



Phone: 940-825-6515 Fax: 940-825-6517

## APPLICATION for PUBLIC HOUSING

**Instructions: Please read Carefully. Incomplete applications will not be processed.**

**This form must be signed by all household members 18 years of age or older. Failure of the applicant to sign this application constitutes grounds for denial of eligibility.**

This application is valid for all public housing properties operated by the Nocona Housing Authority hereinafter referred to as "NHA".

To be qualified for admission to public housing an applicant must:

- a. Be a family as defined in NHA's Admission and Continued Occupancy policy;
- b. Document citizenship, eligible immigration status, or pay a higher rent;
- c. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in NHA office.
- d. Provide original Social Security cards, valid state issue Driver's License, and Birth Certificates for ALL members of the household, proof of income (past three months of check stubs, award letter, child support, pension award letter, etc.), and past six months of checking, current saving account statements, and past six months of Cash App, Paypal, Venmo, and Zelle account statements.
- e. Meet or exceed the Applicant Selection Criteria;
- f. Pay any money owed to NHA or any other housing authority;
- g. Not have any outstanding utility bills;
- h. Not have had a lease terminated by a NHA or any other housing authority in the past 3 years;
- i. Be able and willing to comply with the NHA lease;
- j. Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity;
- k. Not have any family members subject to a lifetime sex offender registration in any state.

Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size.

Each applicant who meets the above qualifications will receive one unit of the size and type needed when it becomes available. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.

**Applicants with disabilities will be given assistance, if requested, with the completion of the application at PHA's office at the address above.**

NHA will conduct a criminal record check and credit check on all adult applicants (18 or older). All household adults must pass a criminal background check dating back 10 years.

**Nocona Housing Authority is an Equal Housing Provider.**

**APPLICATION for PUBLIC/ PHA-OWNED HOUSING**

Date & Time Received by NHA: \_\_\_\_\_

Unit Size: \_\_\_\_\_

1. Name of head of household: \_\_\_\_\_

2. Name of adult co-head of household: \_\_\_\_\_

3. Current address, Street, Apt. #: \_\_\_\_\_

Current City, State and Zip: \_\_\_\_\_

Current Cell, Home, & Work Phone #s: \_\_\_\_\_

4. Email Address: \_\_\_\_\_

**For Statistical Purposes Only**

5. Race of Head:  Caucasian/White  African American/Black  Asian or Pacific Islander  
 Native American/ Alaska Native  Pacific Islander/Hawaiian Native

6. Ethnicity of Head:  Hispanic/Latino  Non-Hispanic/Non-Latino

**Family Information**

7. List all people who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). No one except those listed on this form may live in the unit.

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time Student?
H				_____	Head			
2				_____				
3				_____				
4				_____				
5				_____				
6				_____				
7				_____				
8				_____				

## Family Income Information

8. Please list the source and amount of **all income expected for the coming 12 months for all family members**, including but not limited to all earnings and benefits received from working, TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, pension, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month. **If you are not collecting child support, you will have to at least file for it.**

Family Member Name	Income Source	Amount \$	Frequency – Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

9. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc?  
 Yes  No If yes, describe the type of asset(s) please: \_\_\_\_\_  
 What is the market value of all assets? \_\_\_\_\_

10. Do you own any real estate?  Yes  No If yes, what is the address? \_\_\_\_\_  
 \_\_\_\_\_

11. Have you sold any real estate in the past two years?  Yes  No If yes, what was the address? \_\_\_\_\_  
 \_\_\_\_\_

12. Please list landlords for the past three (3) years:

Current Landlord's name and phone #: \_\_\_\_\_  
 Current Landlord's Address: \_\_\_\_\_  
 Date Family Moved to this location: \_\_\_\_\_

Most recent former address, Street, Apt. #: \_\_\_\_\_  
 Landlord name and phone #: \_\_\_\_\_

Most recent former address, Street, Apt. #: \_\_\_\_\_  
 Landlord name and phone #: \_\_\_\_\_

### Screening

13. Have you ever been evicted from housing?  Yes  No If yes, why? \_\_\_\_\_  
 \_\_\_\_\_

14. Have you ever lived in public housing before?  Yes  No If yes, where? \_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_ Name of Lessee: \_\_\_\_\_  
 Do you owe any money to the housing authority?  Yes  No

15. Do you have any past due utility bills?  Yes  No If yes, please describe and give amount owed:  
 \_\_\_\_\_

16. Have you, or any member of the applicant household ever been evicted from Public, Assisted, or Private housing for violent criminal or drug related activity? Yes No If yes, please explain the problem and who was involved:

