

YORK HOUSING AUTHORITY HOUSING CHOICE VOUCHER PROGRAM

INFORMATION GUIDE

Welcome to York Housing Authority's Housing Choice Voucher program. As you explore your housing options, please keep this guide with you. It provides helpful information about how the Housing Choice Voucher (HCV) program and YHA serve you and your landlord. You will see a number of web links to important information. Click on the link or type the link URL in your web browser to access. Keep pages 1-26 for your records and complete and return pages 27-45.

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www.yorkhousingauthority.com



LEASING STEPS — QUICK REFERENCE GUIDE



Get Your Voucher

- ✓ Attend briefing and sign all forms.

Find a Unit. Don't Wait...Start Looking TODAY!

- ✓ Decide what is important to you about your rental unit: location, features, services. Check out HUD's [*A Good Place to Live*](#) booklet. Find units for rent including accessible units on the list provided in your packet.
- ✓ To tell YHA when you find a unit, turn in to YHA, a completely filled out **Request for Tenancy Approval packet**. You *and* the landlord must complete and sign the **RFTA** and other forms.

YHA Approves the Unit and Your Lease

- ✓ The **rent amount must be affordable**. You may only pay 40% of your adjusted income for rent.
- ✓ The **rent amount must be reasonable**. The rent must be comparable to other market units.
- ✓ The unit **must pass** a YHA housing quality standards **inspection**.
- ✓ YHA reviews **the lease** which includes the [HUD Tenancy Addendum](#).
 - You are responsible for the security deposit.
 - You may not enter into side payment agreements with the owner.
 - The initial lease term must be one year.
 - You may not lease a unit from a relative: parent, child, grandparent, sister or brother of any family member. If you or a member of your family is disabled, you may request a reasonable accommodation to rent a unit from a relative.
- ✓ YHA approves the unit and enters into a **HAP contract** with the owner.
 - ✓ YHA **lets you and the owner know it is OK** for you to move in and how much your portion of rent will be and how much YHA will pay.

What Comes Later

- ✓ YHA will recertify your eligibility for the HCV program annually. We will let you know when.
- ✓ Abide by your family obligations.
- ✓ All families must notify YHA if the following changes in family and household composition occur between annual reexaminations within 10 business days:
 - Change in family composition that affects the voucher size or bedroom size.
 - The addition of a family member 18 years of age or older.
 - Addition of a live-in aid
- ✓ If you wish to move from the unit you must contact YHA to see if you are eligible to move and if so, give proper notice to the owner.

THE TERM OF YOUR HOUSING CHOICE VOUCHER

Your **Voucher** will expire in *60 days*. You must submit a RFTA within the 60 days. YHA will “stop the clock” on your voucher term while we process your unit approval.

You may request a 30 day extension for the following reasons:

1. Extenuating circumstances such as a serious medical condition or death in the family during the voucher term.
 2. Family emergency which prevented you from looking for a unit.
 3. As a reasonable accommodation if a member of the family has disability accessibility requirements.
 4. Obstacles due to employment
 5. Whether family size or other special circumstances make it difficult to find a suitable unit
- Extensions must be requested in writing and received at YHA at least 5 business days prior to the voucher expiration date. If the extension is not requested on time, your name will be withdrawn from the waiting list. You will not be entitled to a review or hearing if your voucher expires.
 - YHA extensions are approved at the sole discretion of YHA.



FINDING THE RIGHT UNIT FOR YOU AND YOUR FAMILY

When selecting a unit, consider *what* will meet you and your family’s needs:

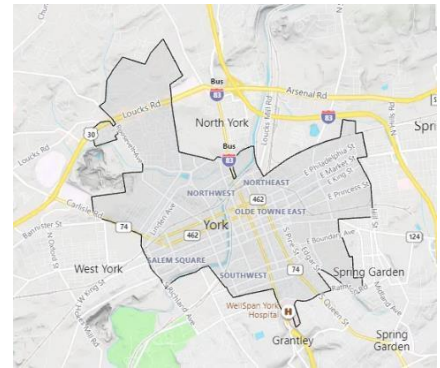
- ✓ Is the unit close to jobs, schools, safe recreation areas, public transportation and grocery stores?
- ✓ Is the rent reasonable and affordable? How much will you pay for utilities?
- ✓ What services/amenities are available (e.g. maintenance, laundry facilities, parking)?

The family is free to choose and rent any eligible unit and PHA- owned units are freely selected without PHA pressure or steering. For PHA-owned units, YHA will obtain the services of an independent agency to perform the following program services:

Determination of rent to owner;

- Initial and renewal HAP contract term; and
- Inspection of PHA-owned.

See opportunity neighborhood map attached to this packet. An opportunity neighborhood is a low poverty area. For important information about selecting a decent, safe unit, read these HUD brochures on-line:



A Good Place to Live

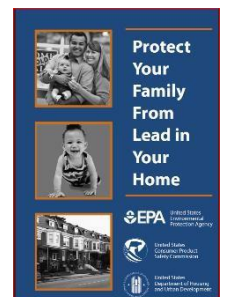
https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_11735.pdf

Protecting Your Family from Lead in Your Home

http://www.hud.gov/offices/lead/library/enforcement/pyf_eng.pdf

The Lead Safe Certified Guide to Renovate Right

<https://www.epa.gov/sites/production/files/documents/renovaterightbrochure.pdf>



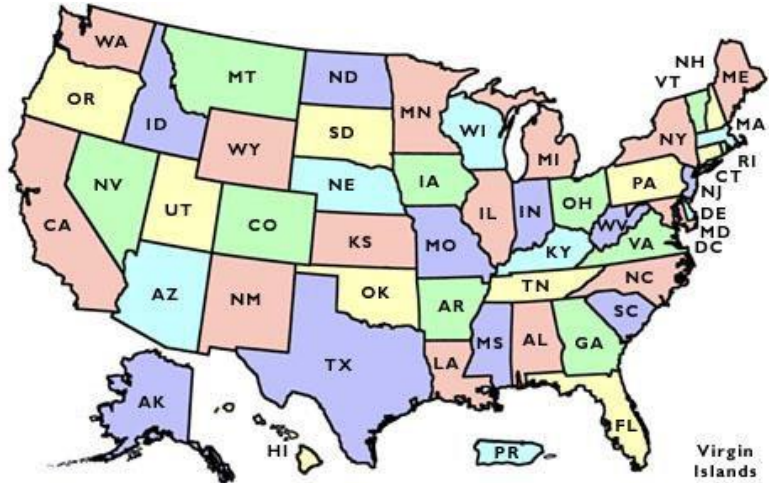
See the YHA available unit list for information on units for rent including accessible units, and look in the newspaper, on-line and ask around about available rentals

YHA JURISDICTION

YHA Jurisdiction: YHA operates in York, Pennsylvania.

