



**HOUSING AUTHORITY OF THE**  
**APPLICATIONS**  
**PUBLIC HOUSING AND**  
**SECTION 8 VOUCHER PROGRAMS**  
**HOUSING AUTHORITY OF THE CITY OF ALICE**  
**P.O. BOX 1407**  
**ALICE, TEXAS 78333**  
**CENTRAL OFFICE: 125 OLMITO ST.**  
**361-664-3453**  
**TTD/TTY FOR THE DEAF & BLIND:**  
**1-800-545-1833-EXT. 694**  
**CITY OF ALICE**

# Housing Authority of the City of Alice



## Things You Should Know



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

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

- Assets**
- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.
  - Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
  - The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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

- 
- Recertifications**
- You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:
- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
  - Any move in or out of a household member; and,
  - All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

- 
- Beware of Fraud**
- You should be aware of the following fraud schemes:
- Do not pay any money to file an application;
  - Do not pay any money to move up on the waiting list;
  - Do not pay for anything not covered by your lease;
  - Get a receipt for any money you pay; and,
  - Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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

HUD- 1140-OIG      THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION



# Do you have a Social Security Number (SSN)?

**If you do not disclose a SSN, you may not be able to receive housing assistance.**



The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.



**The SSNs of all members of my household have been provided. What do I do?**

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.



**I have not provided SSNs for all of my household members to the property owner/manager. What do I do?**

Does everyone in your household have a SSN?

## **Yes**

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

## **No**

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

**Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.**



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

**NOTICE OF ELIGIBILITY REQUIREMENTS**  
**(As required by Texas Property Code §92.3515)**

A. An applicant is qualified for housing assistance if he or she meets all of the following criteria:

1. Is a family defined as

Two or more persons (with or without children) regularly living together, related by blood, marriage, adoption, guardianship or operation of law who will live together in Authority housing; OR two or more persons who are not so related, but are regularly living together, can verify shared income or resources who will live together in Authority housing.

"Family" also includes: Elderly Family, Near Elderly Family, Disabled Family, Displaced Person, Single Person, the remaining member of a tenant family, a foster care arrangement, or a kinship care arrangement. Other persons, including members temporarily absent (e.g., a child temporarily placed in foster care or a student temporarily away at college), may be considered a part of the applicant family's household if they are living or will live regularly with the family (24 CFR 5.403)

2. Is a family that meets the HUD requirements on citizenship or immigration status; (24 CFR 5.500 - 5.528)

a. A family is not eligible for full housing assistance unless every member of the family in the unit is determined to be either a U. S. citizen or have eligible immigrant status as defined by the regulations.

b. A Mixed Family (in which one or more family members is determined to be ineligible on the basis of immigration status) may be eligible for prorated assistance.

3. Has an Annual Income at the time of admission that does not exceed the low income limits for occupancy posted in the Authority office.

4. Provides a documented Social Security number for all family members. (24 CFR 5.216)

5. Meets or exceeds the Applicant Suitability Screening

a. Past performance in meeting financial obligations, particularly rent, is satisfactory (where nonpayment or late payment of rent has

occurred, Authority will take into account extenuating circumstances, such as family illness, loss of job, etc., that may have caused the delinquency).

- b. No record of disturbance of neighbors, destruction of property, or living or housekeeping habits which adversely affect the health, safety or welfare of other residents (*this includes alcohol abuse where the abuse results in behavior which interferes with the health, safety, or right to peaceful enjoyment of premises by other residents*)
- c. No history of criminal activity involving crimes of physical violence to persons or property; possession, sale or use of illegal substances; or any other criminal acts that adversely affect the health, safety or welfare of themselves or other residents

**B. Right to a Hearing**

- 1. All applicants who are denied by the Authority will receive a letter that informs them of their right to request in writing, within ten (10) days of receipt of the denial letter, a hearing with the Executive Director or his/her designee.
- 2. A hearing may be requested as a result of denial based on preliminary application information or on results of the final verification and screening process.
- 3. Upon receipt of the applicant's written request, the Authority and applicant will agree on a time for an informal hearing, which should occur within the 30-day period following the denial date.

