

**VERIFICATIONS MUST NOT BE DATED MORE THAN 30 DAYS.**

**PROVIDE THE FOLLOWING APPLICABLE VERIFICATION**

- ☐ **Picture ID For All Adult Members in the Household**
- ☐ **County Issued Birth Certificate for Each Minor Child in The Household**
- ☐ **Social Security Cards for All Members in The Household**
- ☐ **Alien Registration Cards for All Family Members (if applicable) copies of front and back of card**
- ☐ **Wages:** Two (2) current and consecutive paycheck stubs
- ☐ **Self-Employed:** Provide last year's state and federal income tax form, including all schedules.
- ☐ **Social Security (SSA/ SSD):** Current printout or call to obtain a printout from the Social Security Administration office at 1-800-772-1213. (Notice must not be more than 30 days old.) Please note if there is an overpayment being deducted from your Social Security benefit, you will be required to provide verification of the total amount owed of overpayment balance.
- ☐ **Calworks/TANF/GA:** Current Notice of Action from Dept. of Human Assistance (Notice must not be more than 30 days old). Include verification of child support disregard if applicable.
- ☐ **Private Pension Benefits:** Current letter of verification. (Notice must not be more than 30 days old.)
- ☐ **Veterans Or Other Government Benefit:** Current award letter (Notice must not be more than 30 days old).
- ☐ **Checking & Savings Accounts:** Provide a copy of the most current bank statement. (Include all pages) for all household members (including minors).
- ☐ **Stocks, Bonds, Money Market, Treasury Bills, Cd, Money Market, Trust, Retirement, Ira, etc.:** Provide a copy of the most current statement. (include all pages) for all household members (including minors).
- ☐ **Life Insurance:** Provide a copy of the most current statement showing net cash value upon surrender
- ☐ **Child Support:** A printout of the last 12 months from the Family Support Division. If child support is not being processed through the Family Support office, then you must provide a letter from the child support provider (name, address, residence & daytime telephone #, and amount being paid per month) or a court judgment.
- ☐ **Unemployment/ Disability:** Printout or copy of award letter. (Notice must not be more than 30 days old.)
- ☐ **Cash/ Gifts:** You must provide a separate letter detailing the source and the amount of regular or monthly cash/gifts. For gifts, you must determine a monetary (cash) value. For example: If you receive groceries every month, you must declare it as a gift and indicate the dollar value of goods.

☐ **Other Assets:** Provide copies of current statements regarding value/investment information of life insurance (cash surrender value), stocks, bonds, trust funds, annuities, real estate, 401 (k), etc.

☐ **Medical Expenses:** If you are elderly or disabled you may be eligible for a medical allowance if your medical expenses exceed 3% of your annual income. Include payment for attendant care or auxiliary apparatus for person with disabilities if needed to enable the individual or an adult family member to work. Provide receipts, bills, verification of medical/dental insurance payments, pharmacy printouts, deductible, and co-payment. Consideration for medical allowance is given to those expenses that have actually been paid by you (Must not be reimbursed by other source.)

☐ **Child-Care Expenses:** If you are working or going to school you may be eligible for childcare allowance. Please provide a letter from the child-care provider indicating monthly cost, their name, address, telephone number, and Tax Identification number. For individuals, provide their social security number. Also include canceled checks, money order receipts, or provider care issued receipts.

☐ **Dependent Adult Full-Time Student:** You may be eligible for a \$480 annual allowance for a family member who is between 18 – 23 yrs and a full-time student. The dependent may NOT be the head of household, spouse, or co-head. Provide a printed schedule or letter from the registrar's office.

☐ **Financial Aid:** Current financial aid budget and disbursement award letter



# SACRAMENTO HOUSING & REDEVELOPMENT AGENCY PROJECT BASED VOUCHER (PBV) APPLICATION

Complete all sections of the application.  
Do not leave any section or question unanswered and do not separate the pages.

**WARNING:** Omitting information or making false statements on this annual recertification may be considered FRAUD and may result in TERMINATION from the program and/or CRIMINAL PROSECUTION.

## HEAD OF HOUSEHOLD

Last Name	First Name	Home Phone Number (     )
Street Address	Apt. Number	Cell Phone Number (     )
City	State	Zip Code
Email Address		

## SECTION I - HOUSEHOLD COMPOSITION

If you need additional space to answer the questions, you may use another sheet of paper and attach it to this form.

A. FAMILY HOUSEHOLD COMPOSITION								
Please list ALL people living in your home, including live-in aides. List the Head of Household first followed by spouse/co-head then oldest to youngest household members.								
Full Name As appears on Social Security Card	Relationship to Head of Household	Lives with me at least 51% of the time	Date of Birth (Month-date-year)	Social Security Number	Disabled Yes or No	Race*	Hispanic Yes or No	Marital Status (For Adults or Married Minors Only)
1)	SELF							
2)		<input type="checkbox"/> Yes <input type="checkbox"/> No						
3)		<input type="checkbox"/> Yes <input type="checkbox"/> No						
4)		<input type="checkbox"/> Yes <input type="checkbox"/> No						
5)		<input type="checkbox"/> Yes <input type="checkbox"/> No						
6)		<input type="checkbox"/> Yes <input type="checkbox"/> No						
7)		<input type="checkbox"/> Yes <input type="checkbox"/> No						
8)		<input type="checkbox"/> Yes <input type="checkbox"/> No						
9)		<input type="checkbox"/> Yes <input type="checkbox"/> No						
10)		<input type="checkbox"/> Yes <input type="checkbox"/> No						

\* (White, black/African American, American Indian/Alaskan Native, Asian/Pacific Islander, Native Hawaiian/Other Pacific Islander)

**Note:** One bedroom will be assigned to the head-of-household and spouse/partner, and one bedroom will be added for each additional two persons, regardless of age or gender.

You MUST answer each question below by writing “YES” or “NO” (*do not abbreviate*) in the shaded boxes as indicated by the arrows. If you answered “YES”, please fill out information below.

B. STUDENT STATUS				YES/NO
Do you or any household member(s) 18 or older attend high-school, college and or vocational school?				
If yes, complete below and provide current school generated verification indicating current student status and current financial aid budget and disbursement award letter.				
STUDENT NAME	PART OR FULL TIME?	SCHOOL NAME AND ADDRESS (Street, City, State and Zip Code)	FINANCIAL AID YES/NO	AWARD AMOUNT

## SECTION II – HOUSEHOLD INCOME

Submit the required copies of the documents for each type of income. Verifications of income and assets should be current. Current is defined as being **within 30 days of the date of this request**.

If you need additional space, you may use another sheet of paper and attach it to this form.

