any modifications or accommodations in order to fully utilize the HCV Program and its services? Yes _____ No _____
If yes, please explain. _____

2) Has anyone listed on this application ever used any other name(s) (such as maiden name) or social security number(s) other than the one currently being used? Yes _____ No _____
If yes, please explain. _____

3) Do you anticipate any change in your family size within the next 12 months (including pregnancy)?
Yes _____ No _____
If yes, please explain. _____

4) Has anyone listed on this application ever been a resident of any housing authority (including Plattsburgh Housing Authority)? Yes _____ No _____
If yes, under what name? _____
What address? _____
Name and address of housing authority? _____

5) Has anyone listed on this application ever been a participant in a rental assistance program (including Plattsburgh Housing Authority HCV Program)? Yes _____ No _____
If yes, under what name? _____
What address? _____
What date(s)? _____
Name and address of agency administering the rental assistance program. _____

6) Has anyone listed on this application **ever** been involved in any criminal activity (including arrests, convictions, etc.)? Yes _____ No _____
If yes, list all criminal activity below:

<u>Name</u>	<u>Date</u>	<u>City, County, State</u>	<u>Charge</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7) Has anyone listed on this application ever been evicted from a housing unit due to a drug-related criminal activity? Yes _____ No _____
Name? _____
If yes, where was the housing unit? _____
What date(s)? _____

Preferences

Is the Head or Co-Head of your household age 62 or older? Yes _____ No _____

Is the Head or Co-Head of your household a person with disabilities? Yes _____ No _____
Do you live in Clinton County? Yes _____ No _____

Do you work or are you being hired to work in Clinton County? Yes _____ No _____

Name/Address of employer. _____

Are you being displaced by government (federal, state, or local) action? Yes _____ No _____
If yes, please explain. _____

INCOME (Please check the source of income, amount received, and which individual receives income.)

<u>Source of Income</u>	<u>Amount Received</u>	<u>Individual Receiving Benefit</u>
____ Wages	____ Gross Weekly	_____
____ Alimony/Child Support	____ Week/Month	_____
____ Public Assistance	____ Month	_____
____ Social Security	____ Month	_____
____ SSI	____ Month	_____
____ VA Disability Benefits	____ Month	_____
____ Pension	____ Month	_____
____ Disability Pension	____ Month	_____
____ Compensation/Disability	____ Month	_____
____ Unemployment Benefits	____ Month	_____
____ Other (List Source)	____ Month	_____

Real Property

Does anyone listed on this application own property? Yes _____ No _____
If yes, where is the property located? _____
What is the fair market value of the property? _____
Is the property mortgaged? Yes _____ No _____
If yes, name of mortgage holder? _____
What is the principal balance of the mortgage? _____
What is the current balance and rate of interest? _____

Checking/Savings/Investment Accounts/Trust Funds/Stocks/Bonds

Does anyone listed on this application have any checking accounts, savings/passbook accounts, certificates of deposits, money market funds, etc.? Yes _____ No _____
If yes, please complete the following:

Name of Bank _____ Type of Account _____
Account Balance _____ Rate of Interest _____

Does anyone on this application have access to or control a trust fund? Yes _____ No _____

If yes, please give details (number of shares of stock, total dividends paid last year, face value of bonds, rate of interest, etc.) _____

Other

Are you currently homeless? Yes _____ No _____

Does anyone listed on this application have any assets that are not listed above?

Yes _____ No _____

If yes, please explain. _____

Has anyone listed on this application sold, transferred, or otherwise disposed of any assets **within the last two years**? Yes _____ No _____

If yes, please describe the asset, when it was disposed of, and what was done with it (include market value of asset). _____

The Plattsburgh Housing Authority is prohibited by law from refusing to rent or withhold housing accommodations because of race, color, disability, national origin, age, sex or marital status. The following is for statistical purposes only.

Race (Select One Only):

Ethnicity (Select One Only):

- _____ American Indian or Alaskan Native
- _____ Native Hawaiian or Pacific Islander
- _____ Black or African American
- _____ Asian
- _____ White

- _____ Hispanic or Latino
- _____ Not Hispanic or Latino

Are all members of the household United States citizens? Yes _____ No _____

If not, who is not a citizen? _____

As of June 19, 1995, the federal government requires that the Plattsburgh Housing Authority obtain evidence of citizenship or eligible immigration status from all Housing Choice Voucher Program participants. Rental assistance will not be provided for any person(s) who is not a citizen or eligible immigrant.