\_\_\_\_\_

17. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, please explain the problem and who was involved:

\_\_\_\_\_

18. Is anyone in your household currently on parole or probation? Yes No If yes, please explain:

\_\_\_\_\_

19. Have you or any household member ever been arrested for any drug or alcohol related activity, or violent criminal activity? Yes No If yes, please explain the problem and who was involved:

\_\_\_\_\_

20. Does any household member currently use a controlled or illegal drug? Yes No If yes, please explain the problem and who was involved:

\_\_\_\_\_

### Qualifying for Deductions in Calculating Rent

21. Is the head of household or spouse age 62 or older or a person with a disability?  
Yes No If yes, please answer the following questions. If no, please skip down to question # 24.

22. Does your household have any medical expenses (include insurance, Medicare deduction, doctor bills, dentist bills, hospital bills, clinic costs, medicine, therapy, supplies, medical transportation, etc.)?  
Yes No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on each medical expenses:

Type of expense:\_\_\_\_\_

Monthly medical expense:\$\_\_\_\_\_Name, address & phone # of person who can verify expense:\_\_\_\_\_

23. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes No If yes, describe the nature of the expense and the monthly amount:

\_\_\_\_\_  
Name, address & phone # of someone who can verify the expense:\_\_\_\_\_

\_\_\_\_\_

24. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to School, or attend job training? Yes No If yes, please provide the name, address, and phone # of the childcare provider:\_\_\_\_\_

Monthly unreimbursed childcare cost: \$\_\_\_\_\_

25. Is any member of the household age 18 or older (other than family head and spouse) a full time student or person with a disability? Yes No If yes, Name of the family member and name and address of someone who can verify this information: Name of family member:\_\_\_\_\_

Name, address & phone # of someone who can verify this information:\_\_\_\_\_

\_\_\_\_\_

26. Drivers License or State ID #: Applicant: \_\_\_\_\_ Co-applicant: \_\_\_\_\_  
Automobile: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License: \_\_\_\_\_

27. Do you want to have a pet in your apartment? Yes No

NHA requires a \$150 non-refundable pet fee for (1) animal and \$300 non-refundable pet for (2) animals.

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I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Texas Health and Human Services Commission, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

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Applicant Signature

Date

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Co-applicant Signature

Date

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.

**Any additional information you think NHA will need to know:**

U.S. Department of Housing and Urban Development

## **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)**

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

## 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.

# Notice and Consent for the Release of Information

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

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)

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 HUD9887/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.



## 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.

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i>:</b></p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>Signature</b></td> <td style="width: 40%; border: none;"><b>Date</b></td> </tr> <tr> <td colspan="2" style="border: none;"><b>Printed Name</b></td> </tr> </table>	<b>Signature</b>	<b>Date</b>	<b>Printed Name</b>	
<b>Signature</b>	<b>Date</b>				
<b>Printed Name</b>					

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.



## LANDLORD VERIFICATION FORM

Federal law requires us to screen families applying for admission to our developments to determine their willingness and ability to comply with the Nocona Housing Authority Lease.

If you could fill out the form below and return it to the *Nocona Housing Authority* at 400 Hobson Street, Nocona, TX 76255, or fax it to 940-825-6517 within 5 days, it would be greatly appreciated.

Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Are you a relative or friend of the applicant? If so, please describe the relationship: \_\_\_\_\_

