

ALICE HOUSING AUTHORITY

P.O. BOX 1407

ALICE, TEXAS 78333

CENTRAL OFFICE: 125 OLMITO/361-664-3453

TTD/TTY FOR THE DEAF & BLIND:

1-800-545-1833 EXT. 694

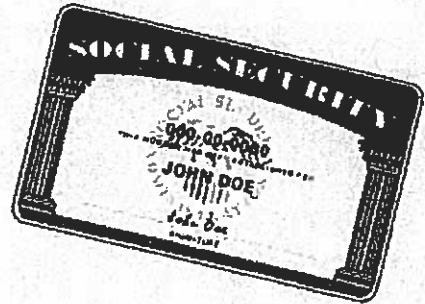
APPLICATION FOR ADMISSION
MULTI-FAMILY PROJECT BASED
RENTAL ASSISTANCE
NEW CONSTRUCTION

EQUAL HOUSING

OPPORTUNITY

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**

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 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:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$ 10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

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

- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

" The Owner does not discriminate against persons with disabilities"

Assets	<ul style="list-style-type: none"> ▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you. ▫ Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children. ▫ The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.
Signing the Application	<ul style="list-style-type: none"> ▫ 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	<p>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:</p> <ul style="list-style-type: none"> ▫ 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	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> ▫ 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	<p>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.</p>

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



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.

though currently eligible. If, misrepresentation of failure to provide facts has resulted in payment of a lower Total Tenant Payment than should have been paid a, 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 the 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

"The Owner does not discriminate against persons with disabilities"



125 Olmito St. • P.O. Box 1407 • Alice, Texas 78333
(361) 664-3453 • FAX (361) 664-3464
E-mail: alicehousingauthority@gmail.com



Multifamily Section 8 New Construction

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.
- _____ Verification of Age by using any of the following:
 - Birth Certificate
 - Baptismal Certificate
 - Military Discharge papers
 - Valid passport
 - Census document showing age
 - Naturalization certificate
 - Social Security Administration Benefits printout
- _____ HUD form 9887 Notice and Content for release of Information (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 or older.
- _____ Income Verification form - one for each source of income signed by household member receiving the income (provided at the 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. If a social security card cannot be provided, the applicant may provide:
 - Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual.
 - Driver's license with SSN
 - Identification card issued by a medical insurance provider, or by an employer or trade union.
 - Earnings statement on payroll stubs
 - Bank Statement
 - Form 1099

"The owner does not discriminate against persons with disabilities"



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Multifamily Section 8 New Construction

NOTICE OF ELIGIBILITY REQUIREMENTS

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

1. Is a family defined as

Family includes, but is not limited to, the following, regardless of actual or perceived sexual orientation, gender identity, or marital status:

(1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person or any other single person; or

(2) A group of persons residing together and such group includes, but is not limited to:

(i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);

(ii) An elderly family;

(iii) A near-elderly family;

(iv) A disabled family;

(v) A displaced family; and

(vi) The remaining member of a tenant family

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)

"The owner does not discriminate against persons with disabilities"

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 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

For Office Use Only

Applicants **DO NOT** write in this section

Eligibility Determination

Date/Time: _____ Bedroom Size: _____ Initial Eligibility: ☐ Yes ☐ No

Received by: _____ Quality for 504 Unit? ☐ Yes ☐ No

Waiting List Placement: _____ Preference(s) Claimed: _____

List any reasonable accommodation/assistance requested by applicant: _____

Interview Date: _____ Final Eligibility: ☐ Yes ☐ No

APPLICATION FOR ADMISSION

Alice-Mathis Housing Development Corporation

Multi-Family Project Based Rental Assistance Program

Limited English Proficiency:

Do you require oral and/or written information in any language other than English?

☐ Yes ☐ No

If yes, contact the Applications Office for assistance. If no, continue.

Instructions for Completing Form:

Complete this form in ink in your own handwriting. Use the legal name for each person who will reside in the rental unit exactly as it appears on his/her Social Security card. All persons aged 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. Any required information not received by the property management within the period given after the date of this application will result in denial of the application.

Applicant Head of Household Information

Applicant Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address Where You Currently Reside: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email Address: _____

Current Housing

Are you seeking housing due to a Presidentially Declared Disaster?

☐ Yes ☐ No

Have you been displaced by government action?

☐ Yes ☐ No

Social Security

Is any household member's legal name different from the name on his/her Social Security card?

☐ Yes ☐ No

If yes, who? _____

Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one currently being used?