PORTABILITY

- Portability allows you to move anywhere in the United States where a housing authority operates a Housing Choice Voucher Program.
- To exercise portability, the head, spouse or co-head of the household must live in York, PA at least one year prior to applying to receive their voucher *or* for the first initial term of the assisted lease, unless there are special circumstances approved by YHA such as protections for victims of domestic violence.
- If you are interested in the portability option, you must notify YHA. We will provide contact information of the housing authority where you wish to move if you are eligible for portability.
- If you port out to another PHA's jurisdiction, you are subject to the income limit guidelines, payment standards, voucher size guidelines and policies and procedures of that PHA.
- Local Housing Authorities are listed below. A full list of PHA's contact information can be found on HUD's website https://www.hud.gov/public_indian_housing/pha/contacts



Housing Authority of the County of Cumberland

Phone: (717) 249-0789

Fax: (717) 249-4071

Email: twhelan@cchra.com

Address: 114 N Hanover St., Carlisle, PA 17013

Housing Authority of the County of Franklin

Phone: (717) 263-4200

Fax: (717) 263-7474

Email: lthomasworthy@fcha.net

Address: 436 W Washington St., Chambersburg, PA 17201

Adams County Housing Authority

Phone: (717) 334-1518

Fax: (717) 334-8326

Email: smcilwee@adamscha.org

Address: 40 E. High St., Gettysburg, PA 17325

Harrisburg Housing Authority

Phone: (717) 232-6781

Fax: (717) 233-8355

Email: hha@harrisburghousing.org

Address: 351 Chestnut St., Harrisburg, PA 17101

Housing Authority of the City of Lancaster

Phone: (717) 397-2835

Fax: (717) 283-0417

Email: bwilson@lchapa.com

Address: 325 Church St., Lancaster, PA 17602

Lancaster County Housing Authority

Phone: (717) 394-0793

Fax: (717) 394-7635

Email: msternberg@lchra.com

Address: 28 Penn Square, Lancaster, PA 17603

HOW YOUR RENTAL ASSISTANCE IS CALCULATED

- HUD requires YHA to use the largest of the following amounts to determine your **total tenant payment (TTP)**. This is the total amount you pay for rent and utilities:
 - 30% of your adjusted income (and any difference if you choose a unit over the payment standard)
 - 10% of your monthly non-adjusted income
 - Minimum Rent: YHA's minimum rent is \$50.
- The **maximum subsidy** is:
 - The Payment Standard minus the total tenant payment OR
 - **Gross rent** (rent to owner plus utility allowance) minus the total tenant payment
- **Adjusted income.** Your adjusted income is all income and assets minus any deductions. **Income:** all family member income is considered. **Deductions:** you may receive deductions from your income for dependents, a disabled household, unreimbursed disability assistance expenses, and medical costs.
- **Payment Standard.** HUD determines the maximum amount YHA can subsidize your rent.
- **Utility Allowance.** Your rent may include utilities or it may not. If it does not, you may receive a utility allowance. See the utility allowance chart.
- **Rent to Owner.** This is the total rent paid to the owner. It is the gross rent minus the utility allowance if utilities are not covered in the rent amount.
- **Tenant Rent.** This is the amount you pay directly to the owner for rent, and utilities if utilities are part of the rent.



For information about total tenant payment and rental assistance calculations, see HUD's **Fact Sheet How Your Rent Is Determined** – http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_11689.pdf.

DETERMINING BEDROOM SIZE FOR YOUR VOUCHER: SUBSIDY STANDARDS

The intent of HUD requirements is that the smallest appropriate bedroom size be assigned to participant families without overcrowding. YHA does not limit or restrict which family members may share bedrooms. However, as required by HUD, when determining unit size, YHA will attempt to meet HUD's intent and apply the following guidelines.

YHA will assign 1 bedroom for head of household, co-head and spouse and all other members 2 persons within the following guidelines:

- Foster children will be included in determining unit size only if they will be in the unit for more than 6 months.
- Unborn children will be included in the size of the household.
- A minor child, who is temporarily away from the home because of placement in foster care, is considered a member of the family in determining the family unit size
- YHA approves live-in aides to reside in the unit and be provided a separate bedroom as a reasonable accommodation for a family consisting of one or more elderly or disabled persons
- Space will be provided for a family member who is away at school but who lives with the family during school recess.
- Single person families shall be allocated one bedroom.
- Space will not be provided for a family member who will be absent most of the time, such as a member who is away in the military.

| Bedroom Size | No. of Family Members | |
|--------------|-----------------------|---------|
| | Minimum | Maximum |
| 0 | 1 | 2 |
| 1-BR | 1 | 3 |
| 2-BR | 2 | 5 |
| 3-BR | 3 | 7 |
| 4-BR | 4 | 9 |
| 5-BR | 5 | 11 |

YHA may grant an exception to its established subsidy standards if:

- It determines the exception is justified by the age, sex, health, handicap or relationship of family members or other personal circumstances.
- An exception may be granted to allocate a separate bedroom to a family member, if a larger bedroom size is needed for a verified medical or health reason, such as medical equipment due to its size and/or function; or as a reasonable accommodation for a person with disabilities or an elderly person who may require a live-in attendant.
- The family must request any exception to the subsidy standards in writing. Written verification of disability and need for the medical equipment may be required by YHA prior to allocation of the separate bedroom. The family's continued need for an additional bedroom must be re-verified at each annual reexamination.

FAMILY OBLIGATIONS

You must agree to abide by the rules of the program for as long as you have a Voucher or are living in an assisted unit. Please review the full list of your family obligations – you can find them in Section 4 of your **Voucher** and in the attached **Family Obligations** form.