Is this a current landlord or previous?  Current  Previous

Date of Applicant's Tenancy: \_\_\_\_\_

Does (Did) the Applicant have a lease?  Yes  No

Is this federally subsidized housing?  Yes  No

### **Rent Payment:**

A. Amount of monthly rent: \$ \_\_\_\_\_

B. Does (did) applicant pay rent on time?  Yes  No

C. Has (had) he/she ever paid l late?  Yes  No

How late? \_\_\_\_\_ How often? \_\_\_\_\_

D. Have (had) you ever begun/completed eviction for non-payment?  Yes  No

E. Was a Court judgment rendered in your favor for eviction for non-payment?  Yes  No

F. Do you provide any of the utilities for the unit?  Yes  No

G. Have tenant-paid utilities ever been disconnected?  Yes  No

### **Caring for the Unit:**

A. Does (did) the applicant keep the unit clean, safe, and sanitary?  Yes  No

B. Has (had) the applicant damaged the unit?  Yes  No

Describe: \_\_\_\_\_ Cost to repair? \$ \_\_\_\_\_

C. Has (had) the applicant paid for the damage?  Yes  No

D. Will (did) you keep any security deposit?  Yes  No

E. Does (did) the applicant have problems with insect/rodent infestation?  Yes  No

F. Does (did) the applicant's housekeeping contribute to infestation?  Yes  No

G. Did the applicant make any alterations to the unit without your permission?  Yes  No

**General:**

A. Is (was)the applicant listed on the lease for the unit ?  Yes  No

B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis?  Yes  No

If Yes, Describe: \_\_\_\_\_

C. Has (had) the applicant, family members or guests damaged or vandalized the common areas?  Yes  No

If Yes, Describe: \_\_\_\_\_

D. Does (did) the applicant, family members or guests create any physical hazards to the project or other residents?  Yes  No

If Yes, Describe: \_\_\_\_\_

E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants?  Yes  No

If yes, Describe: \_\_\_\_\_

F. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity?  Yes  No

If yes, Describe: \_\_\_\_\_

G. Has (had) the applicant given you any false information?  Yes  No

If yes, Describe: \_\_\_\_\_

H. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff?  Yes  No

If yes, Describe: \_\_\_\_\_

I. Would you rent to this applicant again?  Yes  No

If not, why? \_\_\_\_\_

\_\_\_\_\_  
Signature of Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

(Name of authorized project staff: telephone verification): \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Release:**

I/We, \_\_\_\_\_, \_\_\_\_\_ hereby authorize the release of the requested information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## EMPLOYMENT INCOME VERIFICATION

Re. \_\_\_\_\_

Social Security # \_\_\_\_\_

We are required to verify the incomes of all family members living in or applying for public housing. We ask for your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

If you could fill out the form below and return it to the Nocona Housing Authority at 400 Hobson Street, Nocona, TX 76255, or fax it to 940-825-6517 within 5 days, it would be most appreciated.

Sincerely yours, \_\_\_\_\_ (Nocona Housing Authority Representative)

- 
- 
1. Employed Since: \_\_\_\_\_ 2. Job Title: \_\_\_\_\_
  3. Salary, Base Pay Rate: \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_ per week \$ \_\_\_\_\_ per month
  4. Average hours worked at Base Pay Rate: \_\_\_\_\_ hrs/week, or \_\_\_\_\_ hrs/month in year.
  5. How often are they paid? Weekly  Bi-Weekly  Semi-Monthly  Monthly
  5. Is this person likely to get Overtime?  Yes  No If yes, Overtime Pay Rate \$ \_\_\_\_\_ /Hr
  6. Average number of overtime hours expected during the next 12 months: \_\_\_\_\_ Hrs/Month
  7. Any other compensation not listed above? Please specify commissions, bonuses, tips, etc.?  
For \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_
  8. Is pay received for vacation?  Yes  No If yes, number of days/year: \_\_\_\_\_
  9. Total base pay earnings for last 12 months: \$ \_\_\_\_\_
  10. Total overtime earnings for the last 12 months: \$ \_\_\_\_\_

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Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

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### APPLICANT/TENANT RELEASE

I \_\_\_\_\_ hereby authorize the release of the requested information.

---

Signature

Date

**INCOME:**

- Yes  No  Does anyone in the household receive any type of income from employment?  
If so, list member(s). \_\_\_\_\_
- Yes  No  Does anyone in the household receive income from a family-operated business or otherwise, self-employed? If so, list member(s). \_\_\_\_\_
- Yes  No  Does anyone in the household receive Social Security or SSI Benefits?  
If so, list member(s). \_\_\_\_\_
- Yes  No  Does anyone in the household receive income from pensions, retirement funds, disability or death benefits? If so, list member(s). \_\_\_\_\_
- Yes  No  Does anyone in the household receive unemployment, disability compensation, workers' compensation? If so, list member(s). \_\_\_\_\_
- Yes  No  Does anyone in the household receive public assistance benefits? Such as TANF, SNAP, etc.  
If so, list member(s). \_\_\_\_\_
- Yes  No  Does anyone in the household receive alimony or child support?  
If so, list member(s). \_\_\_\_\_
- Yes  No  Does anyone in the household receive income from assets?  
If so, list member(s). \_\_\_\_\_
- Yes  No  Does anyone in the household receive money from anyone outside of the household? (Such as family members giving you money monthly or a church, etc.)  
If so, list member(s). \_\_\_\_\_
- Yes  No  Does anyone in the household have accounts with Cash App, PayPal, Venmo, or Zelle?  
If so, list member(s) and where? \_\_\_\_\_