TYPE OF INCOME	REQUIRED DOCUMENTS YOU MUST SUBMIT
• Wages	Copy of most current 2 consecutive paycheck stubs.
• Social Security (SSA) • Supplemental Security Income (SSI)	Copy of current benefit letter - you may create an on-line account at <a href="http://www.ssa.gov/myaccount">www.ssa.gov/myaccount</a> OR call to obtain a printout from the SSA office at 1-800-772-1213. <b>If an overpayment is being deducted from your SSA/SSI monthly income, submit a verification letter from the SSA office showing: 1) the balance of overpayment 2) the monthly deduction amount, and 3) the date when the overpayment amount will stop being deducted from your benefits.</b>
• Unemployment Insurance • State Disability Insurance	Current printout from EDD (Employment Development Department) showing the amount of the benefit or a copy of the award letter and/or 2 current consecutive payment stubs.
• CalWorks / Cash Aid • General Assistance/CAP	Current printout showing monthly award and family members from DHA (Department of Human Assistance).
• Child Support	If child support payments are not sporadic and are processed through the Child Support Office, provide 2 current consecutive monthly printouts showing the amount of child support received. If payments are sporadic, then provide a printout showing the last 12 full months of payments.  If child support is not processed through the Child Support office, submit a letter from the child support provider with their full name, address, phone number, and the amount of monthly payments.
• Adoption Assistance	Current statement stating the benefit amount and frequency and/or the last 2 current payment stubs.
• Retirement / Veterans / or Private Pensions	Current award letter stating the pension amount and frequency and/or the last 2 current and consecutive payment stubs.
• Workers' Compensation	Current statement or letter stating the benefit amount and frequency and/or the last 2 payment stubs.
• Cash/Gifts	Letter from provider detailing the source and amount of cash/gifts received monthly. For gifts, you must apply a monetary (cash) value. For example: If you receive groceries every month you must declare it as a gift and indicate the dollar value of the goods.
• Self-Employment	Previous year's Federal and State Income Tax returns with all schedules attached. Self-employment may include Lyft, Uber, Doordash, Instacart, Etsy, income from social media content creation, etc.

You MUST answer each question below by writing **“YES”** or **“NO”** (*do not abbreviate*) in the shaded boxes as indicated by the arrows. If you answered **“YES”** to any question, please fill out the information below the questions for each household member(s) who receives the income(s).

A. SSI / PENSION / OTHER BENEFITS				YES/NO
Do you or any household member(s) receive <b>Social Security/SSI benefits?</b> →				
Is there an <b>overpayment</b> being deducted from you or your household member(s)' Social Security/SSI benefits?  If yes, please submit a verification letter from the SSA office showing: 1) the balance of the overpayment, 2) the monthly deduction amount, and 3) the date when the overpayment amount will stop being deducted from your benefits. →				
Do you or any household member(s) receive <b>distributions or payments from a pension, retirement account, annuity, or VA benefits?</b> →				
Do you or any household member(s) receive <b>workers' compensation</b> benefits or payments from <b>EDD</b> for <b>unemployment insurance or state disability insurance?</b> →				
Name of Household Member	Name of Agency/Office	Amount	Frequency (weekly, monthly, etc.)	
		\$		
		\$		
		\$		
		\$		

B. EMPLOYMENT						YES/NO
Do you or any household member(s) receive <b>full/part-time/seasonal job earnings?</b> →						
Do you or any household member(s) receive <b>cash, tips, or bonuses not reported on a paycheck stub?</b> →						
Do you or any household member(s) receive <b>military, or reserve pay?</b> →						
Household Member Name	Employer Name	Employer Address (Street, City, State & ZIP)	Employer Phone & Fax Number (include area code)	Pay Amount	Frequency (hourly, weekly, monthly, etc.)	
			( ) ( )			
			( ) ( )			
			( ) ( )			
			( ) ( )			

C. SELF EMPLOYMENT					YES/NO
Are you or any household member(s) <b>self-employed?</b> If <b>yes</b> , attach a copy of the <b>most recent Federal and State Income Tax returns with all schedules attached</b> . Self-employment may include Lyft, Uber, Doordash, Instacart, Etsy, income from social media content creation, etc. →					
Household Member Name	Name of Business	Type of Business	Business Start Date	Estimated Annual Profit	

D. PUBLIC ASSISTANCE BENEFITS		YES/NO
Do you or any household member(s) receive public assistance such as: <b>cash aid, food stamps (CalFresh), tribal TANF, adoption assistance, KinGap, foster care payments, CAPI, or other?</b> →		
Name of Household Member	Monthly Amount	Type of Benefit
	\$	
	\$	
	\$	
	\$	
	\$	

E. CHILD SUPPORT OR ALIMONY BENEFIT(S)				YES/NO
Do you or any household member(s) receive <b>child support payments from any source?</b> →				
Do you or any household member(s) receive <b>alimony payments from any source?</b> →				
Name of Child or Recipient	Monthly Amount	Person/Agency Paying Support (Parent, ex-spouse or County service)	Address of Person/Agency Paying Support (Street, City, State & ZIP)	Phone Number of Person/ Agency Paying Support
				( )
				( )
				( )

F. CONTRIBUTIONS					YES/NO
Does anyone outside your household <b>give you money or pay any of your bills?</b> →					
Does anyone outside your household <b>buy you supplies such as groceries, etc.?</b> →					
Household Member Receiving Contribution	Contribution Amount/ Estimated Value	How Often	Name of Contributor	Address of Contributor (include street, City, State & ZIP)	Phone Number of Contributor
					( )
					( )
					( )
					( )

G. OTHER INCOME		YES/NO
Do you or any household member(s) have <b>any other sources of income</b> not listed above? →		
Name of Household Member	Monthly Amount	Source of Income

H. ZERO INCOME		YES/NO
Is there an adult household member (18 years or older) who has no (\$0) income? →		
PRINT NAME of household member claiming No-Income status	SIGNATURE of household member claiming No-Income status	

### SECTION III – ACCOUNTS / ASSETS

Please submit a copy of the most recent statement (within the last 30 days) for each account / asset for each household member. If you need additional space to answer the questions, you may use another sheet of paper and attach it to this form.

TYPE OF ASSET	REQUIRED DOCUMENTS
• Checking and/or Savings Accounts	Provide the most current statement(s) all pages Printouts of transaction histories will not be accepted.
• Life Insurance	Provide current verification of the CASH SURRENDER VALUE of life insurance policy/policies.
• Stocks, bonds, or treasury bills	Provide most current documentation indicating current number of shares, current market value, and information on costs or fees associated with converting the asset to cash. For bonds or treasury bills, provide a copy of the bond or bill if available.
• Money Market Fund/Trust Fund	Provide most current documentation of these funds indicating if any payments are being made to any member of the household, as well as any costs associated with converting the funds to cash.
• Real Estate (including any real estate sold over the last 2 years)	Provide a copy of the grand deed, current tax bill and the most current mortgage statement.
• Business/Business Equipment	Provide a copy of most recent federal and state tax return with all applicable schedules.