☐ Yes ☐ No

If yes, explain _____

Communications

Place a check mark ☒ in the appropriate boxes in each section below to identify any language or disability needs in communication.

- ☐ Mark this box if you read or speak English.
- ☐ Marque esta casilla se lee o habla español. (Spanish)
- ☐ I do not require any alternate means of communication.
- ☐ I require that all written information be: ☐ In large print ☐ Presented Orally ☐ In Braille
☐ In another format (Explain specific need): _____
- ☐ I require that oral information be presented to me: ☐ In writing ☐ through a telephone relay service
☐ In another format (Explain): _____

Page 1 of 6



I. HOUSEHOLD COMPOSITION (List all persons who will live in the rental unit. No person may reside in a subsidized unit whose residency has not been previously approved by property management.) **NON-DISCRIMINATION STATEMENT:** Alice Mathis Housing Development Corporation does not discriminate based on disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Property Manager designated to coordinate compliance with non-discrimination requirements. *Applicants are not required to disclose a disability. However, benefits for which persons with disabilities are eligible cannot be provided unless disability status is disclosed.*

LIST BELOW ALL PERSONS AGED 18 OR OLDER WHO WILL RESIDE IN THE RENTAL UNIT:

Use the following codes to describe each adult member's relationship to the Head of Household: A = Adult who is not a full-time student
 F = Foster Adult E = Full-time student aged 18 or older who is not the Head, Spouse, or Co-Head L = Live-in Aide (if required by an elderly/disabled applicant) **Marital Status Codes:** S = Single M = Married D = Divorced W = Widow

Full Name as it Appears on Social Security Card	Social Security #	Relation to Head	Gender		Decline to Disclose	Marital Status		Decline to Disclose	Date of Birth	Age	Disabled Yes/No	List Most Recent Date	
			M	F		S M D or W	Employed					Received TANF	
Last		HEAD											
First MI													
Last		Spouse or Co-Head											
First MI													
Last													
First MI													
Last													
First MI													
Last													
First MI													

If a Social Security number is not provided for any adult household member, check the reason below:

- ☐ _____ (name of household member) is an ineligible non-citizen.
- ☐ _____ (name of household member) has not been assigned a Social Security number, was receiving HUD rental assistance at another location on January 31, 2010 and was 62 or older as of January 31, 2010.

LIST BELOW ALL PERSONS UNDER THE AGE OF 18:

Use the following codes for describing each minor's relationship to the Head of Household: Y= Youth F= Foster Child L= Child of Live-In Aide
Custody Codes: P= Primary Physical Custody SH= Shared Physical Custody SO= Sole Physical Custody SP= Supervised Physical Custody

Full Name of Minors as it Appears on Social Security Card	Social Security #	Relation to Head	Gender			Custody	Date of Birth	Age	Disabled Yes/No	Name of School or Day Care Attended if applicable	Name & Contact Information for Absent Parent (If both parents will not be living in same household)
			M	F	Decline to Disclose						
Last											
First MI											
Last											
First MI											
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If a Social Security number is not provided for any minor, check the reason below:

- ☐ _____ (name of household member) is an ineligible non-citizen.
- ☐ _____ (name of household member) has not been assigned a Social Security number. I/we understand that if this application is approved, I/we will not receive a rental offer until a Social Security number has been provided to the PHA.

I. HOUSEHOLD COMPOSITION (Continued)

- Is any household member over age 18 (other than the head of household, spouse of the head of household, or co-head) a full-time student or a student of higher education? ☐ Yes ☐ No
If yes, list name and the school he/she attends: _____
- Is the Spouse of the Head of Household temporarily absent from the home? ☐ Yes ☐ No
If yes, where is he/she? _____
When will the person return? _____
Does absent spouse have income? ☐ Yes ☐ No
If yes, list all his/her income below?
a. \$ _____ Source: _____
b. \$ _____ Source: _____

3. Does anyone in your household require any special accommodations (such as: a ramp, handrails, etc.) due to a handicap or disability? ☐ Yes ☐ No
If yes, list requirements: _____
4. Does any elderly or disabled family member require a Live-in Aid? ☐ Yes ☐ No

II. INCOME AVAILABLE TO HOUSEHOLD

All families must be income-eligible to receive housing assistance. Check *Yes* or *No* for each type of income, and list **gross amounts of income** received before any deductions are withheld. Check box to indicate if paid by the hour (Hr.), Week (Wk.), or Month (Mo.).

