

Mainstream Voucher Documentation Checklist

Provide copies of all of the following. Photocopies are allowable, but copies must be readable and show the full document.

- Photo identification** (required for each adult).
- Social Security card**/proof of Social Security number (required for each household member).
- Birth certificate**/proof of date of birth (required for each household member).
- New Admission Application** completely, all adults in the household must sign and date.
- Non-Elderly Disabled Household Referral Form**
- Authorization for the Release of Information/Privacy Act Notice (Form HUD-9886)**, signed and dated by each adult in the household; please note, the head of household must also write their full Social Security number in the space provided.
- Supplement to Application for Federally Assisted Housing (Form HUD-92006)**, completed, signed, and dated). If you choose not to provide this information, you must check the box at the bottom of the page to indicate your family's intent not to include any alternate contacts, then sign and date the form.
- Debts Owed to Public Housing Agencies and Terminations**, each adult in the household must print their name in the space provided, then sign and date the form.
- Consent to Perform Credit/Criminal Background Check**, each adult in the household must complete, sign, and date their own form.
- Declaration of Section 214 Status**, completed, signed, and dated form for each family member. Each adult must complete, sign and date their own form. Be sure to indicate the appropriate citizenship status. For each minor, a parent/guardian must complete, sign, and date the form. Be sure to indicate the appropriate immigration status.

Current income verification (dated within the 60 days) of your income, assets, and/or expenses as applicable:

- Employment Income:** provide 3 current, consecutive pay stubs for each current job reported.
- Social Security/SSI.** Please submit a current SSA benefit letter (dated within 60 days).
- Unemployment.** Please submit a current unemployment benefit letter (dated within 60 days).
- TANF.** Please provide a current public assistance benefit letter (dated within 60 days).
- Child support.** Please provide current verification from DCSE verification (dated within 60 days) a printout of amounts received in the past 12 months.
- Pension income.** Please provide a current pension/annuity letter.
- VA pension income.** Please provide a current Veterans Administration pension letter (dated within 60 days).
- Verification of Non-Wage Income**, if someone makes contribution to your household or bills paid on your behalf, bring a letter from that person stating how often (weekly, monthly) they give you contributions or pay bills on your behalf, and how much they give each time (if the amount varies, they must give an average dollar amount).
- No income.** If you are reporting no income, you will need to request an Affidavit of Zero Income to complete, sign, and date.



To: Janice Hubbard

New Admission Application - Family Certification Form – MSV

Instructions: Please complete all sections of this form and answer all questions. Do **NOT** leave any questions blank.

A. Head of Household (HOH)				
1.	First Name	Last Name		
2.	Mailing Address			
3.	City	State	ZIP Code	
4.	Cell Phone	Email		
5.	Alternate Phone			

B. Equal Opportunity/Communication		
The following information is being requested to comply with Equal Opportunity requirements and will not affect your housing.		
1.	Preferred language for communication with LRHA:	
2.	Do you need translation of documents into your preferred language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you need an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Reasonable Accommodations		
1.	Do you need assistance completing this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you need a reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>A reasonable accommodation is a change to LRHA facilities, policies, or procedures that will assist an otherwise eligible individuals with a disability an equal opportunity to access LRHA's programs, services, or facilities.</i>		
3.	What type of reasonable accommodation do you need? (Please specify below, but do NOT identify any medical information, such as a diagnosis).	

D. Household Composition								
Please list ALL people living with you more than 50% of the year (that is, at least 183 days/year). List the head of household first, followed by the spouse/co-head (as applicable), then oldest to youngest household members.								
#	Full Name <small>(as it appears on Social Security card)</small>	Relationship to HOH	Sex <small>(M/F)</small>	Birth Date <small>mm/dd/yyyy</small>	Age	Social Security Number	Disabled? <small>(Y/N/Choose Not to Disclose)</small>	Full-Time Student? <small>(Y/N)</small>
1.		Head						
2.								
3.								
4.								
5.								
6.								
7.								
8.								

E. Income

Please answer each question below. **If the answer is "yes" to any question, please provide further information in the space provided.** If the answer is "no", proceed to the next question. **Do not skip any questions.**

1.	Has any household member left or been terminated from employment in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Termination Date	Employer Name & Address
2.	Will any household members receive any type of income from employment ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Gross Annual Pay	How Often Paid? Employer Name & Address
3.	Will any household members receive income from a family operated business or be otherwise self-employed ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Description of Business/Self-Employment	Net Income
4.	Will anyone in the household receive Social Security, Supplemental Security Income (SSI), or Social Security Disability Insurance (SSDI) benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Monthly Amount	
5.	Will anyone in the household receive unemployment, worker's compensation, or severance pay ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Type of Compensation	Monthly Amount Name & Address of Organization Making Payments
6.	Is any household member entitled to receive child support and/or alimony but payments are NOT currently received? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Name & Address of Person or Agency Providing the Payment	Monthly Amount Received