You MUST answer each question below by writing “YES” or “NO” (*do not abbreviate*) in the shaded boxes as indicated by the arrows. If you answered “YES” to any question, please fill out the information below for each household member(s) with the asset(s). If you have more than one asset, please list each one separately.

A. ACCOUNTS / ASSETS					YES/NO
Do you or any household member(s) have a savings or checking account? →					
Do you or any household member(s) have <b>life insurance?</b> ( <i>List only the cash surrender value below.</i> ) →					
Do you or any household member(s) have <b>stocks, bonds, treasury bills or certificate of deposit (CD)?</b> →					
Do you or any household member(s) have a <b>money market fund/trust fund?</b> →					
Name of Household member	Company/Bank Name	Type of Account	Account Number	Current Balance or Cash Value	Anticipated Earned Income <i>If none, enter 0</i>

A. ACCOUNTS / ASSETS (continued)					YES/NO
Do you or anyone in your household own (individually or in partnership) <b>commercial real estate</b> ? →					
If <b>yes</b> , name of household member: _____ Property Address: _____ (Provide a copy of the title, most current mortgage statement)					
Do you, or anyone in your household own (individually or in partnership), have a legal right to reside in, or have legal authority to sell <b>residential real estate or a manufactured home</b> ? →					
If <b>yes</b> , name of household member: _____ Property Address: _____ (Provide a copy of the title, most current mortgage statement)					
Are you living in this residential property/home? →					
If <b>no</b> , why don't you live in this residential property/home? Use an additional sheet if necessary.					
Have you or anyone in your household <b>sold any real estate in the last two years</b> ? →					
Do you own a <b>business or have business equipment</b> ? →					
Do you have <b>other assets</b> not listed above? If yes, please write in the information below. →					
Name of Household member	Company/Bank Name	Type of Account / Asset	Account Number	Current Balance – or Cash Value	Anticipated Earned Income If none, enter 0



## SECTION IV - EXPENSES

Submit the required copies of the documents for each type of expense.

If you need additional space to answer the questions, you may use another sheet of paper and attach it to this form.

TYPE OF EXPENSE	REQUIRED DOCUMENTS YOU MUST SUBMIT
<ul style="list-style-type: none"> <li>Childcare Expense</li> </ul>	<p>If you have childcare expenses, complete section <i>A-Child Care Expenses</i> below, listing each child receiving childcare, in addition to providing the following documents for:</p> <ul style="list-style-type: none"> <li>Childcare agency—Current cost statement from the childcare agency (dated no more than 30 days from the date of this request).</li> <li>Childcare from an individual provider—canceled checks or money order receipts for the last 3 months or your previous year's tax return with the childcare expense exemption.</li> </ul>
<ul style="list-style-type: none"> <li>Medical Expense</li> </ul>	<p><u>Medical expenses deduction may be considered only if the head-of-household or spouse/partner is 62 years of age or older - or - disabled.</u></p> <p>If you are qualified, please provide current pharmacy history along with a statement(s) from the prescribing medical professional indicating the prescription is medically necessary and on-going. Provide current receipts, bills, verification of medical/dental insurance payments, deductible, and/or co-payments. <i>Expenses that are less than 10% of your annual gross income will not be considered as a deduction due to HUD policy.</i></p>

You MUST answer each question below by writing “YES” or “NO” (*do not abbreviate*) in the shaded boxes as indicated by the arrows. DO NOT LEAVE ANY QUESTIONS BLANK. If you answer “YES”, please fill out information below for the household member(s) with that expense(s).

A. CHILD CARE EXPENSES – If you need additional space, submit a separate page.				YES/NO
Do you pay childcare for a child(ren) <b>12 and under</b> ?				→
Is any portion of your childcare expense <b>reimbursed from an outside agency or person</b> ?				→
Name of Child	Name of Childcare Provider and Tax I.D. / Social Security #	Address of Provider (Include Street, City, State & ZIP)	Provider Phone Number	Monthly Amount Paid for Child Care
			(   )	
			(   )	
			(   )	

B. MEDICAL EXPENSES		YES/NO
1) Is the head of household, co-head or spouse <b>disabled</b> ?	→	
2) Is the head of household, co-head or spouse <b>62 years of age or older</b> ?	→	
3) Are there any other household member(s) who is/are <b>disabled</b> ?	→	
If <b>yes</b> , who?		
If you answered " <b>YES</b> " to questions 1 or 2 in section <b>B. Medical Expenses</b> above, does any household member(s) anticipate having on-going <b>out-of-pocket (unreimbursed, not paid by insurance or other source) medical expense(s) in the next 12 months</b> ?		→
If <b>yes</b> , please fill in the information below and provide current proof of expense(s).		

Name of Person(s) the Expense(s) is for	Type of Expense	Name And Address of Source to Verify Medical Expense(s)	Phone/Fax Number	Out-Of-Pocket Monthly Cost

## SECTION V – SUPPLEMENTAL INFORMATION

You MUST answer each question below by writing "**YES**" or "**NO**" (*do not abbreviate*) in the shaded boxes as indicated by the arrows. If you answer "**YES**", please fill out information below for that household member(s). DO NOT LEAVE ANY QUESTIONS BLANK.

A. HOUSEHOLD INFORMATION		YES/NO
1. Is any household member related to a Housing Authority employee?	→	
If <b>yes</b> , who? Relationship?		
2. Has any household member ever received subsidized rental assistance before?	→	
If <b>yes</b> , who? Dates? Address?		
3. Has any household member(s) ever committed fraud, been required to repay money, or had assistance terminated by a housing agency?	→	
If <b>yes</b> , whom, where and why?		
4. Have you or any other adult member of your household ever used any <b>other name(s) or social security number(s)</b> other than the one listed on page three (3)?	→	
If <b>yes</b> , please give name(s) and/or Social Security number(s):		

## SECTION VI – CERTIFICATION OF THE FAMILY

### PARTICIPANT CERTIFICATION

I/we hereby swear under penalty of perjury under the laws of the State of California that the foregoing is true, correct, and complete. I/we certify that I/we have provided a Social Security Number for all family members as required and that the Social Security Numbers listed below are correct and have been assigned by the Social Security Administration. I/we understand that the Housing Authority will research public records and conduct computer matching searches to verify the information provided in this declaration. I/we also understand that I/we must report all changes in household members and income to the Housing Authority when they occur.