Citizens are required to sign a written declaration on the back of this page. Eligible immigrants are required to sign a written declaration and verification consent form and show an acceptable U.S. Immigration and Naturalization Service (INS) document. The INS will be assisting this office in verifying current eligible immigration status.

For **each minor under 18 years of age**, the form must be completed and signed by the **adult of the housing unit who is responsible for the child**. If a member of your household cannot complete the declaration, please contact our office for further assistance.

FAILURE TO SIGN THIS FORM WILL RESULT IN YOUR APPLICATION BEING DENIED

Acceptable INS documents:

- Form I-551 Alien Registration Receipt Card (for permanent Resident Alien)
- Form I-94 Arrival-Departure Record
- Form I-688 Temporary Resident Card
- Form I-688B Employment Authorization Card
- Receipt issued by INS showing application for issuance of replacement of one of the above forms.

Each person listed on this application must be listed in the appropriate section below, including children. (See Instructions on previous page.)

DECLARATION OF CITIZENSHIP

I, _____, am certifying that I am, in fact, a citizen of the United States.
(Print Name)

(Signature)

I, _____, am certifying that I am, in fact, a citizen of the United States.
(Print Name)

(Signature)

I, _____, am certifying that I am, in fact, a citizen of the United States.
(Print Name)

(Signature)

I, _____, am certifying that I am, in fact, a citizen of the United States.
(Print Name)

(Signature)

I, _____, am certifying that I am, in fact, a citizen of the United States.
(Print Name)

(Signature)

I, _____, am certifying that I am, in fact, a citizen of the United States.
(Print Name)

(Signature)

x x

I, _____, am certifying that I have eligible immigration status. I offer the
(Print Name)
Following evidence to support this certification: _____

(Signature)

I, _____, am certifying that I have eligible immigration status. I offer the
(Print Name)
Following evidence to support this certification: _____

(Signature)

x x

I, _____, am providing authorization to the Plattsburgh
Housing Authority to obtain verification from U.S. Citizenship and Immigration Services regarding my eligible immigration status.

(Signature)

I, _____, am providing authorization to the Plattsburgh
Housing Authority to obtain verification from U.S. Citizenship and Immigration Services regarding my eligible immigration status.

(Signature)

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

Applicant is hereby notified that a social background investigation will be conducted to check for the following offenses: drug convictions, gun possession convictions, felony convictions, fraud involvement (false information to landlord/creditor), alcoholism, vandalism, prostitution, misdemeanor convictions, continual arrest record and negative behavior in the community.

WARNING: Section 1001, Title 18 USE makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

I/We certify and declare that the following is true and complete to the best of my/our knowledge and belief. I/We understand that false statements are grounds for being declared ineligible for the Plattsburgh Housing Authority's Housing Choice Voucher Program. I/We understand that anytime during the period my/our application is on the waiting list, or I/we are under lease and contract in the rent subsidy program, I/we may be termed ineligible and my/our application may be withdrawn or rejected or my/our program participation may be terminated if it is found that I/we have provided false and untrue statements to the Plattsburgh Housing Authority regarding my/our household composition, income, assets, and eligibility for a preference on this application.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

FEDERAL PRIVACY ACT NOTICE
for
Housing Choice Voucher Program

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended size, and the amount the family must pay toward rent and utilities.

USE: HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the government's financial interest and to verify the accuracy of the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

PENALTY: You must provide all information requested by the public housing agency/Indian housing authority, including all social security numbers you and all other household members age six (6) years and older have and use. Giving the social security numbers of all household members six (6) years of age and older is mandatory, and not providing social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority: the US Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit social security numbers of all household members at least six (6) years of age.

I read the Federal Privacy Act Notice on _____
Date

Signature of Head of Household

Signature of Co-Head of Household

PLATTSBURGH HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM
RELEASE OF INFORMATION AUTHORIZATION

To Whom It May Concern:

I am an applicant with the Plattsburgh Housing Authority for the Housing Choice Voucher Program. I hereby authorize the release to the Plattsburgh Housing Authority any information requested with respect to the determination of my eligibility for assistance. This includes but is not limited to documenting my income and assets, and release of any information regarding myself that may be in the records of any police department and/or sheriff's department with respect to complaints, arrests, and/or convictions. I understand all information will remain confidential and be used by the Plattsburgh Housing Authority for the purpose of determining eligibility.