- C. If misrepresentations on the Application for Admission are determined before the family is housed, the family will be denied housing. If misrepresentations result in housing an ineligible or unsuitable family, the family may be required to vacate even though currently eligible. If misrepresentation or failure to provide facts has resulted in payment of a lower Total Tenant Payment than should have been paid, the family will be required to pay the difference between the Total Tenant Payment paid and the amount which should have been paid. In justifiable cases, the Authority may take such other action as deemed reasonable.**

**I have reviewed the Authority's tenant eligibility and selection criteria and I**

understand that tenant selection criteria may include factors such as criminal history, credit history, current income and rental history. I further understand that if I do not meet the selection criteria, or if I provide inaccurate or incomplete information, my application will be denied.

\_\_\_\_\_  
Signature, Applicant Head of Household

\_\_\_\_\_  
Date .

## **Notice to all Applicants**

### **Reasonable Accommodations for Applicants with Disabilities**

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

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

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

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





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(361) 664-3453 • FAX (361) 664-3464  
E-mail: [alicehousingauthority@gmail.com](mailto:alicehousingauthority@gmail.com)



## Public Housing and Section 8 Voucher Programs

Dear Applicant:

Thank you for choosing Alice Housing Authority for your housing needs. The Housing Authority requires that at the time you return your application for housing that you provide the following forms and information. Please use **Blue or Black ink** to complete your application.

- \_\_\_\_\_ Application for Admission - signed by all adult household members or head of household.
- \_\_\_\_\_ HUD form 9886 Authorization for Release of Information/Privacy Act (provided with application) signed by all adult household members.
- \_\_\_\_\_ Citizenship Declaration for all household members (to be signed by all adult household members at the time application is returned)
- \_\_\_\_\_ Release for Criminal Conviction Records for each household member age 18 and older.
- \_\_\_\_\_ Income verification form - one for each source of income signed by household member receiving the income (provided at time application is returned)
- \_\_\_\_\_ Rental history verification form - one for each previous rental property listed.
- \_\_\_\_\_ Social security cards for **all** household members listed on application.
- \_\_\_\_\_ State issued photo ID for **all** household members.
- \_\_\_\_\_ Birth certificates for **all** household members (**original copies**).
- \_\_\_\_\_ Copy of recent W-2 forms or income tax return.
- \_\_\_\_\_ Citizenship card, papers or supporting information for any household member on the application who does not certify that he/she is a citizen of the U.S.
- \_\_\_\_\_ Divorce decree or proof of separation if applicable for proof of custody and support payments.
- \_\_\_\_\_ If claiming involuntary displacement, provide documentation supporting that claim.

\*\*\* Please state all sources of income and the amount received by all household members. The Housing Authority will electronically verify all sources of income prior to interview. Omission or fraudulent statements can lead to the denial of application.

"The owner does not discriminate against persons with disabilities"

**TTD/TTY for the Deaf & Blind: 1-800-545-1833 Ext. 694**



## APPLICATION

For Office Use Only. Applicants should not write in this section.

Date/Time: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_

Received by: \_\_\_\_\_ Interview Date: \_\_\_\_\_

List any special assistance required by this applicant: \_\_\_\_\_

☐ Public Housing   ☐ Sect. 8 Voucher   ☐ New Development

Application #: \_\_\_\_\_ Local Preference Rating \_\_\_\_\_

Complete this form **in ink in your own handwriting**. Use the correct legal name for each person who will reside in the apartment as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. **Do not leave any section of the application blank**. If a section does not apply to you, write N/A in it. Any required information not received by the Housing Authority within ten calendar days of the date of this application will result in denial of the application.

(PLEASE PRINT)

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address Where You Currently Live: \_\_\_\_\_

Provide an Alternate Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Emergency Contract Info: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_ Address: \_\_\_\_\_

## I. HOUSEHOLD COMPOSITION (list all persons who will stay in the apartment)

Applicants are not required to disclose being disabled. However, deductions to the family income for which persons with disability are entitled cannot be provided unless applicant discloses being disabled.