I/we certify that the income and assets disclosed above are accurate. In the case that these income and assets cannot be verified by any other method, I/we hear-by swear and attest under penalty of perjury that the information provided on this certification is true and complete.

**WARNING** Title 18, Section 1001 of the United States Code makes it a criminal offense to make willful false statements or presentation to any Department or Agency of the United States as to any matter within its jurisdiction. Providing false statements or information will result in termination of assistance and eligibility and may be subject to criminal prosecution.

**ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER MUST SIGN AND DATE THIS FORM**

Signature: \_\_\_\_\_  
Head of Household

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

Signature: \_\_\_\_\_  
Spouse/Co-head

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

Signature: \_\_\_\_\_  
Other Adult

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

Signature: \_\_\_\_\_  
Other Adult

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

Signature: \_\_\_\_\_  
Other Adult

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

# FAMILY OBLIGATIONS

Please **READ** the following Family Obligations. **EACH ADULT FAMILY MEMBER MUST SIGN** the ***Most Commonly Violated Family Obligations and Acknowledgement*** page.

The family's participation in the HCV program may be terminated per **Title 24 Code of the Federal Regulations (CFR) Part 982.551** and the Housing Authority's Administrative policy if any family member violates any family obligation under the program for any or all of the following reasons.

## Supplying Required Information

1. The family must supply any information that the Public Housing Authority (PHA) or the US Department of Housing and Urban Development (HUD) determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status. "Information" includes any requested certification, release, or other documentation.
2. The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
3. The family must notify the PHA in writing, within 30 days, of all changes in income by any family member.
4. The family must disclose and verify social security numbers and must sign and submit consent forms for obtaining information.
5. Any information supplied by the family must be true and complete

## Housing Quality Standards (HQS) breach caused by the family.

1. The rental unit must be kept in good condition and pass inspection.
2. The family is responsible for any tenant-caused damage or other conditions that violate HQS and must correct the repairs within the specified timeline.
3. The family is responsible for a breach of HQS that is caused by any of the following:
  - a. The family fails to pay for any utilities that the owner is not required to pay for, but which are to be paid by the tenant; or
  - b. The family fails to provide and maintain any appliances that the owner is not required to provide, but which are to be provided by the tenant; or
  - c. Any member of the household or guest damages the dwelling unit or premises (damage beyond ordinary wear and tear).

**Allowing PHA Inspections.** The family must allow the PHA to inspect the unit at reasonable times after reasonable notice.

**Violation of lease.** The family must not commit any serious or repeated violations of the lease. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated lease violations by the victim or threatened victim of the domestic violence, dating violence, or stalking, or as good cause to terminate the tenancy, occupancy rights, or assistance of the victim.

**Family notice of move or lease termination.** The family must notify the PHA and the owner before the family moves out of the unit or terminates the lease on notice to the owner.

**Owner eviction notice.** The family must promptly give the PHA a copy of any owner eviction notice. The family must give the PHA a copy of any owner eviction notice within 15 days. This includes 30-day notices, "3-Day Notice to Perform or Quit" as well as other forms of warning notices.

## Use and occupancy of unit.

1. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
2. The composition of the assisted family residing in the unit must be approved by the PHA. The family must notify the PHA in writing, within 30 days of the birth, adoption, or court-awarded custody of a child.
3. The family must request PHA approval in advance to add any other family member as an occupant of the unit. No other person (i.e., only members of the assisted family) may reside in the unit, except for a foster child or live-in aide with prior approval.
4. The family must promptly notify the PHA in writing, within 30 days if any family member no longer resides in the unit.

- a. The family must receive in writing the PHA's approval BEFORE adding any other family member as an occupant of the unit.
  - b. The family must notify the PHA in writing within 30 days if any family member is away from the unit for at least 30 days.
5. If the PHA has given approval, a foster child or live-in aide may reside in the unit.
  6. Members of the household may engage in legal profit-making activities in the unit, but only if such activities are incidental to the primary use of the unit for residence by members of the family.
  7. The family must not sublease or sublet the unit.
  8. The family must not assign the lease or transfer the unit.

**Mail.** The family must not have their mail forwarded to another address. Post Office Box mailing address changes must be pre-approved by the PHA.

**Absence from the unit.** The family must promptly notify the PHA of absences from the unit and supply any information or certification requested by the PHA to verify that the family is living in the unit, or related to family absence from the unit, including PHA-requested information or certification on the purpose of the family's absence.

**Interest in the unit.** The family must not own or have any interest in the unit. The PHA will not approve a Housing Assistance Payment (HAP) contract to any relative of the tenant who is the property owner unless the lease was effective prior to June 17, 1998. The PHA may waive this restriction as a reasonable accommodation for a family member who is a person with a disability. This means that tenants may not rent from family members, including grandparents, parents, siblings, aunts, uncles, nieces, nephews, children, etc.

**Fraud and other program violations.** The members of the family must not commit fraud, bribery or any corrupt or criminal act in connection with the program.

**Crime by household members.** The members of the household may not engage in drug-related criminal activity, violent criminal activity or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. Criminal activity directly related to domestic violence, dating violence, or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of tenancy, occupancy rights, or assistance of the victim if the tenant or immediate family member of the tenant is the victim.

1. The Head of Household is responsible for disclosing the criminal activity of ALL family members when asked. If the head of household fails to disclose such activity, the PHA will issue a termination of assistance.
2. Household members may not engage in the use of any illegal drug. The federal government has declared marijuana an illegal drug and its use or possession to be illegal. Marijuana use or possession includes the growing, cultivating, selling, bartering, exchanging or other activity that furthers the proliferation and/or use of marijuana in or near your subsidized unit.
3. Household members may not engage in threatening, abusive or violent behavior toward PHA personnel or contractors.

**Alcohol abuse by household members.** Members of the household must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

**Other housing assistance.** An assisted family, or members of the family, may not receive Housing Choice Voucher assistance while receiving another housing subsidy, for the same unit or for a different unit, under duplicative (as determined by HUD or in accordance with HUD requirements) federal, state, or local housing assistance programs.

**Debts owed.** The family may not breach an agreement with a PHA to pay amounts owed to a PHA.

**NOTE:** People receiving mail at the assisted address are thought to be living in the unit and may be considered unauthorized residents of the rental unit. **DO NOT LET OTHER PEOPLE USE YOUR MAILING ADDRESS.** Additionally, people who are listed as the bill payer for the utilities at a rental unit are thought to be living in the unit and may be considered unauthorized residents of the rental unit.