Type of Income	Y e s	N o	Name of Family Member with this Type of Income	Company, Agency, or Individual Making Payment	Gross Income	Payment Period:		
						Hr	Wk	Mo
Wages or Earnings					\$			
					\$			
TANF					\$			
Personal or Company Pension or Retirement					\$			
					\$			
SSI					\$			
					\$			
Social Security					\$			
					\$			
Unemployment Benefits					\$			
Worker's Compensation					\$			
Military Income					\$			
Temporary / Seasonal Work					\$			
Student Financial Assistance (Grants, Scholarships, Work-Study, etc.)					\$			
					\$			
Lump Sum Payments					\$			
Veterans Benefits					\$			
Regular Contributions or Gifts from Someone Outside the Household					\$			
					\$			
Other (list) _____					\$			

Previous Year's Tax Return. Indicate the amount of gross income shown by each family member residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer:	Date of Return:	Gross Income:
Taxpayer:	Date of Return:	Gross Income:

1. Does anyone outside the household help with bills on a regular basis? ☐ Yes ☐ No
2. If yes, list name of each person or agency that assists with bills or contributes to your household:
- a. _____
- b. _____

3. Is any household member aged 18 or older participating in a job training program? ☐ Yes ☐ No
If yes, list his/her name and the specific job training program: _____
4. Has anyone in your household applied for any benefits that are in the process of being approved? ☐ Yes ☐ No
If yes, explain: _____
5. Has any family member been awarded Child Support? ☐ Yes ☐ No If yes, amount \$ _____
6. Has any family member been awarded Spousal Support? ☐ Yes ☐ No If yes, amount \$ _____

III. ASSETS

1. Do you own a home? ☐ Yes ☐ No If yes, what is its present value \$ _____
What will you do with the house if you move into rental housing? _____
2. Has any asset been given away or sold for less than its fair market value in the past 2 years? ☐ Yes ☐ No
If yes, what was its market value? \$ _____ How much did you receive? \$ _____

Check yes or no for each type of asset owned by any family member, and list its value and amount of income generated by the asset.

Type of Asset		Value	Income Generated by Asset per Year
Real Estate (House, Land)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Retirement or Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Other (list) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____

IV. PREVIOUS HOUSING ASSISTANCE

Has any household member lived in public housing or participated in the Housing Choice Voucher Program after reaching the age of 18? ☐ Yes ☐ No

If yes, under what name(s): _____

List information about each Housing Agency where any family member has lived or received assistance.

1. Housing Agency: _____
From _____ To _____ Lease in name of: _____
Why did you move? _____
Were any wages disregarded in calculating your rent? ☐ Yes ☐ No ☐ Do not know
2. Housing Agency: _____
From _____ To _____ Lease in name of: _____
Why did you move? _____
Were any wages disregarded in calculating your rent? ☐ Yes ☐ No ☐ Do not know

V. CRIMINAL HISTORY

1. Has any household member been arrested, charged, or convicted for any of the following?
- a. Violent criminal activity ☐ Yes ☐ No
If yes, give details: _____
- b. Domestic violence, dating violence, sexual assault, or stalking ☐ Yes ☐ No
If yes, give details: _____
- c. Alcohol-related activity ☐ Yes ☐ No
If yes, give details: _____

d. Manufacture of methamphetamines

☐ Yes ☐ No

If yes, give details: _____

e. Possession, use, sale, or distribution of illegal drugs

☐ Yes ☐ No

If yes, give details: _____

2. If required to report, list name and telephone number of probation/parole officer.

Name: _____ Phone #: _____

3. Has any household member participated in drug rehabilitation during the past 12 months?

☐ Yes ☐ No

If yes, explain: _____

4. Is any household member required to register in any state as a Sex Offender?

☐ Yes ☐ No

If yes, list name and state: _____

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

☐ Yes ☐ No

If yes, who, where and why? _____

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VI. MEDICAL AND DISABILITY ASSISTANCE

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or another outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of Household or Spouse is disabled or is 62 years of age or older.)

TYPE OF EXPENSE

AMOUNT

TYPE OF EXPENSE

AMOUNT

medical insurance(s)

\$ _____

Doctor's Visit(s)

\$ _____

prescription medicine(s)

\$ _____

\$ _____

_____ \$ _____

\$ _____

_____ \$ _____

\$ _____

_____ \$ _____

\$ _____

2. Do you pay for attendant care or an auxiliary apparatus for any disabled household member in order for him/her or any other adult family member to work?