[illegible][illegible]

1. If married (by ceremony or common law) and the spouse is not listed on this application, list his/her name: \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

Is absence temporary or permanent? \_\_\_\_\_

2. Is any household member in the armed services? ☐ yes ☐ no If yes, who? \_\_\_\_\_

3. Does anyone in your household require special accommodations due to a handicap or disability?  
If yes, specify requirement: \_\_\_\_\_

## II. INCOME AVAILABLE TO HOUSEHOLD

List **all** income earned or received by everyone living in the household regardless of age.  
List gross amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount
Self-employment					\$
					\$
Wages or Earnings					\$
					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$
Alimony					\$
					\$
Military Income					\$
					\$
Income from Rental Property or Other Asset					\$
					\$
Regular Contributions or Gifts					\$
					\$
Other					\$
					\$

1. Does anyone outside your household assist with bills or expenses on a regular basis? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

2. List name of any household member age 18 or older who is a full time student and the school they attend:  
Name: \_\_\_\_\_ School: \_\_\_\_\_

3. Is any household member age 18 or older employed in a job training program? \_\_\_\_\_ If yes, list his/her name and the specific job training program: \_\_\_\_\_
4. Has anyone in your household applied for any benefits which are in the process of being approved? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
5. Are you entitled to: Child Support ☐ yes \$ \_\_\_\_\_ ☐ no or Alimony ☐ yes \$ \_\_\_\_\_ ☐ no  
Do you receive: Child Support ☐ yes \$ \_\_\_\_\_ ☐ no or Alimony ☐ yes \$ \_\_\_\_\_ ☐ no

### III. ASSETS

1. Does any household member listed have assets or receive income from assets? (Check all that apply)  
☐ Real Estate ☐ Company Retirement/Pension Fund ☐ Trusts  
☐ Stocks ☐ Insurance Settlements ☐ Bonds  
☐ Savings Account ☐ Certificate(s) of Deposit ☐ Checking Account  
☐ Other: \_\_\_\_\_ If applicable, what is the total market value of all assets? \$ \_\_\_\_\_
2. How much interest or other income from any assets checked above do you receive annually? \$ \_\_\_\_\_
3. Has any asset been given away or sold for less than its fair market value in the past 2 years? \_\_\_\_\_  
 If yes, what? \_\_\_\_\_ What was its market value? \_\_\_\_\_  
 How much did you receive? \_\_\_\_\_

### IV. MEDICAL EXPENSES (complete only if Head of household or Spouse is disabled or is 62 years of age or older)

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums.

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<u>medical insurance</u>	\$ _____	<u>Doctor's Visits</u>	\$ _____
<u>prescription medicine</u>	\$ _____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### V. CHILD CARE and/or HANDICAPPED ASSISTANCE EXPENSE

1. Do you pay for Child Care for children age 12 or younger while you work or attend school? ☐ yes ☐ no
2. If yes, to whom are expenses paid? \_\_\_\_\_ How much per month? \_\_\_\_\_  
 Address and Phone Number of Child Care provider: \_\_\_\_\_
3. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work \_\_\_\_\_ Itemize: \_\_\_\_\_

### VI. CRIMINAL HISTORY

1. Has any household member (regardless of age) been arrested, charged, or convicted for any of the following:
- Violent criminal activity? ☐ yes ☐ no If yes, give details \_\_\_\_\_
- Alcohol related activity? ☐ yes ☐ no If yes, give details \_\_\_\_\_
- Manufacture of methamphetamines? ☐ yes ☐ no If yes, give details \_\_\_\_\_

Possession, sale, or distribution of illegal drugs? ☐ yes ☐ no If yes, list name/date/disposition of case \_\_\_\_\_

List name of any household member who is required to register as a sex offender: \_\_\_\_\_

If required to report, list name and telephone number of probation/parole officer: \_\_\_\_\_

2. Has any household member participated in drug rehabilitation during the past 12 months? ☐ yes ☐ no

If yes, explain: \_\_\_\_\_

3. Has any household member been evicted from federally assisted housing in the past 3 years? \_\_\_\_\_

If yes, who? \_\_\_\_\_ Where? \_\_\_\_\_

## VII. RENTAL HISTORY

1. Current Landlord: \_\_\_\_\_ Landlord's Address/Phone: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address of Rental Property: \_\_\_\_\_

Were you ever late in paying rent? ☐ yes ☐ no Were you evicted or asked to move? ☐ yes ☐ no

2. Previous Landlord: \_\_\_\_\_ Landlord's Address/Phone: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address of Rental Property: \_\_\_\_\_

Were you ever late in paying rent? ☐ yes ☐ no Were you evicted or asked to move? ☐ yes ☐ no

3. Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18? \_\_\_\_\_ If yes, under what name: \_\_\_\_\_

Housing Agency/City \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Lease Name of \_\_\_\_\_

Were you ever late in paying rent? ☐ yes ☐ no Were you evicted or asked to move? ☐ yes ☐ no

Do you owe money to the agency? ☐ yes ☐ no Comments: \_\_\_\_\_

\*\* PHA will be contacting all former landlords for the period of three years from the date of application.