**ASSETS:**

- Yes  No  Does anyone in the household have a savings account?  
If so, list member(s) and what bank(s)? \_\_\_\_\_
- Yes  No  Does anyone in the household have a checking account?  
If so, list member(s) and what bank(s)? \_\_\_\_\_
- Yes  No  Does anyone in the household have a Money Market/IRA account?  
If so, list member(s) and where? \_\_\_\_\_
- Yes  No  Does anyone in the household own any property? House \_\_\_\_\_ Trailer \_\_\_\_\_ Land \_\_\_\_\_  
If so, list member(s) and where? \_\_\_\_\_  
How much is the approximate value? \_\_\_\_\_

Yes  No  Does anyone in the household have any stocks/bonds/ certificates of deposit?  
 If so, list member(s) and where? \_\_\_\_\_  
 What are the balances? \_\_\_\_\_  
 How much have you earned this year? \_\_\_\_\_

Yes  No  Does anyone in the household receive income from a Trust Fund or any type of inheritance?  
 If so, list member(s). \_\_\_\_\_  
 How much? \_\_\_\_\_ How often? \_\_\_\_\_

Yes  No  Does anyone in the household have a "Whole Life" Life Insurance Policy?  
 If so, list member(s). \_\_\_\_\_

Yes  No  Has anyone in the household sold or given away assets (ex: house) in the past two years?  
 If so, list member(s). \_\_\_\_\_

If yes, complete the following table.

Description of Asset (Ex: house, land, certificates of deposit)	Date Disposed Of	Amount Sold For	Market Value (Actual value of asset)	Cash Value*

\* Cash value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such costs can include but are not limited to penalties for withdrawing funds before maturity, broker/legal fees for the sale or conversion of assets, and/or settlement costs for real estate transactions.

**MEDICAL:**

Yes  No  Does anyone in the household have medical expenses you pay out of pocket?  
 (Elderly and Disabled Households only).  
 If so, list member(s) and where? \_\_\_\_\_

**DAYCARE:**

Yes  No  Does anyone in the household pay for childcare services?  
 If so, list member(s) who pay. \_\_\_\_\_ How much? \_\_\_\_\_  
 How often? \_\_\_\_\_ Name of Daycare or person caring for child: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby attest to the above information as being true and accurate to the best of my knowledge. I understand that all of the information with a "Yes" response will need verifying documentation. I also understand that any false statements will be considered "Fraud" and are punishable under federal law and my eligibility for housing assistance with the Nocona Housing Authority can be denied.

Resident/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NHA Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_



**ACKNOWLEDGMENT AND CONSENT TO RUN CRIMINAL CHECK**

I, We, \_\_\_\_\_, \_\_\_\_\_ the undersigned applicant(s) have been notified and do understand the Nocona Housing Authority, as part of the applicant screening process for assisted housing, is authorized by the Housing Opportunity Program Extension Act of 1996 to order and review my/our criminal history report according to the Housing Authority's Criminal Screening Policy.

I further understand that:

- The check will be first run on my name, social security number, and date of birth.
- I will be afforded an opportunity for an informal hearing if I contest the report and I am rejected for housing assistance based on the report.
- The Housing Authority may choose to do a fingerprint check if they are not satisfied with the results of the first report.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**ACKNOWLEDGMENT AND CONSENT TO RUN A CREDIT REPORT**

I, We, \_\_\_\_\_, \_\_\_\_\_ the undersigned applicant(s) authorize the Nocona Housing Authority, and its agents to order and review my/our credit report and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, references, and any and all other persons to provide the Nocona Housing Authority any and all information concerning my/our credit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CONSENT TO BACKGROUND AND REFERENCE CHECK**

TO WHOM IT MAY CONCERN:

In consideration of solicitation of my application for lease of premises from the Nocona Housing Authority,

I/ We, \_\_\_\_\_, \_\_\_\_\_ (Tenant(s)), do hereby give my/our consent to Nocona Housing Authority (Landlord), and the authorized agents thereof, to check any references listed on my application, and to check my/our background in any way, including but not limited to contacting any and all persons and business entities in order to inquire regarding any and all information relating to myself/us, provided that said inquiries be limited solely to the purpose of consideration of myself/us for possible tenancy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CITY OF NOCONA UTILITY CHECK**

I/ We, \_\_\_\_\_, \_\_\_\_\_ the undersigned applicant(s) authorize the Nocona Housing Authority, and its agents to run a utility check with the City of Nocona in regard to debts owed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**WAITING LIST PROCEDURE**

I understand that I am on the active waiting list for a \_\_\_\_ bedroom apartment. In order to stay on the active waiting list, I must visit or contact the Nocona Housing Authority office no later than six months and no sooner than five months, from the date below. At that time, I will report any changes in family size, income, etc. If at any time my address or telephone number should change, I will notify the office immediately. I understand that if the Nocona Housing Authority cannot make contact with me due to a phone disconnection, phone, or address change I will be removed from the active waiting list 14 days from the date NHA tried to make contact.