Signed _____
Head of Household

Signed _____
Co-Head of Household

Date _____

Date _____

Signed _____
Other Family Member Over 18 Years

Signed _____
Other Family Member Over 18 Years

Date _____

Date _____

Signed _____
Other Family Member Over 18 Years

Signed _____
Other Family Member Over 18 Years

Date _____

Date _____

AUTHORIZATIONS, REPRESENTATIONS & CERTIFICATIONS

I/We understand that this is not a contract and does not bind either party. I/We hereby certify that the information given to the Plattsburgh Housing Authority is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for denial or termination of housing assistance and termination of tenancy.

Notice: Any attempt to obtain public housing, rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under Penal Law Sections 175.00 et. seq. and 210.00 et. seq.

I/We certify that the information given to the Plattsburgh Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law and may also be punishable under state law. I/We have no objection to inquiries for the purpose of verifying the facts herein stated which includes, but is not limited to, documenting my income and assets, securing landlord references, and release of any information regarding myself/ourselves that may be in the records of any police department and/or sheriff's department with respect to complaints, arrests, and/or convictions. I/We understand all information will remain confidential and be used by the Plattsburgh Housing Authority for the purpose of determining eligibility. I/We understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me/us from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

You are required to notify the Plattsburgh Housing Authority in writing within ten (10) days of any change of address or information on this application. If we cannot contact you at your listed address, your name may be removed from the waiting list and you will be required to reapply.

I/We hereby authorize the release to Plattsburgh Housing Authority of information requested with respect to determining my/our eligibility for assistance. This includes, but is not limited to, documenting my/our income and assets, securing landlord references, and release of any information regarding myself/ourselves that may be in the records of any police department and/or sheriff's department with respect to complaints, arrests and/or convictions. I understand that all information will remain confidential and be used by the Plattsburgh Housing Authority for the purpose of determining eligibility.

Signed _____
Head of Household

Signed _____
Co-Head of Household

Date _____

Date _____

Signed _____
Other Family Member Over 18 Years

Signed _____
Other Family Member Over 18 Years

Date _____

Date _____

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

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

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

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

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

<p>This Notice was provided by the below-listed PHA: Plattsburgh Housing Authority 4817 South Catherine Street Plattsburgh, NY 12901</p>	<p>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:</p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject to State and local government penalties.**

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

NOTICE TO APPLICANTS APPLYING FOR AND TENANTS CURRENTLY RECEIVING SECTION 214 HOUSING ASSISTANCE

The Law: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of the Department of Housing and Urban Development (HUD) from making financial assistance available to persons who are other than United States citizens, nationals, or certain categories of eligible noncitizens either applying to or residing in specified Section 214 covered programs. Section 214 was implemented by a final "Noncitizens Rule" entitled Restrictions on Assistance to Noncitizens, which was published in the Federal Register, on Monday, March 20, 1995 (60 FR 14816-4861).

When The Law Becomes Effective: The Noncitizens Rule became effective on June 19, 1995. Until the final rule took effect, the Housing Authority (HA) was prohibited from taking any action based on the citizenship or eligible immigration status of applicants and tenants.

What The Law Means To You: The receipt of financial housing assistance is contingent upon you and your family submitting evidence either of 1) citizenship, or 2) eligible immigration status.

Type of Programs This Law Applies To: The Noncitizens Rule applies to the following HUD-assisted housing programs:

- 1) Section 8 Rental Certificate Program
- 2) Section 8 Rental Voucher Program
- 3) Section 8 Moderate Rehabilitation Program
- 4) Public and Indian Housing Programs

What Persons Are Covered By This Law: Section 214 applies to all applicants who apply for housing assistance, applicants who are already on a waiting list for housing assistance, and tenants who are already receiving housing assistance under a covered program. Section 214 covers: 1) Citizens and 2) Noncitizens who have eligible immigration status.

What Evidence Will Be Required? Each family member, regardless of age, is required to submit the following evidence:

For Citizens or Nationals: A signed declaration of U.S. citizenship (whether by birth or naturalization.)

For Noncitizens who are 62 years of age or older and receiving housing assistance on June 19, 1995: A signed declaration of eligible immigration status and proof of age.

For All Other Noncitizens: The evidence consists of: 1) a signed declaration of eligible immigration status; 2) the Immigration and Naturalization Service (INS) documents listed below; and 3) a signed verification consent form.

For All Other Noncitizens, What Immigration Status is Eligible? Under the Noncitizens Rule, a noncitizen would have eligible immigration status under any one of the following six categories which are determined by the INS pursuant to the Immigration and Nationality Act (INA):

Immigration Status Under §101 (a)(15) or 101 (a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101 (a)(20) of the INA, as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

Permanent Residence Under §249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, Asylum, or Conditional Entry Status Under §207, 208, or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole Status Under §212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status].