## VIII. CREDIT HISTORY/PERSONAL REFERENCES

1. List two businesses where you have had credit or made payments on a regular basis in the past 24 months.

Business \_\_\_\_\_ Address/Phone \_\_\_\_\_

Business \_\_\_\_\_ Address/Phone \_\_\_\_\_

2. List two references (who you are not related to by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you known him/her? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you known him/her? \_\_\_\_\_

## IX. MISCELLANEOUS INFORMATION

1. List all vehicles that household members will park on PHA property:

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

2. Do you have a pet? \_\_\_\_\_ Describe: \_\_\_\_\_

3. How did you learn about our program? \_\_\_\_\_

## Local Preference

All eligible applicants for rental assistance have the opportunity to show whether they are entitled to a Local Preference. If you are determined to be eligible, it will not mean the offering of immediate housing. The eventual extension of housing benefits will be based upon your place on the waiting list. Please check what status you claim:

I am claiming the preference checked below, and agree to provide the information and documentation necessary to establish my claim:

### A. INVOLUNTARY DISPLACEMENT

- ☐ Fire, flood or other natural disaster. (Must be documented by letter(s) from government agency, private social services agency, newspaper account, etc.).
- ☐ Victims of Domestic Violence. (Must be documented by a letter(s) or by a certification from local, state, government agency, and or, private social services agency).

### B. RANKING OF LOCAL PREFERENCE

- ☐ Alice Resident/Jim Wells County.
- ☐ Working Family/Employment or Job Training/Education
- ☐ Families whose head of household or spouse is sixty-two (62) years of age or disabled.

C. ☐ I/MY FAMILY DO NOT/DOES NOT MEET ANY OF THE ABOVE MENTIONED PREFERENCE REQUIREMENTS.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

A criminal history check will be run on all household members over age 17 through the local police department, state, and NCIC. All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 14 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

I understand that this application is valid for only six months unless renewed/updated by me, the applicant.

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-head \_\_\_\_\_ Date \_\_\_\_\_

Signature of other adult \_\_\_\_\_ Date \_\_\_\_\_

If either Head or Co-head is not present, why? \_\_\_\_\_

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, SHALL BE FINED NOT MORE THAN \$10,000 OR IN PRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

*NOTICE: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under the Texas Penal Code.*

*If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.*

**I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS  
AND CERTIFICATIONS WITH APPLICANT PRIOR TO SIGNATURES**

PHA Representative Initial  
here

Date Cancelled \_\_\_\_\_

Date Renewed \_\_\_\_\_

Date Renewed \_\_\_\_\_

Date Renewed \_\_\_\_\_

Date Renewed \_\_\_\_\_

Date Renewed \_\_\_\_\_

Date Renewed \_\_\_\_\_

**ELIGIBILITY**

**OFFICE USE ONLY**

Income Eligible - Yes \_\_\_\_\_ No \_\_\_\_\_

Non-Eligible Reason: \_\_\_\_\_

Date interviewed by Manager: \_\_\_\_\_

Comments: \_\_\_\_\_

**Approved/Disapproved By Manager**

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Disapproved, Indicate Reason for Disapproval: \_\_\_\_\_

**Record of Offers**

**1st Time**

Date \_\_\_\_\_ Unit # \_\_\_\_\_ Project # \_\_\_\_\_ B.R. Size \_\_\_\_\_

Bldg # \_\_\_\_\_ Accepted \_\_\_\_\_ Moved In \_\_\_\_\_ Rejected \_\_\_\_\_

Comment \_\_\_\_\_

Mailed: \_\_\_\_\_

Earliest date next offer can be made: \_\_\_\_\_ Removed from wait list: \_\_\_\_\_

**2nd Time**

Date: \_\_\_\_\_ Unit #: \_\_\_\_\_ Project #: \_\_\_\_\_ B/R Size: \_\_\_\_\_

Bldg. # \_\_\_\_\_ Accepted: \_\_\_\_\_ Moved In: \_\_\_\_\_ Rejected: \_\_\_\_\_

Comment: \_\_\_\_\_

Mailed: \_\_\_\_\_

Earliest date next offer can be made: \_\_\_\_\_ Removed from wait list: \_\_\_\_\_