I understand that if I do not contact the NHA office by the 6<sup>th</sup> month, I will no longer be on the active waiting list. I also understand that I will have to re-apply in order to be put back on the active waiting list.

I understand that if I refuse an offer of a unit without good cause, my application will be withdrawn from the active waiting list and the applicant will not be able to re-apply for twelve months.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## NOTICE TO ALL APPLICANTS

### Reasonable Accommodations for Applicants with Disabilities

The Nocona Housing Authority is a public agency that provides low rent housing to eligible families, elderly families, and single households. NHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability, or familial status. In addition, NHA has a legal obligation to provide “reasonable accommodations” to applicants if they or any family members have a disability. A reasonable accommodation is some modifications or change NHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of NHA’s program. Examples of reasonable accommodations would include the following:

- Making alterations to a NHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Making large type documents, Braille documents, cassettes, or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with NHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the NHA’s applicant screening criteria.

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

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.



**REQUEST FOR REASONABLE ACCOMMODATION or  
STRUCTURAL MODIFICATION**

This form is to be used by applicants applying for housing or by a resident of Nocona Housing Authority housing to request a change in a rule, policy, procedure, or a physical modification to his/her unit, building common areas, or non-housing program because of his/her disability.

This form should be filled out by the applicant/resident with a disability unless the individual is a minor or cannot do this as a direct result of his/her disability. In this case the applicant/resident's designee may fill out the form.

Please let the property management staff know if you need assistance in filling out this form. Nocona Housing Authority staff will assist when requested to do so.

Date of Request: \_\_\_\_\_

1) Name of the applicant/resident with a disability requesting the accommodation:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name of person filling out this form if not the individual listed above:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3) I need the following change as a result of my disability. Check the kind of change(s) needed:

- For current residents: A change in the apartment, some other part of the housing complex, or a non-housing program operated at the complex or other HA facility. Please be specific about what you need – use the other side of this paper, if necessary.

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- For applicants: A specific type of unit, unit features, building features or non-housing program operated at the complex. Please be specific about what you need – use the other side of this paper, if necessary.

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- A change in a HA rule or procedure or the way the Housing Authority communicates with me. Please list the rule or communication method and be specific about the change you need– use the other side of this paper, if necessary.

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- 4) You may verify that I have a disability (**but not the nature or severity of the disability**) and my need for this request as a direct result of my disability by contacting the following person: (Give name, address, phone number of your health care provider):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Release of Information:

**I give you permission to contact the above individual(s) to verify that I, or a family member that is under my guardianship, has a disability and needs the Reasonable Accommodation/Structural Modification requested above as a direct result of this disability. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation/modification.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability.

# APPLICATION RENEWAL FORM

I, (print name): \_\_\_\_\_

SSN #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I understand that every six (6) months I must notify the Nocona Housing Authority that I am still interested in housing at (mark the program you have applied for):

Public Housing

\_\_\_\_\_ I understand that I MUST have a current application for a housing program to renew my interest  
Initial in that program and that if I do not have an application for the program, my name will NOT be added to the waiting list for that program.

\_\_\_\_\_ I understand that I must still notify the Housing Authority every six (6) months of my  
Initial interest to remain on the waiting list and if I do not notify the Housing Authority every six (6) months, my application can be terminated.

\_\_\_\_\_. I understand that by signing this notice I am requesting to be placed/remain on the waiting list for the  
Initial above marked programs.

\_\_\_\_\_ I understand that I must submit the *Application Renewal Form* by mail or directly to the  
Initial Nocona Housing Authority office for the public housing program I have applied for by my deadline date or my application can be terminated.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<b>Office use only:</b>	
_____	_____
Received by:	Date

## APPLICANT/TENANT CERTIFICATION

All family members age 18 and older should review the information on this application and **MUST** sign below.

### **Giving True and Complete Information:**

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

### **Reporting Changes in Income or Household Composition:**

I know I am required to report immediately in writing any changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

### **Reporting on Prior Housing Assistance:**

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

### **No Duplicate Residence or Assistance:**

I certify that the apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

### **Cooperation:**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, denial or termination of assistance, or eviction.