## MOST COMMONLY VIOLATED FAMILY OBLIGATIONS AND ACKNOWLEDGEMENT

The following family obligations are the most commonly violated. Failure to comply with these and all family obligations may result in termination from the program. Do not let this happen to you!

Please make sure you understand the family obligations of the program and if you have any questions, please contact your caseworker for clarification. By signing this acknowledgement, you and your household member(s) are certifying that you have read and understand the Family Obligations requirement of the housing program.

<ul style="list-style-type: none"><li>• The family must request PHA approval <u>in advance</u> to add any other family member as an occupant of the unit. No other person (i.e., only members of the assisted family) may reside in the unit, except for a foster child or live-in aide with prior approval.</li></ul>
<ul style="list-style-type: none"><li>• The family must notify the PHA in writing, within 30 days of any changes in the household composition.</li></ul>
<ul style="list-style-type: none"><li>• The family must notify the PHA in writing, within 30 days, of all changes in income by any family member.</li></ul>
<ul style="list-style-type: none"><li>• People receiving mail at the assisted address are thought to be living in the unit and may be considered unauthorized residents of the rental unit. <b>DO NOT LET OTHER PEOPLE USE YOUR MAILING ADDRESS.</b> Additionally, people who are listed as the bill payer for the utilities at a rental unit are thought to be living in the unit and may be considered unauthorized residents of the rental unit.</li></ul>

**PARTICIPANT CERTIFICATION:** I/we do hereby swear and attest that I/we read, understand and have received a copy of the complete list of Family Obligations.

Signature: \_\_\_\_\_  
Head of Household

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

Signature: \_\_\_\_\_  
Spouse/Co-head

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

Signature: \_\_\_\_\_  
Other Adult

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

Signature: \_\_\_\_\_  
Other Adult

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

Signature: \_\_\_\_\_  
Other Adult

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

Signature: \_\_\_\_\_  
Other Adult

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

<p><b>WARNING!!</b> Title 18, Section 1001 of the United States Code makes it a criminal offense to make willful false statements or presentation to any Department or Agency of the United States as to any matter within its jurisdiction. Providing false statements or information will result in termination of assistance and/or eligibility and may be subject to criminal prosecution.</p>
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# SHRA-AUTHORIZATION FOR RELEASE OF INFORMATION

## Housing Choice Voucher Program, 630 I Street, Sacramento, CA 95814

**CONSENT:** I authorize and direct all listed below to release to THE SACRAMENTO HOUSING & REDEVELOPMENT AGENCY, the Public Housing Authority (PHA), any information or materials needed to complete and verify my application, eligibility for assistance, and continued eligibility under the Housing Choice Voucher, Mod-Rehab, Low-Income Public and Indian Housing and/or other housing assistance program(s). I understand and agree that this authorization or the information obtained pursuant to its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records of my payment history, and any violation of my lease or PHA policies.

**INFORMATION COVERED:** I understand that depending on program policies and requirements, previous or current information regarding my household or myself may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Credit Activity	Medical or Childcare Allowances	Residences and Rental Activity
Household Composition	Criminal Activity	Employment	Income/Assets

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individual that may be asked to release the above information (depending on program requirement), include but are not limited to:

Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administrations	Banks and other Financial Institutions
Schools and Colleges	Welfare Agencies	Retirement Systems	Court Clerks
Medical Facilities	Credit Providers	Credit Bureaus	State Unemployment Agencies
Postal Office	Law Enforcement Agencies	Social Security Administration	Medical & Childcare Providers
Utility Companies	Foster Care Providers	Support & Alimony Providers	Workers' Compensation Payers
Trust Funds	Department of Motor Vehicles	Support Service Providers	Insurance Agencies

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the PHA may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, U.S. Postal Service, Social Security Administration, State & County welfare and food stamp agencies.

**CONDITIONS:** I agree that this authorization is effective for fifteen months from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

\_\_\_\_\_  
Signature – Head of Household

\_\_\_\_\_  
Print Name – Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Spouse/Co-Head

\_\_\_\_\_  
Print name Spouse/Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – other adult

\_\_\_\_\_  
Print Name – other adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – other adult

\_\_\_\_\_  
Print Name – other adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – other adult

\_\_\_\_\_  
Print Name – other adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – other adult

\_\_\_\_\_  
Print Name – other adult

\_\_\_\_\_  
Date

# CRIMINAL AND MOTOR VEHICLE DRIVING RECORD AUTHORIZATION FORM

Federal regulations allow the use of relevant information respecting an applicant or other family members whose habits and practices are related to a history of criminal activity involving crimes of physical violence to a person or property, and other criminal acts which would adversely affect the health, safety or welfare of other participants. Such information may be included in conviction records and/or motor vehicle driving records.

Each adult family member must complete a copy of this authorization. Failure of any adult member of your household to complete this form may result in the denial of your eligibility.

I, \_\_\_\_\_

(Head of Household) Last Name	First Name	Middle Name
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do hereby authorize the Sacramento Housing and Redevelopment Agency to obtain any public record information available to the Public Housing Authority (PHA) pertaining to my conviction(s) which are available in any municipal and superior court record files, regardless of the State, County, City or Municipality, and motor vehicle drive records.

I understand that if I fail to disclose any criminal records(s) on my application, and it is subsequently revealed that such a record exists, I may be denied eligibility and may also be subject to prosecution for attempting to obtain subsidized housing by committing fraud. I also understand that if I am admitted for occupancy and it is subsequently discovered that such a record existed prior to occupancy, my participation may be terminated.

**WARNING:** Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDELENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.**

**Head of Household Signature    Social Security Number    Date of Birth    Driver License/ID #    Place of Birth (City, State)**

**Spouse/Partner/Co-head Signature   Social Security Number   Date of Birth   Driver License/ID #   Place of Birth (City, State)**

Other Adult Signature	Social Security Number	Date of Birth	Driver License/ID #	Place of Birth(City, State)
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Other Adult Signature	Social Security Number	Date of Birth	Driver License/ID #	Place of Birth (City, State)
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Other Adult Signature	Social Security Number	Date of Birth	Driver License/ID #	Place of Birth (City, State)
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Other Adult Signature	Social Security Number	Date of Birth	Driver License/ID #	Place of Birth (City, State)
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Other Adult Signature	Social Security Number	Date of Birth	Driver License/ID #	Place of Birth (City, State)
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## CRIMINAL BACKGROUND SCREENING SHEET

Please answer each question below. If you answer “YES”, please fill out information for that household member(s). All convictions regardless of outcome (i.e., dismissed or expunged) must be reported.