NOTE that committing fraud is also a violation (see hud.gov/offices/adm/hudclips/forms/files/1141.pdf). YHA may terminate your assistance for failure to abide by your family obligations and/or program rules.

OWNER OBLIGATIONS

The owner is responsible for performing all of the obligations under the Housing Assistance Payments Contract (HAP) with YHA and your Lease. In addition, the owner is responsible for:

- Performing all management and rental functions for the assisted unit, including selecting the tenant and screening the tenant.
- Maintaining the unit in accordance with Housing Quality Standards at all times.
- Performing ordinary and extraordinary maintenance.
- Complying with equal opportunity requirements.
- Complying with VAWA (Violence Against Women Act) requirements.
- Preparing and furnishing YHA required information.
- Collecting from the family:
 - A reasonable security deposit
 - Tenant portion of the rent
 - And other charges for maintenance, damages, etc.
- Enforcing tenant obligations under the lease.
- Paying for utilities and services (unless paid by the family as stated in the lease).
- Making provisions or modifications to the unit if occupied by a disabled person.

INFORMATION YHA PROVIDES TO POTENTIAL OWNERS

YHA will provide property owners with the following information upon request:

- The family's current address
- The name and address, if known, of the property owner at the family's current unit
- The prior address of the family

INFORMAL REVIEWS AND HEARINGS

Informal Review procedures for applicants: An applicant may request an informal review for the following reasons:

- Placement on the waiting list
- Denial or withdrawal of the voucher
- Determination to not enter into a HAP contract or approve a lease
- Determination that portability is not applicable
- Preference qualification
- If assistance is denied for citizenship or ineligible immigrant status.

A request for an informal review must be received by YHA in writing within ten (10) business days of the date of YHA's notification of denial of assistance.

Informal Hearing procedures for program participants: A participant may request an informal hearing for the following reasons:

- Calculation of total tenant payment or tenant rent
- Termination of assistance
- Denial of an exception to the subsidy standard
- Determination of the voucher bedroom size
- Determination of utility allowance

A request for an informal hearing must be received by YHA in writing within ten (10) business days of the date of YHA's notification of adverse action letter.

The informal hearing for participants shall be conducted in accordance with the following procedures:

1. YHA shall appoint a hearing officer to conduct the hearing, other than the person who made or approved the decision under review or a subordinate of such person;
2. The family has a right to a private hearing unless the participant requests a public hearing;
3. The family, at its own expense, may be represented by a lawyer or other representative;
4. The family or its counsel/representative shall be given an opportunity to examine evidence, question adverse witnesses, and to present testimony and evidence in its favor;
5. Evidence shall be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings;
6. The hearing officer shall issue a written decision stating briefly the reasons for the decision. Factual determinations relating to the individual circumstances of the participant shall be based on the evidence presented at the hearing; and
7. A copy of the hearing decision shall be furnished promptly to the participant and the HCV department.

HOUSING FACT SHEET

What is Fraud?

You are committing fraud if you sign a form knowing that you provided false or misleading information. The information you provide on housing assistance application and recertification forms will be checked. When you provide information to YHA, make sure it is accurate and honest. You must include:

- All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.
- Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.
- Any increase in income, such as wages from a new job or an expected pay raise or bonus.
- All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.
- All income from assets, such as interest from savings and checking accounts, stock dividends, etc.
- Any business or asset (your home) that you sold in the last two years at less than full value.
- The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

Watch out for housing assistance scams.

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

Report. If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the Elm City Communities or the HUD Office of Inspector General Hotline 1-800-347-3735 or e-mail it to Hotline@hudoig.gov.

Fair Housing and HUD's Equal Access Rule

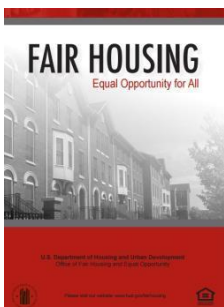
It is Unlawful to Discriminate in Housing Based on These Factors...

- Race • Color • National origin • Religion • Sex • Familial status (families with children under the age of 18, or who are expecting a child) • Handicap (if you or someone close to you has a disability)

Under the Fair Housing Act, it is Against the Law to:

- Refuse to rent to you or sell you housing
- Tell you housing is unavailable when in fact it is available
- Show you apartments or homes only in certain neighborhoods
- Set different terms, conditions, or privileges for sale or rental of a dwelling
- Provide different housing services or facilities
- Advertise housing to preferred groups of people only
- Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan
- Deny you property insurance
- Conduct property appraisals in a discriminatory manner
- Refuse to make reasonable accommodations for persons with a disability if the accommodation may be necessary to afford such person a reasonable and equal opportunity to use and enjoy a dwelling.
- Fail to design and construct housing in an accessible manner
- Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights

HUD's Equal Access Rule ensures program access regardless of marital status, gender identity or sexual orientation.

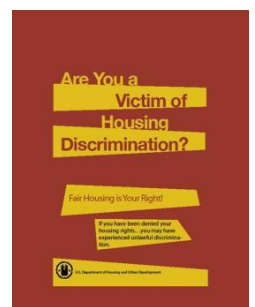


Are You A Victim of Housing Discrimination?

https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_12150.pdf

Fair Housing Equal Opportunity for All -

http://portal.hud.gov/hudportal/documents/huddoc?id=FHEO_Booklet_Eng.pdf



HOUSING DISCRIMINATION FORM

Instructions: (Please type or print) Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, leave the space blank. You have one year from the date of the alleged discrimination to file a complaint. Your form should be signed and dated.

| | | |
|--|------------------|------------------|
| Your Name | | |
| Your Address | | |
| City | State | Zip Code |
| Best time to call | Daytime Phone No | Evening Phone No |
| Who else can we call if we cannot reach you? | | |
| Contact's Name | | |
| Best time to call | Daytime Phone No | Evening Phone No |

1. How were you discriminated against? For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing? State briefly what happened.

2. Why do you think you are a victim of housing discrimination? Is it because of your:
 • race • color • religion • sex • national origin • familial status (families with children under 18) • disability?

For example: were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children?

Briefly explain why you think your housing rights were denied and circle the factor(s) listed above that you believe apply.