### **Criminal and Administrative Actions for False Information:**

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

### **Signature of Household Adults:**

1) \_\_\_\_\_ Date \_\_\_\_\_

2) \_\_\_\_\_ Date \_\_\_\_\_

3) \_\_\_\_\_ Date \_\_\_\_\_

4) \_\_\_\_\_ Date \_\_\_\_\_

For discrimination complaints, call 1-800-669-9777



**STATEMENTS OF ACKNOWLEDGEMENT**

During my review of the application, I am submitting for housing to the Nocona Housing Authority, I was informed that any apartment offered will be a non-smoking unit. No smoking in the apartment is allowed. I understand that smoking is only permitted 25 feet from Nocona Housing Authority buildings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

During my review of the application, I am submitting for housing at NHA, I was informed that during the course of my occupancy I will only be housed in an apartment that is appropriate to the family size. Should I be required to move to a larger or smaller apartment I understand that I will have to bear the cost of the move into a different unit. (This includes transfer fees charged by the utility companies, change of address, etc.).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CITIZENSHIP DECLARATION

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. Under the HUD program authorized by Section 236 of the National Housing Act, The Housing Authority of the City of Nocona offers subsidized housing to qualified applicants. Our applicants are therefore required to declare U.S. citizenship or submit evidence of eligible immigration status for each family member receiving housing assistance. To comply with this requirement, you should do the following:

1. Complete the attached *Family Summary Sheet*, listing all family members residing in the assisted unit.
2. A *Citizenship Declaration Form* should be completed by each family member (including the head of house) listed on the *Family Summary Sheet*. If there are five people listed on the *Family Summary Sheet*, you should complete five copies of the *Citizenship Declaration Form*. Two copies of this form have been provided. If you need additional copies, you may either copy them yourself or pick them up at the office. The forms contain instructions that explain what documentation or other types of evidence must be submitted.
3. Submit the *Family Summary Sheet*, *Citizenship Declaration Forms*, and all other accompanying forms and/or evidence to The Housing Authority of the City of Nocona, 400 Hobson Street, Nocona, Texas 76255.
4. Each family member, regardless of age, must submit the following by \_\_\_\_\_  
\_\_\_\_\_.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulties in completing the forms or determining the type of documentation required, please contact the office. We will be happy to assist you.

If you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the space provided on the *Citizenship Declaration Form*. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Even if the final determination concludes that, only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. This means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance. It may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

# CITIZENSHIP DECLARATION FORM

Complete a separate form for each member of the household listed on the *Family Summary Sheet*.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to  
Head of Household \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Alien Registration No. \_\_\_\_\_

Admission Number (if applicable) \_\_\_\_\_  
(This is an 11 digit number found on INS Form I-94, Departure Record)

Nationality \_\_\_\_\_  
(The foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth).

Save Verification No. \_\_\_\_\_  
(to be entered by owner if and when received)

Complete the Declaration below by printing or typing the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3.

## DECLARATION

I \_\_\_\_\_, hereby declare, under penalty of perjury that I am:

1. A citizen or national of the United States.

*If you checked this block, no further information is required. Sign and date below and forward this form to The Housing Authority of the City of Nocona, 400 Hobson Street, Nocona, Texas 76255. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult for a child:



## CITIZENSHIP DECLARATION FORM

2. A noncitizen with eligible immigration status in the category checked below:

(i) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively) [immigrants]. (this category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

(ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United states since then, and who is not eligible 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 section 249 of the INA (8 U.S.C. 1259).

(iii) a noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 209 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8U.S.C. 1153 (a) (7)).

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Signature

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Date

Check if adult signed for a child:

3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.

*If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this form to The Housing Authority of the City of Nocona, 400 Hobson Street, Nocona, Texas 76255. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.*

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Signature

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Date

Check if adult signed for a child:

**CONSENT FORM FOR CITIZENSHIP VERIFICATION**  
(Attachment to *Citizenship Declaration Form*)

Complete this form for each noncitizen member of the household who declared eligible immigration status on the *Citizenship Declaration Form*. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

**CONSENT**

I, \_\_\_\_\_  
(Print or type first name, middle initial, last name)

Hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by The Housing Authority of the City of Nocona without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
  - (i) HUD, as required by HUD; and
  - (ii) The INS for purposes of verification of the immigration status of the individual.