Threat to Life or Freedom Under §243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty Under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

What INS Documents are Acceptable? The original of one of the following documents is acceptable evidence of immigration status, subject to verification with INS:

- 1) Form I-151, Alien Registration Receipt Card (issued to lawful permanent residents prior to 1979). Form I-151 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning the INS toll-free number 1-800-755-0777.
- 2) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 3) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - a) "Admitted as Refugee Pursuant to Section 207";
 - b) "Section 208" or "Asylum"
 - c) "Section 243(h)" or "Deportation stayed by Attorney General";
 - d) "Paroled Pursuant to Section 212(d)(5) of the INA";
- 4) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
 - c) A court decision granting withholding or deportation; or
 - d) A letter from an asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- 5) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";
- 6) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or Provision of Law 274a.12";
- 7) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or
- 8) If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

Note: Family members are required to submit the original document(s) providing acceptable evidence of eligible immigration status. The HA may not retain the original document(s). HA must immediately make copies from the original document(s) and return the original documents to the family member.

When Must Evidence of Eligible Immigration Status Be Submitted? Evidence of eligible immigration status must be submitted at the times specified below, subject any extension granted in accordance with the paragraph below which discusses extensions of time to submit evidence of eligible immigration status.

Applicants. For applicants, the HA must ensure that evidence of eligible immigration status is submitted not later than the date HA anticipates or has knowledge that verification of other aspects of eligibility for assistance will occur.

Families already receiving assistance on June 19, 1995. For a family already receiving the benefit of assistance in a covered program on June 19, 1995, the required evidence shall be submitted at the first regular reexamination after June 19, 1995, in accordance with program requirements.

New occupants of assisted units. For any new family member(s), the required evidence shall be submitted at the first interim or regular reexamination following the person's occupancy.

Changing participation in a HUD program. Whenever a family applies for admission to a Section 214 covered program, evidence of eligible immigration status is required to be submitted in accordance with the requirements of the Noncitizens Rule unless the family has submitted the evidence to the HA for a covered program.

One-time evidence requirement for continuous occupancy. For each family member, the family is required to submit evidence of eligible immigration status only one time during continuously-assisted occupancy under any covered program.

What Happens if One or More Family Members Does Not Qualify? Assistance to a family may not be delayed, denied, or terminated because of the immigration status of a family member except as provided below. "Family" as used herein refers to both applicants and tenants.

Assistance to an applicant shall not be delayed or denied, and assistance to a tenant shall not be delayed, denied, or terminated, on the basis of ineligible immigration status of a family member if:

- 1) The primary and secondary verification of any immigration documents that were timely submitted has not been completed;
- 2) The family member for whom required evidence has not been submitted has moved from the tenant's dwelling unit;
- 3) The family member who is determined not to be in an eligible immigration status following INS verification has moved from the tenant's dwelling unit;
- 4) The INS appeals process has not been concluded;
- 5) For a tenant, the HA informal hearing process has not been concluded;
- 6) Assistance is prorated;
- 7) Assistance for a mixed family is continued; or
- 8) Deferral of termination of assistance is granted.
- 9) Assistance to an applicant may be delayed after the conclusion of the INS appeal process, but not denied until the conclusion of the HA informal hearing process, if an informal hearing is requested by the family.

Assistance to an applicant shall be denied, and a tenant's assistance shall be terminated, in accordance with the procedures for any of the following events;

- 1) Evidence of citizenship (i.e., the Declaration) and eligible immigration status is not submitted by the date specified or by the expiration of any extension granted; or
- 2) Evidence of citizenship and eligible immigration status is submitted timely, but INS primary and secondary verification does not verify eligible immigration status of a family member; and
 - a) The family does not pursue INS appeal or HA informal hearing rights; or
 - b) INS appeal and HA informal hearing rights are pursued, but the final appeal or hearing decisions are decided against the family member.