3. Who do you believe discriminated against you? For example: was it a landlord, owner, bank, real estate agent, broker, company, or organization? Identify who you believe discriminated against you.

Name _____

Address _____

4. Where did the alleged act of discrimination occur? For example: Was it at a rental unit? Single family home? Public or Assisted Housing? A Mobile Home? Did it occur at a bank or other lending institution? Provide the address.

Address _____ City, State, Zip Code _____

5. When did the last act of discrimination occur? Enter the date _____

Is the alleged discrimination continuing or ongoing? _____ Yes _____ No

Your Signature

Date

Mail this form or inquire about your claim: Fair Housing HUB

U.S. Dept. of Housing and Urban Development
 The Wanamaker Building
 100 Penn Square East
 Philadelphia, PA19107

Email: Complaints_office_03@hud.gov

Electronic Documents* Click on Document to go to internet

***Printed Copies are Available Upon Request**

English:



Good Place to Live:

https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_11735.pdf

Protect your Family From Lead in your Home:

<https://www.epa.gov/sites/production/files/2020-04/documents/lead-in-your-home-portrait-color-2020-508.pdf>

Fair Housing:

http://portal.hud.gov/hudportal/documents/huddoc?id=FHEO_Booklet_Eng.pdf

Are You a victim of Housing Discrimination?:

https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_12150.pdf

Renovate Right:

<https://www.epa.gov/sites/production/files/documents/renovaterightbrochure.pdf>

Happy Estimator

[HAPPY Assistance Estimator \(miamidade.gov\)](https://miamidade.gov/happy)

York County



FAMILY REQUEST FOR PORTABILITY TO BE COMPLETED BY HEAD OF HOUSEHOLD

Name Head of Household: _____ Social Security Number: _____

Current Address: _____

Contact Phone Number: _____

Name of Contact Person In Case of Emergency: _____

Telephone Number of Contact Person: _____

PORTABILITY

One of the greatest features of the tenant-based Assistance “moves” with you. You can use your assistance to move not only across town but also to anywhere in the United States, within jurisdiction of a PHA with a tenant- based assistance program. The HUD term for the ability to move outside your Housing Agency’s jurisdiction with rental assistance is portability. The PHA may limit under the portability, so contact your PHA representative if you wish to exercise portability. You will be advised of any restrictions and procedures that may apply to you.

FACTS ABOUT PORTABILITY YOU SHOULD KNOW

- The PHA where you want to move may have different rules, policies and deadlines.
- There may be a different payment standard
- The new PHA will probably have a different utility allowances the will affect the amount you pay for rent.
- A different size voucher may be issued to you.
- When you are first issued a voucher, you are always subjected to the income limits of the PHA you want to live.

Complete the following information about the city you wish to move to. Please supply all information that may assist us; failure to do so may cause delays.

| | |
|---------------------------------------|--------|
| CITY/STATE (Where you want to move) | |
| Name of the New Housing Authority: | |
| Name of Contact Person: | |
| Address of the New Housing Authority: | |
| Telephone Number: | |
| Fax Number: | Email: |

Note: Your request for portability will not be processed if:

1. You have outstanding claims against you.
2. You have past due restitution.
3. You have not given your current landlord Notice of your intent to vacate

Request For Extension On A Housing Choice Voucher

Head of Household’s Name: _____

Address: _____

Social Security Number: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

I’m Requesting an Extension on My Voucher Because:

Signature: _____ **Date:** _____

Representative Signature: _____ **Date:** _____



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address.

Remember, you may receive rental assistance at only one home!

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/hip/iv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

STATEMENT OF FAMILY OBLIGATIONS

Following is a listing of a participant family's obligations under the HCV program:

- The family must supply any information that the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.
 - The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.
- The family must not commit any serious or repeated violation of the lease.
 - YHA will determine if a family has committed serious or repeated violations of the lease based on available evidence, including but not limited to, a court-ordered eviction or an owner's notice to evict. *Serious and repeated lease violations* will include, but not be limited to, nonpayment of rent, disturbance of neighbors, destruction of property, living or housekeeping habits that cause damage to the unit or premises, and criminal activity. Generally, the criterion to be used will be whether or not the reason for the eviction was the fault of the tenant or guests. Any incidents of, or criminal activity related to, domestic violence, dating violence, sexual assault or stalking will not be construed as serious or repeated lease violations by the victim [24 CFR 5.2005(c)(1)].
- The family must notify the PHA and the owner **in writing before** moving out of the unit or terminating the lease.
- The family must comply with lease requirements regarding written notice to the owner. The family must provide written notice to YHA at the same time the owner is notified.
- The family must promptly give the PHA a copy of any owner eviction notice.
- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the PHA.
- The family must promptly (within 10 calendar days) notify the PHA in writing of the birth, adoption, or court- awarded custody of a child.
- The family must request PHA approval to add any other family member as an occupant of the unit.
 - The request to add a family member must be submitted in writing and **approved prior to the person moving** into the unit. YHA will determine eligibility of the new member.
- The family must promptly (within 10 calendar days) notify the PHA in writing if any family member no longer lives in the unit.
- If the PHA has given approval, a foster child or a live-in aide may reside in the unit. The PHA has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide, and to define when PHA consent may be given or denied. For policies related to the request and approval/disapproval of foster children, foster adults, and live-in aides
- The family must not sublease the unit, assign the lease, or transfer the unit.
 - Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.
- The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.

