



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

For Office Use Only

03/20

Appointment _____ @ _____
 Hearing _____ @ _____
 Withdrawn _____ For _____
 Eligible _____
 Ineligible _____ For _____
 Date _____ No. _____ BR Size _____
 Income _____ Allowable _____

PUBLIC HOUSING PRELIMINARY APPLICATION

All Questions Must Be Answered In **Ink** (Please Print)
 Information Regarding This Application Will Be Released To Applicant(s) Only

 Last Name First Middle

 Street Address

 City/State/Zip

 Mailing Address

 Home Telephone Work Telephone

Ethnicity (Select One Only):

Race (Select One Only):

Hispanic or Latino

American Indian or Alaskan Native

Asian

Not Hispanic or Latino

Native Hawaiian or Pacific Islander

White

Black or African American

If we are unable to reach you, please list someone we can contact locally:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

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.

List LEGAL NAMES of all permanent household members below. Begin with head of household, co-applicant, minors (eldest to youngest), and any other adults.

Legal Name Relationship Sex Social Security No. Date of Birth

 Self

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

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 they are currently using? Yes ___ No ___
 If yes, please explain _____

Studio Apartments

A studio apartment is a small apartment consisting of a galley kitchen, bathroom, and a combined living/sleeping area. If you are the only person applying for housing, would you be interested in renting a studio apartment? Yes ___ No ____

Income Information

<u>Family Member</u>	<u>Source of Income</u>	<u>Gross Amount (Weekly/Monthly)</u>

Did you file an income tax return last year? Yes _____ No _____
Does anyone pay your bills or expenses for you? Yes _____ No _____

Asset Information (Include Real Estate)

<u>Family Member</u>	<u>Asset Description</u>	<u>Value</u>	<u>Interest Rate</u>

Banking Information	<u>Account No.</u>	<u>Account Type</u>	<u>Balance</u>

Preferences

Do you live in Clinton County? Yes _____ No _____
Do you work or are you being hired to work in Clinton County? Yes _____ No _____
Are you 62 years of age or older? Yes _____ No _____

Applicants claiming Clinton County residency **must** provide proof of residency. Verification may be demonstrated by any of the following: driver’s license, voter registration card, utility bill, pay stub, wage verification from employer, statement from employer indicating place and starting date of employment. Birth certificates must be submitted for the “over age 62” preference as well as verification for disability.

Pets (please see the pet policy for allowable pets)

Do you have any pets? Yes _____ No _____ If yes, what kind? _____
Size: _____ Weight: _____

Program Integrity Information

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? _____
Address _____
Name/Address of Housing Authority _____

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? _____ Address _____
Date _____
Name/Address of agency administering rental assistance program _____

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>

Has anyone listed on this application ever been engaged in the use, sale, manufacture or distribution of a controlled substance? Yes _____ No _____
 Who? _____ When? _____ What? _____

Has anyone listed on this application ever been evicted from a housing unit due to drug-related or violent criminal activity? Yes _____ No _____

Name _____

Where was the housing unit? _____

Dates _____

Does anyone listed on this application owe any money to a public housing agency? Yes _____ No _____

Is anyone listed on this application subject to the *lifetime sex offender registry*? Yes _____ No _____

Work History

List the last place of employment for all adult household members.

<u>Family Member</u>	<u>From (Year)</u>	<u>To (Year)</u>	<u>Employer</u>

Military History

Are you or have you served in the military? Yes _____ No _____

If yes, Start Date _____ End Date _____

Are you currently dependent on someone in the military to pay your rent? Yes _____ No _____

Public Housing Suitability Screening

Have you ever rented from a landlord? Yes _____ No _____

Have you ever been evicted? Yes _____ No _____ If yes, by whom _____

When _____ Why _____

List the addresses where you have lived in the past five years, along with the landlord and address of each landlord (include your current address).

<u>Address (Yours)</u>	<u>Landlord Name/Address</u>	<u>From</u>	<u>To</u>

SECTION 504 REQUIREMENTS QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing with the Plattsburgh Housing Authority. It is used to determine whether an applicant's family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

1) Do you require any modifications or accommodations in order to fully utilize the unit? Yes ___ No _____

If yes, please explain _____

2) Does anyone listed on this application have a condition that requires the following:

- ___ Separate Bedroom
- ___ Barrier-Free Apartment
- ___ One-Level Unit
- ___ Physical Modifications to a Typical Apartment
- ___ Unit for Vision Impaired
- ___ Unit for Hearing Impaired
- ___ Bedroom/Bathroom on First Floor

3) Is everyone listed on this application able to climb stairs without assistance? Yes ___ No ___

If no, please explain _____

4) Does anyone listed on this application require a live-in aide? Yes _____ No _____

If yes, please explain _____

5) Whom can the Plattsburgh Housing Authority contact to verify your need for the features you have identified above?

Name _____

Address _____

Telephone _____

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 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. 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.

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

If no, who is not a citizen?

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:

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

(Signature)

(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)

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.

Notice: 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/We 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 _____

Reasonable Accommodation for Applicants with Disabilities

The Plattsburgh Housing Authority (PHA) is a public agency that provides low rent housing to eligible families, elderly families and single persons. The PHA does not discriminate against applicants on the basis of race, religion, sex, national origin, disability or handicap. In addition, the PHA provides “reasonable accommodations” to applicants if they or any family members have a disability or handicap.

A “reasonable accommodation” is some modification or change the PHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the PHA’s programs. Examples of reasonable accommodations include:

- Installing strobe light smoke detectors in an apartment for a family with a hearing-impaired member.
- Permitting a family to have a support animal necessary to assist a family member with a disability in a PHA family development where animals are not usually permitted.
- Making large type documents or having a reader available for a vision-impaired applicant during the application process.
- Having a sign language interpreter available for a hearing-impaired applicant during the interview.
- Permitting an outside agency to assist an applicant with a disability to meet the PHA’s applicant screening criteria.
- Making alterations to a PHA unit to be used by a family member with a wheelchair.

An applicant family that has a member with a disability must still meet essential obligations of tenancy. They must be able to pay rent, care for their apartment, report required information to the Housing Authority, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact Tammy Langley at 518-561-0720 Ext 224.

Plattsburgh Housing Authority Violence Against Women Act of 2013 (VAWA)

The Violence Against Women Act of 2013 (VAWA) prohibits denial of admission to an otherwise qualified applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.

In Section 601(2) of the VAWA it is noted that nothing in the VAWA provisions “shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection... for victims of domestic violence, dating violence, sexual assault or stalking.”

PHA Confidentiality Requirements

All information provided to the PHA regarding domestic violence, dating violence, sexual assault, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence. This means that the PHA (1) may not enter the information into any shared database, (2) may not allow employees or others to access the information unless they are explicitly authorized to do so and have a need to know the information for purposes of their work, and (3) may not provide the information to any other entity or individual, except to the extent that the disclosure is (a) requested or consented to by the individual in writing, (b) required for use in an eviction proceeding, or (c) otherwise required by applicable law.

Contacts

PHA Police Officer
Ted K. Center
8 Tyrell Avenue
Plattsburgh NY 12901
518-563-3411

STOP Domestic Violence
22 U.S. Oval
Plattsburgh NY 12903
518-563-6904 or 1-888-563-6904 (outside Plattsburgh area)

National Teen Dating Abuse Helpline www.loveisrespect.org
1-866-331-9474

National Domestic Violence Hot Line
1-800-799-SAFE(7233) or 1-800-787-3244 (TTY)



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 10/31/2019.

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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.	

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

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Signature of Applicant

Date

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

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



November 2004

Things You Should Know

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

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

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

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