**3rd Time**

Date: \_\_\_\_\_ Unit #: \_\_\_\_\_ Project #: \_\_\_\_\_ B/R Size: \_\_\_\_\_

Bldg. # \_\_\_\_\_ Accepted: \_\_\_\_\_ Moved In: \_\_\_\_\_ Rejected: \_\_\_\_\_

Comment: \_\_\_\_\_

Mailed: \_\_\_\_\_

HACA 4/18



# Authorization for the Release of Information Privacy Act Notice

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

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

PHA requesting release of Information; (cross out space if none)  
(Full address, name of contact person and date)

Housing Authority of the City of Alice  
P.O. BOX 1407, Central Office  
Alice, Texas 78333

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 the 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 Certification  
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 wage and self employment information and payments of retirement income as referenced at Section 6103(1)(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 15 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. 2000c-6) and 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 to determine 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 HUD, 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 effect 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 purpose 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 use.

**ATTACHMENT II**

**ALICE HOUSING AUTHORITY**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**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.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that ALICE HOUSING AUTHORITY 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 , **PUBLIC HOUSING OR SECTION 8** 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.

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

<sup>2</sup> 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.

## **Protections for Tenants**

If you are receiving assistance under **THE ALICE HOUSING AUTHORITY, PUBLIC HOUSING OR SECTION 8**, 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 **PUBLIC HOUSING OR SECTION 8**, 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**

Housing Authority 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 Housing Authority chooses to remove the abuser or perpetrator, Housing Authority 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, Housing Authority 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, Housing Authority must follow Federal, State, and local eviction procedures. In order to divide a lease, Housing Authority 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, Housing Authority 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, Housing Authority 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.

Housing Authority 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.

Housing Authority's emergency transfer plan provides further information on emergency transfers, and Housing Authority 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**

Housing Authority 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 Housing Authority must be in writing, and Housing Authority 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. Housing Authority 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 Housing Authority as documentation. It is your choice which of the following to submit if Housing Authority 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 Housing Authority 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 Housing Authority has agreed to accept.

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

If Housing Authority 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), Housing Authority 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, Housing Authority does not have to provide you with the protections contained in this notice.



## **Confidentiality**

Housing Authority 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.

Housing Authority must not allow any individual administering assistance or other services on behalf of Housing Authority (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.

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

- You give written permission to Housing Authority to release the information on a time limited basis.
- Housing Authority 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 Housing Authority or your landlord to release the information.

VAWA does not limit Housing Authority'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, Housing Authority 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 Housing Authority 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 Housing Authority can demonstrate the above, Housing Authority 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 the Housing Authority's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with HUD field office San Antonio.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at **Alice Housing Authority**.

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

For questions regarding VAWA, please contact **Alice Housing Authority 361-664-3453**.

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). You may also contact Alice Housing Authority 361-664-3453.

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 Sexual Assault Hotline 361-881-8454. Victims of stalking seeking help may contact: 911, Alice Police Department 664-0186 or 1-800-580-HURT.

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

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

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

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

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

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

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

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

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

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

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

1. Date the written request is received by victim: \_\_\_\_\_
2. Name of victim: \_\_\_\_\_
3. Your name (if different from victim's): \_\_\_\_\_
4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_
5. Residence of victim: \_\_\_\_\_
6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_  
\_\_\_\_\_
7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_
8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_  
\_\_\_\_\_
10. Location of incident(s): \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

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

## PUBLIC HOUSING COMMUNITY SERVICE REQUIREMENT

All non-exempt residents of Public Housing age 18 or older, are required to contribute eight (8) hours of community service each month or participate in a self-sufficiency program for eight (8) hours each month.

This community service work is not a service for which the resident is paid; it is strictly volunteer work.

The Community Service Policy is available in the PHA office and describes in detail:

1. Who may qualify for an exemption from the requirement to perform community service;
2. Types of activities that can be performed to meet the requirement;
3. The family's obligations;
4. The PHA's obligations; and
5. The penalties for non-compliance

### RESIDENT REQUIREMENTS:

If any household adult member is not elderly, disabled, the primary care giver of a disabled person, receiving TANF, or working at least 20 hours per week you must perform 8 hours of community service and/or participate in a self-sufficiency activity (or combination of the two) each month.

Failure of a non-exempt adult family member to meet the Community Service Self-Sufficiency Requirements (CSSR) will result in non-renewal of the lease and termination of public housing assistance.