- The family must promptly notify the PHA when the family is absent from the unit.
 - Notice is required under this provision only when all family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to YHA at the start of the extended absence.
- The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease [Form HUD-52646, Voucher].
- The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
- Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
- An assisted family or member of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
- A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. [Form HUD-52646, Voucher]

Signature of Head of Household

Date

Signature of other adult

Date

Signature of other adult

Date

Signature of other adult

Date

The Housing Authority of the City of York (YHA)¹

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Housing Choice Voucher program** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

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

Protections for Tenants

¹ The notice uses THE HOUSING AUTHORITY OF THE CITY OF YORK for housing provider but the housing provider should insert its name where THE HOUSING AUTHORITY OF THE CITY OF YORK is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

³ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

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

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

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

Removing the Abuser or Perpetrator from the Household

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

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

In removing the abuser or perpetrator from the household, YHA must follow Federal, State, and local eviction procedures. In order to divide a lease, YHA may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

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

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

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

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

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

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

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

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

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

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

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

Confidentiality

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

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

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

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

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

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

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, YHA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

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

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

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

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **insert contact information for any intermediary, if applicable or insert HUD field office.**

For Additional Information

You may view a copy of HUD's final VAWA rule at **insert Federal Register link.**

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

For questions regarding VAWA, please contact **Housing Choice Voucher program contact, Sandy Rushton at 717-845-2601 extension 1149 or srushton@yorkhousing.org.**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

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

For help regarding sexual assault, you may contact **Women and Family Crisis Center 1-888-999-5545 or En Espanol 1-888-568-8332**

Attachment: Certification form HUD-5382 **form approved for this program to be included**

Documents that you must complete and return

If you or any member of your family is disabled, you have the right to request a reasonable accommodation to modify the program rules or practices to allow your family an equal opportunity to participate in the program. If you have additional questions you may contact York Housing Authority at: **(717)-845-2601 OR** TTD (717) 846-9157.

APPLICANT QUESTIONNAIRE

This form must be completed by the Head of Household. Use the legal name for each household member. All adult household members (18 years old and older) must sign this document, certifying that the information provided is accurate and current

| | | | |
|--------------------------|-------------|------------|--|
| Head of Household | Last Name | First Name | Middle Name |
| Current Address | Street | Apt # | City/State Zip code |
| Mailing Address | Street | Apt # | City/State Zip code |
| Contact Numbers | House phone | Cell phone | Alternate/ work phone |
| Email address | | | Preferred communication language (circle one): English Spanish other: |

1- List ALL persons that are currently living with you. NOTE: The use of your address by someone other than those approved by YHA could result in a determination by YHA that an unauthorized individual resides in the unit. This determination could result in the termination of your rental assistance.

| | Name | Age | Sex | Relationship to you? | Disability? Y / N | If attending school full time, name of school |
|---|------|-----|-----|----------------------|----------------------|---|
| 1 | | | | Head | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

2. Is anyone in your household pregnant? Yes or No What is expected delivery date? _____

Complete the next page if you are adding someone new to your household that has not been approved yet or if you need more spaces for additional family members.

Head of House Signature/Date

Other Adult Signature/Date

Other Adult Signature/Date

Other Adult Signature/Date

Complete this side of form only if you are adding someone new to your household that has not been approved yet or if you need more room for family members.

| | | | | | | | |
|-------------------------|-------------------|-------------------|----------------------|--------------------------|-------|-------------------|--------------|
| 1. Family Member | | | | | | | |
| Last Name | | | First Name MI | | Sex | Date of Birth | Relation |
| | | | | | M / F | | |
| Disability? Y / N | Veteran? Y / N | Citizen? Y / N | FT Student? Y / N | Hispanic/Latino Y / N | Race | Social Security # | Alien Reg. # |
| 2. Family Member | | | | | | | |
| Last Name | | | First Name MI | | Sex | Date of Birth | Relation |
| | | | | | M / F | | |
| Disability? Y / N | Veteran? Y / N | Citizen? Y / N | FT Student? Y / N | Hispanic/Latino Y / N | Race | Social Security # | Alien Reg. # |
| 3. Family Member | | | | | | | |
| Last Name | | | First Name MI | | Sex | Date of Birth | Relation |
| | | | | | M / F | | |
| Disability? Y / N | Veteran? Y / N | Citizen? Y / N | FT Student? Y / N | Hispanic/Latino Y / N | Race | Social Security # | Alien Reg. # |
| 4. Family Member | | | | | | | |
| Last Name | | | First Name MI | | Sex | Date of Birth | Relation |
| | | | | | M / F | | |
| Disability? Y / N | Veteran? Y / N | Citizen? Y / N | FT Student? Y / N | Hispanic/Latino Y / N | Race | Social Security # | Alien Reg. # |
| 5. Family Member | | | | | | | |
| Last Name | | | First Name MI | | Sex | Date of Birth | Relation |
| | | | | | M / F | | |
| Disability? Y / N | Veteran? Y / N | Citizen? Y / N | FT Student? Y / N | Hispanic/Latino Y / N | Race | Social Security # | Alien Reg. # |
| 6. Family Member | | | | | | | |
| Last Name | | | First Name MI | | Sex | Date of Birth | Relation |
| | | | | | M / F | | |
| Disability? Y / N | Veteran? Y / N | Citizen? Y / N | FT Student? Y / N | Hispanic/Latino Y / N | Race | Social Security # | Alien Reg. # |

List any additional information below:

II. ADDITIONAL HOUSEHOLD INFORMATION

IMPORTANT: You must answer “YES” or “NO” to each question below. If the question is not answered, YHA will conclude the answer is NO. If it is found that answer should have been yes, you may lose your housing assistance. Answer the questions carefully!

| YES | NO | Question <i>(Use separate sheet of paper if more room is required – all information must be complete)</i> |
|---|-----------------------------|--|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Has any household member used a different first or last name(s)? |
| If YES: | | Current Name(s): |
| | | Previous Name(s): |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Does any adult household member have any children who are temporarily placed out of your home? |
| If YES: | | Name of Child(ren): |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Do you have temporary custody of or are you a foster parent to any household member 17 years of age or younger? |
| If YES: | | Name of Child(ren): |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Do you certify that an approved adult household member has legal custody of every minor under age 18 listed in the household? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Do you certify that all household members listed are currently living in the home? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Do you certify that all individuals residing in the unit are listed as household members? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Is any household member subject to a lifetime sex offender registration? |
| If YES: | | Who: |
| | | State: |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Does any household member receive any form of housing subsidy (other than Section 8 HCVP)? |
| If YES: | | Who: |
| | | Type and Amount: |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Have you or any other member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? |
| If YES | | Who: |
| | | Nature of incident |
| I certify that my household pays for the following utilities and these utilities are currently on: <input type="checkbox"/> Heating <input type="checkbox"/> Cooking <input type="checkbox"/> Electricity <input type="checkbox"/> Water <input type="checkbox"/> Sewer | | |