Screening Questions	YES/NO
1. Have you or any member of your household ever been evicted from a Federally assisted housing program for any drug related criminal activity? <span style="float: right;">➔</span>	
2. Are you or anyone in your household subject to lifetime registration as a sex offender in any state? <span style="float: right;">➔</span>	
3. Have you or any adult member of your household ever been convicted of any crime (misdemeanor or felony) regardless of the age of the applicant or family member when it occurred? This includes driving convictions such as DUIs and <b>convictions that have been expunged or dismissed.</b> <span style="float: right;">➔</span>	

**If you answered YES to any questions above, list all details regardless of outcome. Use additional paper if necessary.**

WHO	WHEN	COUNTY/ STATE	CHARGE

**Failure to disclose criminal history for any adult may result in the denial of your eligibility for this program.**

**ALL ADULT FAMILY MEMBERS MUST SIGN THIS FORM**

**Head-of-Household Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse/Co-Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **CERTIFICATION OF DISABILITY**

If you or someone in your household is receiving Social Security disability (SSI or SSA) payments, please include a current award letter. You do not need to provide information about your doctor or knowledgeable professional.

If someone in your household is disabled but does not receive Social Security disability payments, they must meet one or more of the following HUD definitions:

**A.** Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months, or in the case of an individual who has attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

**B.** Severe chronic disability that:

- a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. is manifested before the person attains age 22;
- c. is likely to continue indefinitely;
- d. results in substantial functional limitations in three or more of the following areas of major life activity: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, (7) economic self-sufficiency;
- e. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

**C.** A person with a physical or mental impairment that:

- a. is expected to be of a long-continued and indefinite duration,
- b. substantially impedes his/her ability to live independently, and
- c. is of such a nature that such ability could be improved by more suitable housing conditions.

Please provide a doctor or other knowledgeable professional contact information below:

Doctor / Knowledgeable Professional Name: \_\_\_\_\_

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

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

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

Fax number: \_\_\_\_\_

Intake Unit  
(916) 440-1390

# Homeless Certification and Housing Need Form

You MUST answer each question by writing YES or NO  
in the boxes as indicated by the questions and arrows.

**YES or NO**

<b>1. Are you currently homeless?</b>	➔	
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<b>If you answered YES to Question 1, answer the questions below.</b>
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1a. Are you an individual or family who lacks a fixed, regular, and adequate nighttime residence?	➔	
1b. Are you an individual or family who will imminently lose their primary nighttime residence?	➔	
1c. Are you an unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition?	➔	

<b>2. Are you an individual or family who are at-risk of homelessness?</b>	➔	
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<b>If you answered YES to Question 2, answer the questions below.</b>
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2a. Is your annual household income below 30 percent of median family income for the area, as determined by HUD?	➔	
2b. Do you lack sufficient resources or support networks, <i>e.g.</i> , family, friends, faith-based or other social networks, immediately available to prevent you or your family from moving to an emergency shelter?	➔	

**If you answered YES to number 2a or 2b, select one from the list below**

- ☐ Has your household moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance?
- ☐ Are you living in the home of another because of economic hardship?
- ☐ Have you been notified in writing that your current housing or living situation will be terminated within 21 days of the date of application for assistance?
- ☐ Are you living in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals?
- ☐ Do you live in a single-room occupancy or efficiency apartment unit in which there reside more than two persons?
- ☐ Are you exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution)?

<b>3. Are you an individual or family who is recently homeless?</b>	➔	
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<b>4. Are you an individual or family who is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions?</b>	➔	
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<b>5. If not homeless, provide current street address:</b>
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**Select one from the list below**

- ☐ I rent a [ \_\_\_\_\_ ] bedroom home or apartment (The lease is in my name). My rent per month is \$ \_\_\_\_\_, and I pay \$ \_\_\_\_\_ per month for utilities. My move-in date for above address is \_\_\_\_\_.
- ☐ I rent a [ \_\_\_\_\_ ] room in [ \_\_\_\_\_ ] bedroom home or apartment with another person. My rent per month is \$ \_\_\_\_\_, and I pay \$ \_\_\_\_\_ per month for utilities. My move-in date for above address is \_\_\_\_\_.

**Signature**

**Date**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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**Signature of Applicant**

**Date**

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

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

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)**

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

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

Sacramento Housing & Redevelopment Agency  
630 I Street, Sacramento, CA 95814

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Private owners may not request or receive information authorized by this form.**

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

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

Public Housing  
Housing Choice Voucher  
Section 8 Moderate Rehabilitation

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

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**Signatures:**

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

**Privacy Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income 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. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



# SECTION 214 NOTICE /INSTRUCTIONS TO APPLICANTS APPLYING FOR AND TENANTS CURRENTLY RECEIVING HOUSING ASSISTANCE

## THE LAW:

Eligibility for federal housing assistance is limited to U.S. citizens and applicants who have eligible immigration status. Every applicant applying for, and current participants in, the Housing Choice Voucher program must sign a certification for every household member either claiming status as:

- A) U.S citizen, or
- B) Noncitizen, or
- C) A non-contending of eligible immigration status individual.

## WHAT THE LAW MEANS TO YOU:

In order to receive housing assistance, you and your family must submit proof of 1) citizenship or 2) eligible immigration status

## THIS LAW APPLIES TO THE FOLLOWING PROGRAMS:

1) Section 8 Rental Voucher Program 2) Public & Indian Housing Programs 3) Section 8 Mod-Rehabilitation Program

## WHO IS COVERED BY THIS LAW?

Section 214 applies to all applicants, including children, who apply for housing assistance, applicants who are already on a waiting list for housing assistance, and tenants who are already receiving housing assistance under a covered program. Section 214 covers 1) U.S. citizens and 2) Noncitizens who have eligible immigration status.

## WHAT EVIDENCE WILL BE REQUIRED?

### A) FOR U.S. CITIZENS

A signed declaration of U.S. Citizenship for each adult member of the household (FORM A - *Declaration of Section 214 Status*)

### B) FOR NONCITIZENS

#### 1. AGE 62 OR OLDER AND RECEIVING HOUSING ASSISTANCE SINCE JUNE 1, 1995

A signed declaration of eligible immigration status (FORM A - *Declaration of Section 214 Status*) and proof of age.

#### 2. FOR ALL OTHER NONCITIZENS

a. A signed declaration of eligible immigration status (FORM A - *Declaration of Section 214 Status*) b.

Documentation verifying one of the seven eligible immigration status as defined on the back of this page; and

c. A signed *Verification Consent Form* (FORM B).