For more information, contact: Manager, Lisa Maldonado, (361) 664-3453.

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Applicant Signature

Date

### EMPLOYMENT AND INCOME

Family Member	Source	Monthly	Next 12 Months

### OTHER INCOME

Savings \$ \_\_\_\_\_ Bank \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ CD's \$ \_\_\_\_\_  
TANF \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_  
S.S.I. \$ \_\_\_\_\_ Property \$ \_\_\_\_\_ Rental Property \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Total Annual Income \$ \_\_\_\_\_

### DECONCENTRATION RESOLUTION

WHEREAS, the Quality Housing and Work Responsibility Act of 1998 requires the following in order to provide for deconcentration of poverty and income mixing by bringing higher income tenants into lower income projects and low/income tenants into higher income projects therefore,

In its assignment of units, the Authority will, to the maximum extent possible, avoid concentration of the most economically and socially deprived families in any one or all of its developments, in an attempt to achieve a broad range of incomes. As required by the Quality Housing And work Responsibility Act of 1998,

1. At least 40 percent of the families admitted during the fiscal year must not have incomes over 30 percent of the median income for the area, as defined by HUD.
2. In order to prevent or correct Concentrations of the lowest income families in any one project, the Authority may skip over another family on the waiting list in order to house a family with higher income.

### APPLICATION/TENANT CERTIFICATION

I have read all above information and I certify that the information given is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal and State Laws. I also understand that false statements or information are ground for denial of housing or assistance, termination of housing assistance and termination of tenancy.

I have no objection to inquiries for the purpose of verification of the above statement. It is understood that the above information will be held in strict confidence. I also understand this application is good for only six (6) months from the date of application. I must renew this application each six (6) months thereafter, if I desire my application to remain active. I am also authorizing release of my credit report.

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

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

Adopted: Resol.: #292 6/30/99



# Housing Authority of the City of Alice

P.O. Box 1407 - Alice, Texas 78333



## SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

The questionnaire is to be administered to every applicant for public housing at the **ALICE HOUSING AUTHORITY**. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

-----  
**Applicant Name** \_\_\_\_\_ **File #** \_\_\_\_\_

**Interview Conducted By** \_\_\_\_\_ **Date** \_\_\_\_\_  
-----

1. Will you, or any member of your family require any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> A separate bedroom          | <input type="checkbox"/> Unit for Vision-Impaired    |
| <input type="checkbox"/> A barrier-free apartment    | <input type="checkbox"/> Unit for Hearing-Impaired   |
| <input type="checkbox"/> One-level unit              | <input type="checkbox"/> Bedroom & Bath on 1st floor |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> Extra Bedroom               |
|  | <input type="checkbox"/> Live In Attendant           |

2. Can you and all family members use the stairs unassisted? ☐ YES ☐ NO

If No, please indicate how the PHA should accommodate your family: \_\_\_\_\_  
\_\_\_\_\_

3. Will you or any of your family members require a live-aide to assist you? ☐ YES ☐ NO

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:  
\_\_\_\_\_  
\_\_\_\_\_

5. What is the name of the family member needing the features identified above?  
\_\_\_\_\_

6. Whom should we contact to verify your need for a special unit?

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone# \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

"The Owner does not discriminate against persons with disabilities."





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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

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

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

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

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

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

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

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

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

**Who will have access to the information collected?**

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

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

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

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

**This Notice was provided by the below-listed PHA:**  
Housing Authority City of Alice  
P.O. Box 1407  
Alice, TX 78332

**I hereby acknowledge that the PHA provided me with the  
Debts Owed to PHAs & Termination Notice:**

**Signature**

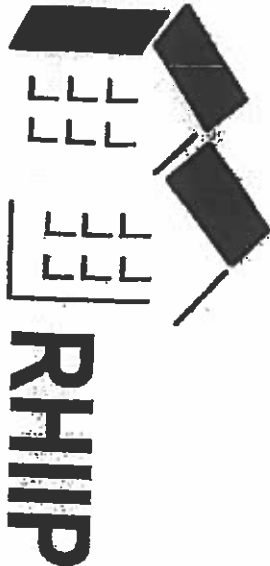
**Date**

**Printed Name**



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

## ***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.

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](http://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/hiip/iviv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH 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 read this Guide.

Signature \_\_\_\_\_

February 2010