III. INCOME INFORMATION:

As a part of the Section 8 Housing Choice Voucher program, you are required to report any and all income received by any and all household members. Note: YHA uses HUD's Enterprise Income Verification (EIV) System and other electronic system that provide detailed income information for household members. If you do not report all household income, you may lose your voucher. All income must be reported. If you need additional space to complete this section please use page 9,

***How often:** weekly, bi-weekly, semi-monthly, monthly, annually

| Does anyone in the household receive or expect to receive income from the following? | | | |
|--|---|------------------------------------|------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| Wages, salaries, overtime or tips from employment | | | |
| Household Member Name | Name and Full Address and Phone Number or Email Address of Employer | Income before any Deductions | How Often? |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| Net business income from self-employment (including babysitting, doing hair, care-taking, etc.) | | | |
| Household Member Name | Name and Full Address and Phone Number or Email Address of Employer | Income before any Deductions | How Often? |
| 1 | | | |
| 2 | | | |
| Social Security (including survivor benefits and SSDI) | | | |
| Household Member Name | Type of Benefit | Income before any Deductions | How Often? |
| 1 | | | Monthly |
| 2 | | | Monthly |
| 3 | | | Monthly |
| Supplemental Security Income (SSI) | | | |
| Household Member Name | Type of Benefit | Income before any Deductions | How Often? |
| 1 | SSI | | Monthly |
| 2 | SSI | | Monthly |
| 3 | SSI | | Monthly |
| Annuities, insurance policies, retirement funds, pension or disability/death benefits | | | |
| Household Member Name | Name and Full Address and Phone Number or Email Address of Income Source | Income before any Deductions | How Often? |
| | | | |

| Does anyone in the household receive or expect to receive income from the following? *How often: weekly, bi-weekly, semi-monthly, monthly, annually | | | |
|---|-----------------------------|---|------------------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Veterans benefits | |
| Household Member Name | | Name and Full Address and Phone Number or Email Address Employer | Income before any Deductions |
| | | | How Often? |
| | | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Unemployment benefits | |
| Household Member Name | | Name and Full Address and Phone Number or Email Address of Employer | Income before any Deductions |
| | | | How Often? |
| | | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Worker's compensation and/or severance pay | |
| Household Member Name | | Name and Full Address and Phone Number or Email Address of Employer | Income before any Deductions |
| | | | How Often? |
| | | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Armed Forces pay | |
| Household Member Name | | Name and Full Address and Phone Number or Email Address of Income Source | Income before any Deductions |
| | | | How Often? |
| | | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Student financial assistance that is more than tuition – not including any type of loan | |
| Household Member Name | | Name and Full Address and Phone Number or Email Address of Income Source | Income before any Deductions |
| | | | How Often? |
| | | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Regular contributions or gifts received from organizations or persons not residing in the unit | |
| Household Member Name | | Name and Full Address and Phone Number or Email Address of Income Source | Income before any Deductions |
| 1 | | | How Often? |
| 2 | | | |
| 3 | | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Welfare assistance (SNAP/Food Stamps, TANF, State Supplement, ETC.) | |
| Household Member Name | | Type of Assistance | Income before any Deductions |
| 1 | | | How Often? |
| 2 | | | |
| 3 | | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Alimony payments | |
| Household Member Name | | Name and Full Address and Phone Number or Email Address of Income Source | Income before any Deductions |
| | | | How Often? |
| | | | |
| | | | |

| Does anyone in the household receive or expect to receive income from the following? <u>*How often:</u> weekly, biweekly, semi-monthly, monthly, annually | | | |
|---|---|------------------------------|------------|
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | Child support payments | |
| Household Member Name receiving Payment | Child's Name AND Court Order and/or Name and Full Address and Phone Number or Email Address of Child Support Provider | Income before any Deductions | How Often? |
| 1 | | | |
| 2 | | | |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | Other Income | |
| Household Member Name | Name and Full Address and Phone Number or Email Address of Employer | Income before any Deductions | How Often? |
| 1 | | | |
| 2 | | | |

Please use the space below to list any additional sources of income not listed above.

IV. ASSET INFORMATION

As a part of the Housing Choice Voucher program, you are required to report any and all assets owned by any and all household members, whether owned fully or jointly. Cash value: market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

| Does anyone in the household own or jointly own any of the following? | | | | |
|---|---|------------------|---------------|---------------|
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | Savings Account | | |
| Household Member Name | Name and Full Address and Phone Number or Email Address of Bank | Cash Value | Interest Rate | Annual Income |
| 1 | | | | |
| 2 | | | | |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | Checking Account | | |
| Household Member Name | Name and Full Address and Phone Number or Email Address of Bank | Cash Value | Interest Rate | Annual Income |
| 1 | | | | |
| 2 | | | | |

| | | | | | |
|--|----------|---|--|---|---------------|
| Does anyone in the household own or jointly own any of the following? | | | | | |
| YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Money Market Account | |
| Household Member Name | | Name and Full Address and Phone Number or Email Address of Bank | | Cash Value | Interest Rate |
| | | | | | |
| YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Safety Deposit Box or Personal Property/Personal Property Held as Investment (gem or coin collections, real estate, art, antique cars, etc. but not items used daily) | |
| Household Member Name | | Name and Full Address and Phone Number or Email Address of Asset | | Cash Value | Interest Rate |
| | | | | | |
| YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Bonds | |
| Household Member Name | | Name and Full Address and Phone Number or Email Address of Asset | | Cash Value | Interest Rate |
| | | | | | |
| YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | 401(k) Account | |
| Household Member Name | | Name and Full Address and Phone Number or Email Address of Asset | | Cash Value | Interest Rate |
| | | | | | |
| YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | IRA Account, Certificate of Deposit, Keogh Account, Trust Fund, Capital Investment | |
| Household Member Name | | Name and Full Address and Phone Number or Email Address of Asset | | Cash Value | Interest Rate |
| | | | | | |
| YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Life Insurance Policy (not term life) | |
| Household Member Name | | Name and Full Address and Phone Number or Email Address of Asset | | Cash Value | Interest Rate |
| | | | | | |
| YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Has any household member given away or sold assets for less than fair market value in the last two (2) years including cash, real estate, etc.? | |
| If YES: | Who: | | | | |
| | Details: | | | | |