What Rights of Appeal Are Available? Three distinct forms of appeal process are available to both applicants and tenants:

- 1) **Appeal to INS.** The following instructions apply to right of appeal to the INS:
 - a) **Submission of request for appeal.** When the HA receives notification that INS secondary verification failed to confirm eligible immigration status, the HA shall notify the family of the results of the INS verification. The family shall have 30 days from the date of the HA's notification to request an appeal of the INS results. The request for appeal shall be made by the family communicating that request in writing directly to the INS. The family must provide the HA with a copy of the written request for appeal and proof of the mailing. For good cause shown, the HA shall grant the family an extension of the time within which to request an appeal.
 - b) **Documentation to be submitted as part of the appeal to INS.** The family shall forward to the designated INS office any additional documentation or written explanation in support of the appeal. The appeal must include a copy of the original Form G-845S received from INS annotated at the top corner in bold print: **HUD APPEAL**. The appeal must also include two stamped envelopes, one addressed to the applicant or tenant family, and one addressed to the HA.
 - c) **Results of INS Appeal.**
 - (i) The INS will issue the results of the appeal to the family, with a copy to the HA, within 30 days of its receipt. If, for any reason, the INS is unable to issue a response within the 30 day time period, the INS will inform the family and the HA of the reasons for the delay.

Note: The INS response will be indicated in Section B of Form G-845S, Document Verification Request, which is returned to the family and HA. The INS response will be indicated in Section B by a mark in one of the following boxes: 1, 2, 5, 6, 8, 11, 12, 15, or 18.

(ii) When the HA receives a copy of the INS response, the HA shall notify the family of its right to request an informal hearing on the HA's ineligibility determination.

d) No delay, denial, or termination of assistance until completion of INS appeal process; direct appeal to INS. Pending the completion of INS appeal assistance may not be delayed, denied or terminated on the basis of immigration status.

2) Informal hearing with HA.

a) When request for hearing is to be made. After receiving notification of the INS decision on appeal, or in lieu of requesting an appeal to the INS, the family must request that the HA provide an informal hearing. This request must be made either within 14 days of the date the HA mails or delivers the notice of denial or termination of assistance, or within 14 days of the mailing of the INS appeal decision (established by the date of the postmark).

b) Extension of time to request hearing. The HA shall extend the period of time for requesting a hearing (for a specified period) upon good cause shown.

c) Informal hearing procedures.

(i) For tenants, the procedures for the hearing before the HA are set forth in 24 CFR Part 966.

(ii) For applicants, the procedures for the informal hearing before the HA are as follows:

(A) Hearing before an impartial individual. The applicant shall be provided a hearing before any person(s) designated by the HA (including an officer or employee of the HA), other than a person who made or approved the decision under review, and other than a person who is subordinate of the person who made or approved the decision;

(B) Examination of evidence. The applicant shall be provided the opportunity to examine and copy, at the applicant's expense and at a reasonable time in advance of the hearing, any documents in the possession of the HA pertaining to the applicant's eligibility status, or in the possession of the INS (as permitted by INS requirements), including any records and regulations that may be relevant to the hearing;

(C) Presentation of evidence and arguments in support of eligible immigration status. The applicant shall be provided the opportunity to present evidence and arguments in support of eligible immigration status. Evidence may be considered without regard to the admissibility under the rules of evidence applicable to judicial proceedings;

(D) Controverting evidence of the project owner. The applicant shall be provided the opportunity to controvert evidence relied upon by the HA and to confront and cross-examine all witnesses on whose testimony or information the HA relies;

(E) Representation. The applicant shall be entitled to be represented by an attorney, or other designee, at the applicant's expense, and to have such person make statements on the applicant's behalf;

(F) Interpretive services. The applicant shall be entitled to arrange for an interpreter to attend the hearing, at the expense of the applicant or HA, as may be agreed upon by both parties;

(G) The applicant shall be entitled to have the hearing recorded by audiotape (a transcript of the hearing may, but is not required to, be provided by the HA); and

(H) Hearing decision. The HA shall provide the family with a written final decision, based solely on the facts presented at the hearing, within 14 days of the date of the HA informal hearing. The decision shall state the basis for the decision.

3) Judicial relief. A decision against a family member under the INS appeal process or the HA's informal hearing does not preclude the family from exercising the right, that may otherwise be available, to seek redress directly through judicial procedures.

<p style="text-align: center;">NOTICE TO HOUSING CHOICE VOUCHER APPLICANTS AND TENANTS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA)</p>

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

Protections for Victims

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

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

Reasons You Can Be Evicted

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

Removing the Abuser from the Household

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

Moving to Protect Your Safety

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

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

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

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

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

Confidentiality

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

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

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

VAWA and Other Laws

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

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

For Additional Information

If you have any questions regarding VAWA, please contact the City of Santa Monica Housing Authority at (310) 458-8743.

For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).

Definitions

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

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

- A current or former spouse of the victim

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

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

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

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