☐ Yes ☐ No

If yes, explain: _____

VII. CHILD CARE

1. Do you pay child care for children aged 12 or younger while you work, attend school, or seek employment?

☐ Yes ☐ No

If yes, to whom are expenses paid? _____

How much do you pay per month? _____ Is any portion reimbursed? ☐ Yes ☐ No

2. Address of child care provider: _____

3. What amount is reimbursed? _____ Source: _____

VIII. RENTAL HISTORY

1. Current Landlord: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email Address: _____

Dates of Occupancy From: _____ To: _____

Rental Property Address: _____ City: _____ State: _____ Zip: _____

Were you ever late in paying rent? ☐ Yes ☐ No Were you evicted or asked to move? ☐ Yes ☐ No

2. Previous Landlord: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address or Telephone #: _____

Were you ever late in paying rent? ☐ Yes ☐ No Were you evicted or asked to move? ☐ Yes ☐ No

3. Previous Landlord: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email Address or Telephone #: _____
 Were you ever late in paying rent? ☐ Yes ☐ No Were you evicted or asked to move? ☐ Yes ☐ No
4. List other states in which the head of household or other members have resided: _____

IX. CREDIT HISTORY/PERSONAL REFERENCES

1. List a business where you have made payments in the past 24 months: _____
 List a credit card that you have made charges/payments on in the past 24 months: _____
2. List two references (to whom 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 #: _____ Number of years you have known him/her: _____
 Name: _____ Phone #: _____ Number of years you have known him/her: _____

X. MISCELLANEOUS INFORMATION

1. Is any person listed on this application currently a victim of domestic violence, dating violence, sexual assault or stalking? ☐ Yes ☐ No
 If yes, who? _____
 Name of perpetrator: _____
2. List all vehicles that household members will park on PHA - owned property.
 Make: _____ Model: _____ Color: _____ License Plate #: _____
 Make: _____ Model: _____ Color: _____ License Plate #: _____
3. Do you have a pet? ☐ Yes ☐ No
 If yes, list type and breed: _____
4. How did you learn about this program? _____
5. How did you learn about this property? _____



XI. REQUIRED SUPPLEMENTS TO APPLICATION

The following documents must be executed along with this application form for the application to be considered complete:

- 214 Citizenship Declaration for each family member
- Form HUD-92006, Emergency Contact Form
- HUD 9887 Privacy Act/Release of Information
- Release for Criminal History Background Check for each adult household member
- Preference(s) Claim Sheet (if applicable)
- Form HUD-52675, "Debts Owed to PHAs" signed by each adult household member
- Verification of Military Status (if applicable)
- Other release forms, as applicable

XII. APPLICANT CERTIFICATION

- All family members aged 18 or older must certify to the accuracy of the information provided and sign this application.
- ☐ I/we certify that the information provided in this application is accurate and complete to the best of my/our knowledge and belief.
- ☐ I/we understand that providing false statements or information is punishable under Federal Law and constitutes grounds for denial of my/our application, as well as termination of housing assistance and eviction after leasing a dwelling unit.
- ☐ I/we understand that all information provided in this application and required supplements and during the eligibility interview is subject to verification.
- ☐ I/we further understand that any changes to information provided in this application must be provided to the PHA within 14 days of such change for this application to remain valid.

By my/our signature(s) below, I/we hereby swear and attest that all information in this application is true and correct.
(Application must be signed by all adults who will live in the rental unit.)

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Co-Head

Date

Signature of Other Adult Family Member

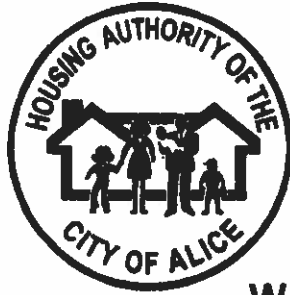
Date

Signature of Other Adult Family Member

Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 appropriate against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions cited as violations of 42 U.S.C. 208 (a) (6), (7) and (8).

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



125 Olmito St. • P.O. Box 1407 • Alice, Texas 78333
361 664-3453 • FAX 361 664-3464

E-mail: alicehousingauthority@gmail.com

WAITING LIST POLICY

I understand that I am on the active Waiting List for a _____ bedroom apartment. In order to stay on the active waiting list, I must visit the ALICE HOUSING AUTHORITY office six months from the date of my application/or renewal date. At that time, I will report any changes in family size, income and any other change and etc.... If at any time my address or telephone number should change, I will notify the office immediately.

I also understand that if I do not contact the office at the end of the six months, I no longer be on the active waiting list.

Applicant Signature

Date

"The Owner does not discriminate against person with disabilities"

LOCAL PREFERENCE SECTION 8 NEW CONSTRUCTION APPLICATION

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. _____ 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.