Total Family Assets

The total cash value of all family assets listed above is \$ _____

V. EXPENSES

CHILDCARE You may be entitled to a childcare allowance or disability expense deduction in your income determination if the expense allows an adult household member to work or seek work. **How often: Weekly, Bi-weekly, Semi-monthly, Monthly, Annually**

| Childcare Questions | | | | |
|--|--|--|-------|------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 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? | | |
| If YES: | Household member enabled to work | Child's name | Cost: | How Often? |
| | | | | |
| | Name, Address, Phone Number, and Email of Care Provider: | | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? | | |
| If YES: | Household member enabled to work | Household Member's name | Cost: | How Often? |
| | | | | |
| | Name, Address, Phone Number, and Email of Care Provider: | | | |

FOR ELDERLY/DISABLED ONLY: MEDICAL EXPENSES

Complete the section below only if head of household, co-head or spouse is disabled or 62 years of age or older. IF NOT, skip to section VI. CERTIFICATION STATEMENT

| YES | NO | Medical Expenses Questions | | | | | |
|--------------------------|--------------------------|--|---------|------------|--|--------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does any household member receive Medicare and/or other Medical Benefits? | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does any member have a Medicaid Spend-Down? | If YES: | Amount: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does any member pay for any medical insurance? | If YES: | Amount: | | How Often? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does any member currently pay for any outstanding medical bills? Do <u>not</u> include information about medical conditions or bills you are not paying for. | | | | | |
| If YES: | | Payment Amount: | | How Often? | | Total Outstanding: | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does any member pay for any prescription medications on a regular basis? Do <u>not</u> include medication names/types. | | | | | |
| If YES: | | Cost: | | How Often? | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does any member have any other medical expenses? | | | | | |
| If YES: | | Type: | | Amount: | | How Often? | |

Please list specific expenses:

Verification Forms

- 1- Certification Statement**
- 2- Authorization for the Release of Information/ Privacy Act Notice**
- 3- York Housing Authority (YHA) Authorization For Release Of Information**
- 4- Application – Exemption from Minimum Rent of \$50**
- 5- FSS/Homeownership Interest Form**
- 6- Wells Fargo Verification of Deposit Form (only applicable if a household member has an account with Wells Fargo)**
- 7- Pharmacy Authorization Release Form (only applicable if the head/co-head/spouse of the household is 62 years old or older and/or disabled)**
- 8- Supplement to Application (HUD-92006)**

I/We 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 and belief.

Reporting Changes in Income or Household Composition

I/We understand that I/We am/are required to report any changes in the household size, when a person moves in or out of the unit. I/We am/are also required to report any decreases in family income or benefits or non-wage increases.

Recertification / Inspection

I/We understand **failure to provide all required information by the date YHA requests it could result in YHA not providing advance notice of a rent increase and/or termination from the Housing Choice Voucher program.** I/We also understand that assistance may be terminated if I/We fail to allow the inspector access to the unit on two (2) or more occasions.

No Duplicate Residence or Assistance

I/We certify that the house or apartment will be my/our principal residence and that I/We will not obtain duplicate Federal housing assistance while I/We am/are on this program. I/We will not live anywhere else without notifying the YHA office immediately in writing. I/We will not sublease the assisted residence.

Cooperation

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

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance. I/We also understand that I/we may be required to repay any housing assistance over payments made to landlord on our behalf.

| | |
|---|---------------|
| _____ Signature of Head of Household | _____ Date |
| _____ Signature of Spouse (Co- Head) | _____ Date |
| _____ Other Adult | _____ Date |
| _____ Other Adult | _____ Date |
| _____ Other Adult | _____ Date |

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

Authorization for the Release of Information/ Privacy Act Notice

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

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

York Housing Authority
31 South Broad Street
York, PA 17403

IHA requesting release of information: **(Cross out space if none)**
(Full address name of contact person and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities Mutual Help Homeownership Opportunity Section 23 and 19(c) leased housing Section 23
Housing Assistance Payments HA-owned rental Indian housing
Section 8 Rental Certificate Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 39 months after signed.

Signatures:

| | | | |
|--|-------|---------------------------------|-------|
| _____ | _____ | _____ | _____ |
| Head of Household | Date | | |
| _____ | | _____ | _____ |
| Social Security Number (if any) of Head of Household | | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Spouse | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper

Housing Authority of the City of York (YHA) AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose: The York Housing Authority and the U.S. Department of Housing and Urban Development may use this authorization and the information obtained with it, to administer and enforce rules and regulations governing its housing programs.

Authorization: I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs: Low Income Rental Public Housing; and any Section 8 Housing Assistance Payment Programs administered by York Housing Authority (YHA) (including Project Based voucher program).

I authorize the above named agencies to obtain information about my family, or me which is pertinent to eligibility or participation in assisted housing programs.

Information Covered: Inquiries may be made about: Child Care Expenses, Credit History, Criminal Record, Family Composition, Employment, Income, Pensions, and Assets, Federal, State or Local Benefits, Handicapped Assistance Expenses, Identity and Martial Status, Medical Expenses, Social Security Numbers, Residences and Housing History.

Individuals, Organizations or Agencies that may release information: Any individual, organization or agency including any governmental agency may be asked to release information. For example, information may be requested from: Bank and Other Financial Institution; Employers – Past and Present; Landlords; Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care and Pensions/ Annuities; Schools and Colleges, Shelters, U.S. Social Security Administration, U.S. Department of Veterans Affairs, Unemployment Agencies, Utility Companies and Welfare Agencies.

Computer Matching Notice and Consent: I agree that the above named agencies may conduct computer-matching programs with other governmental agencies including: Federal, State or local agencies. The governmental agencies include: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Department of Defense, U.S. Postal Service, State Employment Security Agencies, State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this Authorization, I also understand that my housing assistance may be denied or terminated. I understand that this authorization is good for 39 months from date of signature.

| | | |
|------------------------|-----------|------|
| Head of Household Name | Signature | Date |
|------------------------|-----------|------|

| | | |
|------------------|-----------|------|
| Other Adult Name | Signature | Date |
|------------------|-----------|------|

| | | |
|------------------|-----------|------|
| Other Adult Name | Signature | Date |
|------------------|-----------|------|

Sect. 1001 of Title 18 of the United States Code makes it a criminal offense to knowingly make false statements or misrepresent to any Department or Agency of the United States to any matter within its jurisdiction and has established penalty of fines up to \$100, 000 and/or imprisonment not to exceed 5 years.