**NOTIFICATION TO APPLICANTS**

Evidence of eligible immigration status shall be released to the INS only for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child:

## FAMILY SUMMARY SHEET

Listing of all Family Members residing in the assisted unit:

1. \_\_\_\_\_ Head of Household
2. \_\_\_\_\_ Co-Head of Household
3. \_\_\_\_\_ Relation \_\_\_\_\_
4. \_\_\_\_\_ Relation \_\_\_\_\_
5. \_\_\_\_\_ Relation \_\_\_\_\_
6. \_\_\_\_\_ Relation \_\_\_\_\_

## Addendum C

### COMMUNITY SERVICE AND SELF SUFFICIENCY REQUIREMENT (CSSR) POLICY

Last review 7/16 Board Resolution 2016-4

#### A. Background

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes and other activities which help an individual toward self sufficiency and economic independence. This is a requirement of the Public Housing Lease. (24 CFR Subpart F, 960.600 through 960.609)

#### B. Definitions

**Community Service** - volunteer work which includes, but is not limited to:

1. Local public or nonprofit institutions, such as schools, Head Start Programs, before-or after-school programs, childcare centers, hospitals, clinics, hospices, nursing homes, recreation centers, senior centers, adult daycare programs, homeless shelters, feeding programs, food banks (distributing either donated or commodity foods), or clothes closets (distributing donated clothing)
2. Nonprofit organizations serving PHA residents or their children, such as: Boy or Girl Scouts, Boys or Girls Club, 4-H Clubs, Police Activities League (PAL), organized children's recreation, mentoring, or education programs, Big Brothers or Big Sisters, Garden Centers, community clean-up programs, beautification programs
3. Programs funded under the Older Americans Act, such as Green Thumb, Service Corps of Retired Executives, senior meals programs, senior centers, Meals on Wheels
4. Public or nonprofit organizations dedicated to seniors, youth, children, residents, citizens, special-needs populations or with missions to enhance the environment, historic resources, cultural identities, neighborhoods or performing arts
5. The PHA to improve grounds or provide gardens (so long as such work does not alter the PHA's insurance coverage); or work through resident organizations to help other residents with problems, including

serving on the Resident Advisory Board, outreach and assistance with PHA-run self-sufficiency activities including supporting computer learning centers

6. Care for the children of other residents so parents may volunteer

**NOTE: Political activity is excluded.**

***Self Sufficiency Activities*** - activities which include, but are not limited to:

1. Job readiness or job training while not employed
2. Training programs through local One-Stop Career Centers, Workforce Investment Boards (local entities administered through the U.S. Department of Labor), or other training providers
3. Higher education (junior college or college)
4. Apprenticeships (formal or informal)
5. Substance abuse or mental health counseling
6. Reading, financial and/or computer literacy classes
7. English as a second language and/or English proficiency classes
8. Budgeting and credit counseling

***Exempt Adult***

1. A person who is 62 years or older
2. A person who is blind or disabled, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. Section 416(i)(1); Section 1382c), and who certifies that, because of this disability, she or he is unable to comply with the service provisions of this subpart
3. A primary caretaker of a person who is blind or disabled
4. A person engaged in work activities. In order for an individual to be

exempt from the CSSR because he/she is “engaged in work activities,” the person must be participating in an activity that meets one of the following definitions of “work activity”

- a. **Working at least 20 hours per week in an unsubsidized job**
  - b. Subsidized private-sector employment
  - c. Subsidized public-sector employment
  - d. On-the-job-training
  - e. Job-search
  - f. Community service programs
  - g. Vocational educational training (not to exceed 12 months with respect to any individual)
  - h. Job-skills training directly related to employment
  - i. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency
  - j. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalency, in the case of a recipient who has not completed secondary school or received such a certificate
5. A member of a family receiving and compliant with requirements of the Temporary Assistance for Needy Families (TANF) (45 CFR Part 260)
  6. A member of a family receiving and compliant with requirements of the Supplemental Nutrition Assistance Program (SNAP) (7 CFR Parts 271, 272 and 273)
  7. A member of a family receiving assistance, benefits, or services under any other welfare program of the State in which the PHA is located, including a State-administered Welfare-to-Work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

### **C. Basic Requirements of the Program**

1. The eight (8) hours per month may be either volunteer work or self

sufficiency program activity or a combination of the two.

2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The PHA will make the determination of whether to allow or disallow a deviation from the schedule.
3. Activities must be performed within the community and not outside the jurisdictional area of the PHA.