Applicants' Signature

Date

"The Owner does not discriminate against person with disabilities"

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD 9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

HUD Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are 18 years of Age and each family head, spouse, or co-head regardless of age must Provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g. Social Security Administration (SSA), State agency that keeps wage and Unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment Compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. this form.

2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887-A, the form GYD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: income used in determining tenant rents. Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the owner is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the owner cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, the PHA are subject to penalties for using these consent forms improperly.

You do not have to sign the form HUD-9887-A or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or Braille or providing readers.

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887, or form HUD-9887-A, HUD, the O/A or the PHA, may inform you of these findings.

O/As must keep tenant files in location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of actions the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief as may be appropriate, against the employee.

HUD 9887-A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD 9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the Owner must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs
(administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Agencies To Provide Information

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

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans

W2-G Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

104-1 K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA or the owner shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management (O/A), or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

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

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)
Federal Housing Commissioner

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division).	O/A requesting release of information (Owner should provide the full name and address of the Owner).	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box).
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U.S. Department of Housing
& Urban Development
Fort Worth Field Office
801 Cherry St., Unit 45, Suite 2500
Forth Worth, Texas 76102

Attn: Director of Multifamily Division

Alice Housing Authority
P.O. Box 1407/125 Olmito St.
Alice, Texas 78333
Attn: Irma Cuellar,
Executive Director

Southwest Housing Compliance Corporation
1124 S. IH-35
Austin, Texas 78704
Attn: Director of Compliance

Notice To Tenant: Do not sign this form if the space above for the organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 207 of the Consolidated Appropriations Act of 2004 law. (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of Individuals participating in specified programs and, after removal of personal Identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing:

(1) HUD the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD and the above-named PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the

income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

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

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162

PAC Section 211(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, If needed:

Head of Household [TENANTNAME]

Date

Other Family Member over age 18

Date

Spouse [FMSFNAME] [FMSMINITIAL] [FMSLNAME]

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

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 &
4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887 (02/2007)

Applicant's/Tenant's Consent to the Release of Information

Verification By Owners of Information

Supplied by Individuals Who Apply For Housing Assistance

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

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.

- a. The HUD-9887/A Fact Sheet.
- b. Form HUD-9887.
- c. Form HUD-9887-A.
- d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).

2. Verbally inform applicants and tenants that

- a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
- b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.

3. Owners are required to give each household a copy of the HUD 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:

- * HUD's requirements concerning the release of information, and
- * Other customer protections.

2. Sign on the last page that:

- * you have read this form, or
- * the Owner or a third party of your choice has explained it to you, and
- * you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affect your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator) the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The PHA and the Owner are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the Owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you have actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed.

The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The Owner must provide you with information obtained under this consent in accordance with State privacy laws.

If an adult member of the household, due to extenuating circumstances, is unable to sign the required forms on time, the O/A may document the file as to the reason for the delay and the specific plans

to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The Owner may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited. The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read this information on the purposes and uses of information that is verified and/or it has been explained to me and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, the PHA and any Owner (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the Owner responsible for the unauthorized disclosure or improper use.

Alice Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act¹

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.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Section 8 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 **Section 8 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 Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² 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 **Section 8 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 **Section 8 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

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

HP 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.

HP's emergency transfer plan provides further information on emergency transfers, and HP 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

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

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

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

Confidentiality

HP 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.

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

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

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

VAWA does not limit HP'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, HP 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 HP 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 HP can demonstrate the above, HP 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 **SHCC, 1124 S. Interstate 35 Frontage R., Austin, Texas 78704: (512) 477-4488** or Forth Worth Regional Office, 801 Cherry St. Unit #45 Suite 2500, Ft. Worth, Texas 76102: (817) 978-5600

For Additional Information

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

Additionally, HP 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, Irma Cuellar Executive Director or Marie Garcia Section 8 Coordinator.**

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 **[Insert contact information for relevant local organizations]**.

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 Alice Housing Authority (361) 664-3453
Victims of stalking seeking help may contact **Alice Housing Authority (361) 664-3453.**

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):

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.

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 of the City of Alice

P.O. Box 1407

Alice, Texas 78333

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

Signature

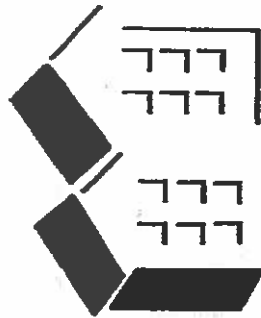
Date

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.

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.ssa.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/eiv/eivfaq.html>.

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 received this Guide.

Signature

Date