Exemption from Minimum Rent of \$50

For Households that are currently paying the Minimum Rent of \$50.00

If a family is unable to pay the minimum, rent because of a financial hardship the family may be eligible for a temporary or long-term waiver from paying Minimum Rent if they meet at least one of the following criteria:

- The family has lost eligibility for or is awaiting an eligibility determination for a federal, state, or local assistance program. A hardship will be considered to exist only if the loss of eligibility has an impact on the family's ability to pay the minimum rent. For a family waiting for a determination of eligibility, the hardship period will end as of the first of the month following: (1) implementation of assistance, if approved; or (2) the decision to deny assistance. A family whose request for assistance is denied may request a hardship exemption based upon one of the other allowable hardship circumstances.
 - To make a claim under this hardship exemption, the family must provide YHA with proof of application for assistance, or termination of assistance. The proof would be provided by the agency responsible for granting assistance or terminating assistance.
- The family would be evicted because it is unable to pay the minimum rent. For a family to qualify under this provision, the cause of the potential eviction must be the family's failure to pay rent or participant-paid utilities. The family must be able to document inability to pay the minimum rent at the time of the request.
 - The family income has decreased because of changed family circumstances, including the loss of employment. To make a claim under this criterion, the loss of employment must not be the result of failure to meet employment requirements by the participant. Changed circumstance as defined in this section includes, but is not limited to: Reduction in work hours, pay rate and /or work force
- If a death has occurred in the family. In order to qualify under this provision, a family must describe how the death has created a financial hardship (e.g., because of funeral-related expenses or the loss of the family member's income). The deceased family member must be an income producing member of the household, which contribute to the 30% of income used to calculate the participant's rent.

YHA defines temporary hardship as a hardship expected to last 90 consecutive days or less. Long term hardship is defined as a hardship expected to last more than 90 consecutive days.

The hardship period ends when any of the following circumstances apply:

- At an interim or annual reexamination, the family's calculated TTP is greater than the minimum rent.
- For hardship conditions based on loss of income, the hardship condition will continue to be recognized until new sources of income are received that are at least equal to the amount lost.
- For hardship conditions based upon hardship-related expenses, the minimum rent exemption will continue to be recognized until the cumulative amount exempted is equal to the expense incurred.

To make a claim under these provisions the applicant or participant must submit a request, in writing, to YHA office.

The applicant/participant must provide documentation to support the request for a hardship exemption. YHA will review the request and make a determination whether the family is eligible for the hardship. If you want to **apply for Exemption from Minimum Rent, state the reason and submit with the documentation to support the request:**

Signature: _____

Date: _____

York Housing Authority Family Self-Sufficiency Program & Housing Choice Voucher Homeownership Program Interest/Referral Form

Name: _____

Address: _____

Social Security #: _____

Telephone #: _____



This is to verify that written information about the Family Self-Sufficiency (FSS) Program and the Housing Choice Voucher Homeownership Program was shared with me during my Initial Interview or included in my annual re-exam packet.

Please check ☒ Your Choice(s) below:

_____ I am interested in the Family Self-Sufficiency Program. I want the FSS Case Manager to contact me to schedule an appointment to discuss my options.

_____ I am in the Housing Choice Voucher Program and I am interested in learning more about the Housing Choice Voucher Homeownership Program. I want the Homeownership Case Manager to contact me to schedule an appointment to discuss my options.

_____ I am not interested in the Family Self-Sufficiency Program or the Housing Choice Voucher Homeownership Program at this time. Although I am not interest at this time, I understand that at any time I can change my mind and call the York Housing Authority Family Self-Sufficiency Case Manager to discuss the Family Self-Sufficiency Program or the Housing Choice Voucher Homeownership Program.

Tenant Signature

Date

Housing Representative

Date

Other Comments/Information:

WELLS
FARGO

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Request To Balance Confirmation Services..... 1-844-879-0412

Online Instructions.www.wellsfargo.com/vod

SECTION 1: REQUESTER INFORMATION

[illegible]

Company Name

[illegible]

Attention

[illegible]

Street Address

[illegible]

City

State

Zip

[illegible]

Requester Email (optional)

-

-

Requester Phone Number

| | | |
|--|--|--|
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-

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| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Return Fax Number

SECTION 2: CUSTOMER INFORMATION

[illegible]

Customer One Full Name (First Middle Last)

[illegible]

Customer Two Full Name (First Middle Last)

| | | |
|--|--|--|
| | | |
|--|--|--|

-

| | |
|--|--|
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|--|--|

-

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Customer One Social Security Number

Account Number(s)

[illegible]

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date _____

Signature of Account Holder

Date _____



Pharmacy Authorization

I authorize _____ (Pharmacy Name) to disclose information that it maintains concerning the cost of my medical treatment for the past 12 months as of the date of receipt of this request. The information may be disclosed only to the Housing Authority of the City of York for the purpose of establishing my eligibility for participation in their housing program.

I understand that the potential exists for my information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and to be no longer protected.

This authorization will expire six months from the date of my signature as indicated below.

I understand that the pharmacy may not disclose my information as requested above without my signature on this Authorization and that my signing or refusing to sign this Authorization will not affect my ability to receive treatment, payment or health care operations from the above mentioned pharmacy.

I understand that I am entitled to a copy of this authorization.

Patient _____, Power of Attorney _____,
Parent or Guardian _____, Court Appointed _____

Signature: _____

Printed Name: _____

Date _____ of _____ Birth: _____

Social Security _____ Number: _____

Date: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

| | | | |
|--|---|---|---|
| Applicant Name: | | | |
| Mailing Address: | | | |
| Telephone No: | Cell Phone No: | | |
| Name of Additional Contact Person or Organization: | | | |
| Address: | | | |
| Telephone No: | Cell Phone No: | | |
| E-Mail Address (if applicable): | | | |
| Relationship to Applicant: | | | |
| Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table> | | <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ | | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | | | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | | | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | | | |

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

| | |
|--|--|
| | |
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Signature of Applicant**Date**

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

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