#### **D. Family obligations**

1. At lease execution, all adult members (18 or older) of a public housing resident family must
  - a. provide documentation that they are exempt from CSSR if they qualify for an exemption, and
  - b. sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the CSSR will result in nonrenewal of their lease.
2. At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by the PHA) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
3. At each annual re-examination, exempt family members must present verification that they are still exempt.
4. Change in exempt status:
  - a. If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the PHA and provide documentation of such.
  - b. If, during the twelve (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the PHA. The PHA will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.
5. If a family member is found to be noncompliant at re-examination, he/she and the Head of Household will sign an agreement with the PHA to make

up the deficient hours over the next twelve (12) month period.

#### **E. PHA obligations**

1. To the greatest extent possible and practicable, the PHA will
  - a. provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their CSSR obligations. *(According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to be gainfully employed is not necessarily exempt from the CSSR)*
  - b. provide in-house opportunities for volunteer work or self sufficiency programs.
2. The PHA will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution
3. The PHA will make the final determination as to whether or not a family member is exempt from the CSSR. Residents may use the PHA's Grievance Procedure if they disagree with the PHA's determination.

#### **F. Noncompliance of Family Member**

1. At least thirty (30) days prior to annual re-examination and/or lease expiration, the PHA will begin reviewing the exempt or non-exempt status and compliance of family members.
2. If the PHA finds a family member to be noncompliant, the PHA will provide written notification to the noncompliant family member including
  - a. a brief description of the finding of noncompliance
  - b. a statement that the PHA will not renew the lease at the end of the current 12-month lease term unless
    - 1) the tenant enters into a written work-out agreement with the PHA, or
    - 2) the family provides written assurance, satisfactory to the PHA, explaining that the noncompliant member no longer resides in the unit



3. If the noncompliant family member refuses to sign a written work-out agreement or fails to comply with the terms of the work-out agreement, the PHA will initiate termination of tenancy proceedings at the end of the current 12-month lease due to the fact that the family is failing to comply with lease requirements.
  
4. The PHA will provide 30 days notice to the family of the grounds for terminating the tenancy and for the non-renewal of the lease and inform them
  - a. that they may request a grievance hearing in accordance with 24 CFR Part 966
  
  - b. that they may exercise any available judicial remedy to seek timely redress for the PHA's non-renewal of the lease (be represented by counsel, refute the evidence presented by the PHA, including the right to confront and cross-examine witnesses and present any affirmative legal or equitable defense which the tenant may have)

**I/We understand that non-compliance of this Policy, if I or a member of my Household is eligible to perform this duty and we fail to comply with the policy, my re-certification and renewal of my lease will not be accepted and I will receive an Eviction Notice to vacate the premises.**

**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NHA Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_

last revision 7/16

**Attachment C**

**Community Service and Self Sufficiency Requirement (CSSR)  
Exemption Certification**

I certify that I am eligible for an exemption from the CSSR for the following reason:

- I am 62 or older
- I have a disability which prevents me from working  
*(Certification of Disability Form will serve as documentation)*
- I am the caretaker of a disabled person
- I am working at least 20 hours per week (see CSSR Policy for activities)  
*(Employment Verification form will serve as documentation)*
- I am receiving and am compliant with requirements of the  
Temporary Assistance for Needy Families (TANF)  
*(Must provide verification from the funding agency that you are  
complying with job training or work requirements)*
- I am receiving and am compliant with requirements of the  
Supplemental Nutrition Assistance Program (SNAP)  
*(Must provide verification from the funding agency that you are  
complying with job training or work requirements)*
- I am receiving assistance, benefits, or services under another welfare  
program of the State (including a State-administered Welfare-to-Work  
program) and am in compliance with such program's requirements.  
*(Must provide verification from the funding agency that you are  
complying with job training or work requirements)*

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Resident

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Date

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

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

OMB Approval No. 2577-0249  
Exp. (07/31/2017)

**Purpose of Form:** The Violence Against Women Reauthorization Act of 2013 (“VAWA”) protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

**Use of Form:** This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as “Victim”) has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
- (2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

**Confidentiality:** All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

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

**Date Written Request Received by Victim:** \_\_\_\_\_

**Name of Victim:** \_\_\_\_\_

**Names of Other Family Members Listed on the Lease:** \_\_\_\_\_

**Name of the Perpetrator\*:** \_\_\_\_\_

\*Note: The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

**Perpetrator’s Relationship to Victim:** \_\_\_\_\_

**Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Occurred:** \_\_\_\_\_

**Location of Incident(s):** \_\_\_\_\_

Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Executed on (Date) \_\_\_\_\_

**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. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.