### C) PERSONS WHO DECLARE THEMSELVES INELIGIBLE:

A signed *Declaration of Section 214 Status* (FORM A) and *Non-Contention of Eligible Immigration Status form* (FORM C)

## WHAT IMMIGRATION STATUS IS ELIGIBLE?

Under the Noncitizen Rule, a noncitizen would have eligible immigration status determined by the Immigration and Naturalization Services (INS) pursuant to the Immigration and Nationality Act (INA) in one of the six categories as follows: Immigrant Status under 01 (A) (15) or 101 (a) (20); Permanent Residence under 249; Refugee, Asylum or Conditional Entry Status under 207, 208, or 203; Parole Status under 212 (d) (5); Threat to Live or Freedom under 243(h); and Amnesty under 245 A.

Please ask a technician for more information, notices and forms.



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

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. Immigrant status under 101(a)(15) or 101 (a) (20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under 210 or 210A of the INA (8U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. Permanent residence under 249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since the, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
4. Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been “terminated” under 208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. Parole status under 212(d)(5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
6. Threat to life or freedom under 243(h) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General’s withholding deportation under 243(h) of the INA (8U.S.C. 1253(h)) [*threat to life or freedom*].
7. Amnesty under 245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

**Instructions to Housing Authority:** Following verification of status claimed by person(s) declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), the PHA must enter INS/SAVE Verification Number and date that it was obtained. A PHA signature is not required.







## FORM A DECLARATION OF SECTION 214 STATUS

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive housing assistance, each applicant or recipient of housing assistance must be lawfully within the United States. Please read the declaration statement carefully, sign it and return it to the Housing Authority office. You are free to consult with an immigration lawyer or other immigration expert of your choice.

**Instructions to Family Completing This Form:** Please use this form for one household member at a time. For children under the age of 18, print the child's name on the line below; and the responsible adult must sign at the bottom of the page. If more than five forms are needed, please make copies of this form or come into the PHA office to get more. All Declaration of Section 214 Status forms must be completed and returned to the Sacramento Housing Authority (HA) office.

**Place a "X" in the appropriate boxes for the person named below. Sign and date at the bottom of the page: remember the responsible adult must sign for each child under the age of 18.**

I, \_\_\_\_\_ (print first name, middle initial(s) and last name), certify, under penalty of perjury that to the best of my knowledge, I am lawfully within the United States because (please check appropriate box below):

- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older (you must attach proof of age); or
- ☐ I have eligible immigration status as checked below. Please attach INS document(s), such as a copy of the front and back of your permanent residency card (commonly known as a "green card") evidencing eligible immigration status. **Please also complete, sign, and return the attached FORM B - Verification Consent Form** with your recertification packet.
- ☐ Immigrant status under 101(a or 1010(a)(20) of the INA<sub>3</sub>; or
  - ☐ Permanent residence under 249 of INA<sub>4</sub>; or
  - ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA<sub>5</sub>; or
  - ☐ Parole status under 212(d)(f) of the INA<sub>6</sub>; or
  - ☐ Threat to life or freedom under 243(h) of the INA<sub>7</sub>; or
  - ☐ Amnesty under 245A of the INA<sub>8</sub>.

**Please see page 2 of the Notice/Instructions to applicants applying for and tenants currently receiving Section 214 Housing Assistance page for information on numbers INA<sub>3-8</sub>**

- ☐ I elect not to contend that I have eligible immigration status. **Please also complete, sign and return the attached FORM C - Non-Contention of Eligible Immigration Status Form** and return to the HA office.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*NOTE: Please sign your name if you are the responsible adult signing on behalf of the child named above. DO NOT sign child's name\***

PHA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Staff Name: \_\_\_\_\_ Signature of Staff: \_\_\_\_\_





## FORM A DECLARATION OF SECTION 214 STATUS

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive housing assistance, each applicant or recipient of housing assistance must be lawfully within the United States. Please read the declaration statement carefully, sign it and return it to the Housing Authority office. You are free to consult with an immigration lawyer or other immigration expert of your choice.

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**Place a "X" in the appropriate boxes for the person named below. Sign and date at the bottom of the page: remember the responsible adult must sign for each child under the age of 18.**

I, \_\_\_\_\_ (print first name, middle initial(s) and last name), certify, under penalty of perjury that to the best of my knowledge, I am lawfully within the United States because (please check appropriate box below):

- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older (you must attach proof of age); or
- ☐ I have eligible immigration status as checked below. Please attach INS document(s), such as a copy of the front and back of your permanent residency card (commonly known as a "green card") evidencing eligible immigration status. **Please also complete, sign, and return the attached FORM B - Verification Consent Form** with your recertification packet.
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  - ☐ Permanent residence under 249 of INA<sub>4</sub>; or
  - ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA<sub>5</sub>; or
  - ☐ Parole status under 212(d)(f) of the INA<sub>6</sub>; or
  - ☐ Threat to life or freedom under 243(h) of the INA<sub>7</sub>; or
  - ☐ Amnesty under 245A of the INA<sub>8</sub>.

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Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*NOTE: Please sign your name if you are the responsible adult signing on behalf of the child named above. DO NOT sign child's name\***

PHA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Staff Name: \_\_\_\_\_ Signature of Staff: \_\_\_\_\_





## FORM A DECLARATION OF SECTION 214 STATUS

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive housing assistance, each applicant or recipient of housing assistance must be lawfully within the United States. Please read the declaration statement carefully, sign it and return it to the Housing Authority office. You are free to consult with an immigration lawyer or other immigration expert of your choice.

**Instructions to Family Completing This Form:** Please use this form for one household member at a time. For children under the age of 18, print the child's name on the line below; and the responsible adult must sign at the bottom of the page. If more than five forms are needed, please make copies of this form or come into the PHA office to get more. All Declaration of Section 214 Status forms must be completed and returned to the Sacramento Housing Authority (HA) office.

**Place a "X" in the appropriate boxes for the person named below. Sign and date at the bottom of the page: remember the responsible adult must sign for each child under the age of 18.**

I, \_\_\_\_\_ (print first name, middle initial(s) and last name), certify, under penalty of perjury that to the best of my knowledge, I am lawfully within the United States because (please check appropriate box below):

- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older (you must attach proof of age); or
- ☐ I have eligible immigration status as checked below. Please attach INS document(s), such as a copy of the front and back of your permanent residency card (commonly known as a "green card") evidencing eligible immigration status. **Please also complete, sign, and return the attached FORM B - Verification Consent Form** with your recertification packet.
- ☐ Immigrant status under 101(a or 1010(a)(20) of the INA<sub>3</sub>; or
  - ☐ Permanent residence under 249 of INA<sub>4</sub>; or
  - ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA<sub>5</sub>; or
  - ☐ Parole status under 212(d)(f) of the INA<sub>6</sub>; or
  - ☐ Threat to life or freedom under 243(h) of the INA<sub>7</sub>; or
  - ☐ Amnesty under 245A of the INA<sub>8</sub>.

**Please see page 2 of the Notice/Instructions to applicants applying for and tenants currently receiving Section 214 Housing Assistance page for information on numbers INA<sub>3-8</sub>**

- ☐ I elect not to contend that I have eligible immigration status. **Please also complete, sign and return the attached FORM C - Non-Contention of Eligible Immigration Status Form** and return to the HA office.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*NOTE: Please sign your name if you are the responsible adult signing on behalf of the child named above. DO NOT sign child's name\***

PHA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Staff Name: \_\_\_\_\_ Signature of Staff: \_\_\_\_\_





## FORM B VERIFICATION CONSENT FORM FOR SECTION 214 DECLARATION PURPOSES

**Who Must Sign:** In order to be eligible to receive housing assistance, each noncitizen adult or child applying for, or currently receiving housing assistance, must be lawfully within the U.S. Each adult member of the household 18 years of age and older must sign and complete the data as requested. For minor children under the age of 18, the responsible adult in the household must sign for the child(ren). Please read the below CONSENT information carefully, sign and return to the Housing Authority. You are free to consult with an immigration lawyer or other immigration expert of your choosing.

**CONSENT:** I consent to allow the Sacramento Housing Authority (HA) to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that the HA cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member, except as provided in HUD regulations. In addition, I understand I must be given an opportunity to contest the determination with the INS or the HA, or both.

PLEASE PRINT NAME BELOW

PLEASE SIGN BELOW

Head of Household	Alien #	Date expires	Signature of Head of Household
Spouse	Alien #	Date expires	Signature of Spouse
Adult Household member	Alien #	Date expires	Signature of Adult
Adult Household member	Alien #	Date expires	Signature of Adult
Adult Household member	Alien #	Date expires	Signature of Adult
Adult Household member	Alien #	Date expires	Signature of Adult
Minor under age 18	Alien #	Date expires	Signature of responsible adult
Minor under age 18	Alien #	Date expires	Signature of responsible adult
Minor under age 18	Alien #	Date expires	Signature of responsible adult
Minor under age 18	Alien #	Date expires	Signature of responsible adult
Minor under age 18	Alien #	Date expires	Signature of responsible adult

**Privacy Act Statement:** The information on this form is being collected by the Sacramento Housing Authority to determine the applicant's or tenant's eligibility for housing assistance. The HA may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to: (1) the Department of Housing and Urban Development (HUD) as required by HUD; and (2) to the Immigration and Naturalization Service (INS) for purposes of verification of the immigration status of each individual and not for any other purpose.





# FORM C

## NON-CONTENTION OF ELIGIBLE IMMIGRATION STATUS FORM

### PENALTIES FOR MIS-USING THIS CONSENT

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

Use of the information collected on the consent form is restricted to the purposes cited on the form. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

### LISTING OF NON-CONTENDING FAMILY MEMBERS

I, \_\_\_\_\_ (print first name, middle initial(s) and last name), certify under penalty of perjury that the persons listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(Signature of Head of Household or Spouse)

\_\_\_\_\_  
(Date)

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

**Instructions:** If one or more members of a family elect not to contend that he or she has eligible immigration status, and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance despite the fact that no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the HA the family member(s) who will elect not to contend that he or she has eligible immigration status. In the space(s) provided above, type or print the names of the family members who elect not to contend that he or she has eligible immigration status. Listed members of the family do not sign above. However, the Head of Household or Spouse must sign and date the form in the space provided.





## 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 record keeping 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 06/30/2026.

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

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

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

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

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

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

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

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

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

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

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

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

**This Notice was provided by the below-listed PHA:**

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

**Signature**

**Date**

**Printed Name**



## 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 record keeping 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 06/30/2026.

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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?**

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

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

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

**This Notice was provided by the below-listed PHA:**

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

**Signature**

**Date**

**Printed Name**

May 1988  
P-88-2

# Things You Should Know

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

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<b>Purpose</b>	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.
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<b>Penalties for Committing Fraud</b>	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:
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- 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.

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<b>Asking Questions</b>	When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.
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<b>Completing the Application</b>	When you give your answers to application questions, you must include the following information:
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## **Income**

- All sources of money you and any member of your family 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 stocks, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus pay raise you expect to receive).

## **Assets**

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/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.

**Family/Household  
Members**

- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**Signing the  
Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign 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.

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**Recertifications**

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

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**Beware  
of Fraud**

You should be aware of the following fraud schemes:

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

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**Reporting  
Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the **HUD Hotline** on (202)472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

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Signature: Head of Household

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Signature: Spouse or Co-Head

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Date

Housing Authority of the City and County of Sacramento (HA)

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

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the HA 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 the HA 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

If you are receiving assistance under the HA, 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 the HA 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

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

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

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

### Moving to Another Unit

Upon your request, HA 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, HA 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.

HA 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.

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

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

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

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

### Confidentiality

HA 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.

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

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

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

VAWA does not limit HA’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, HA 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 HA 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 HA can demonstrate the above, HA 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 SHRA Ombudsman 916-449-1299 or "ombudsman@shra.org" or San Francisco HUD Field Office located at:

One Sansome Street Ste 1200

San Francisco, CA 94104

Phone: (415) 489-6400

## For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-29/pdf/2016-28437.pdf>

Additionally, HA must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact your local site office.

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:

1. WEAVE 1900 K Street Sacramento, CA 95811

Phone number: (916) 448-2321

2. A Community for Peace 6060 Sunrise Vista Drive #2240 Citrus Heights, CA 95610

Phone number: (916) 728-5613

3. My Sisters House 3053 Freeport #120 Sacramento, CA 95818

Phone number: (916) 930-0626

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

1. WEAVE 1900 K Street Sacramento, CA 95811

Phone number: (916) 448-2321

2. A Community for Peace 6060 Sunrise Vista Drive #2240 Citrus Heights, CA 95610

Phone number: (916) 728-5613

3. My Sisters House 3053 Freeport #120 Sacramento, CA 95818

Phone number: (916) 930-0626

Victims of stalking seeking help may contact

1. WEAVE 1900 K Street Sacramento, CA 95811

Phone number: (916) 448-2321

2. A Community for Peace 6060 Sunrise Vista Drive #2240 Citrus Heights, CA 95610

Phone number: (916) 728-5613

3. My Sisters House 3053 Freeport #120 Sacramento, CA 95818

Phone number: (916) 930-0626

Attachment: Certification form HUD-5382

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

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

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

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

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

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

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

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

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



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

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

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

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

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

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



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could 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 five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

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

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410