7.	Will anyone in the household receive any child support and/or alimony payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Monthly Amount	Payment Source (select one)
			<input type="checkbox"/> Child Support Agency/Family Court <input type="checkbox"/> Directly from Other Parent/Legal Guardian. Provide the following: Name: Address or Email: Phone: <input type="checkbox"/> Other (specify):
			<input type="checkbox"/> Child Support Agency/Family Court <input type="checkbox"/> Directly from Other Parent/Legal Guardian. Provide the following: Name: Address or Email: Phone: <input type="checkbox"/> Other (specify):
			<input type="checkbox"/> Child Support Agency/Family Court <input type="checkbox"/> Directly from Other Parent/Legal Guardian. Provide the following: Name: Address or Email: Phone: <input type="checkbox"/> Other (specify):
8.	Will anyone in the household receive any Temporary Assistance to Needy Families (TANF) or Food Stamps/SNAP payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Monthly TANF Amount	Monthly Food Stamps/SNAP Amount
9.	Will anyone in the household receive any periodic payments from pensions, retirement funds, annuities, insurance policies, disability or death benefits, or other similar amounts ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Type of Periodic Payment	Monthly Amount
			Name & Address of Organization Making Payments
10.	Will anyone in the household receive any Veteran's (VA) benefits ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Monthly Amount	

11.	Will anyone in the household receive pay as a member of the Armed Services ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Monthly Amount	
12.	Will anyone in the household receive cash contributions/electronic transfers from persons or agencies outside of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Receiving Cash or Transfer Deposit	Name and Address of Person/Agency Giving Cash or Sending Transfer Deposit	Average Monthly Amount
13.	Will anyone outside of the household pay bills or expenses on behalf of anyone in the household ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Whose Bill/Expense Is Paid	Name and Address of Person/Agency Paying Bill/Expense	Type of Bill/Expense Paid
14.	Will anyone in the household receive non-cash contributions (such as groceries or personal products)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Receiving Non-Cash Contribution	Name and Address of Person/Agency Giving Non-Cash Contribution	Average Monthly Amount of Contributed Goods
15.	Will anyone in the household receive any other type of income ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Name and Address of Person/Agency Providing Income Source	Monthly Amount

F. Assets

Please answer the question below.

1.	Is the value of all household assets \$5,000 or more ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please complete the following table. Do NOT leave any space blank. For each type of asset listed below:

- If any family member has the type of asset listed (including joint accounts with someone not listed as a household member), **enter the amount of the asset (i.e., current balance), and the name of the family member who owns the asset.**
 - Then, provide a current statement for each asset a family member has.
- **For any asset(s) your family does not have, enter "N/A".**

	Description	Current Balance/Value	Family Member Name(s)
2.	Checking Account		
3.	Savings/Credit Union Account		
4.	401k, 403b, IRA, Keogh, Federal Thrift Savings Plan (TSP) or Other Retirement Accounts		
5.	Stocks, Bonds, and/or Certificates of Deposit (CDs)		

	Description	Current Balance/Value	Family Member Name(s)
6.	Money Market Funds, Mutual Funds, and/or Other Investment Accounts		
7.	Cash Value of Whole Life Insurance Policy		
8.	Property/Real Estate		
9.	Burial Plots		
10.	Lump Sum Payments from Inheritances, Lottery Winnings, Insurance and/or Legal Settlements		
11.	Cash Value of Trusts		
12.	Personal Property Held as an Investment (such as gems, jewelry, coin collections, antique cars, etc.)		
13.	Assets Disposed of for Less than Fair Market Value during the Prior Two Years*		
14.	Other (please, specify)		

*Any asset that is disposed of for less than its full value is counted, including cash gifts and property. Assets that are disposed of include, but are not limited to, assets that are given away or sold for less than fair market value.

G. Expenses

Please answer each question below. If the answer is "yes" to any question, please provide further information in the space provided. If the answer is "no", proceed to the next type of expense.

Child Care Expenses

1. Is the family paying for care of children under age 13 so an adult can work, attend education or job training classes, or look for work? This includes amounts that your family pays and does not include any expenses/reimbursements paid by an agency or person outside your household. Yes No

Name of Child(ren)	Monthly Amount Paid by the Family	Provider's Name and Address

Disability Assistance Expenses

2. Is the family paying for care or apparatus for a family member with disabilities so that an adult family member can work? Yes No

Family Member Name	Annual Cost of Care or Apparatus

Unreimbursed Medical Expenses. Complete this section **only** if the head, spouse, or co-head is elderly or disabled.

3. Does the family expect unreimbursed medical expenses over the next 12 months? Yes No

4. Enter in the table below the annual expense amount for each anticipated type of **unreimbursed medical expenses** and the family members who expect those unreimbursed medical expenses.

Type of Expense	Annual Amount	Family Member Expecting the Unreimbursed Expenses
a. Medical insurance premiums (including Medicare)		
b. Doctor visits		
c. Dentist visits		

	Type of Expense	Annual Amount	Family Member Expecting the Unreimbursed Expenses
d.	Dentures, bridgework or crowns		
e.	Eye doctor visits		
f.	Eyeglasses or contact lenses		
g.	Clinic visits		
h.	Therapy (physical or emotional)		
i.	Lab fees, x-rays, blood work		
j.	Prescription medicine		
k.	Non-prescription medicine		
l.	Hearing aid batteries		
m.	In-home health care		
n.	Medical Transportation		
o.	Medical apparatus (owned or rented)		
p.	Assistive animal expense		
q.	Hospice care		
r.	Other (describe):		
s.	Other (describe):		

H. Additional Household Information

Please answer each question below. **If the answer is "yes" to any question, please provide further information in the space provided.** If the answer is "no", proceed to the next question. **Do not skip any questions.** Answering "yes" does not mean you will automatically be denied assistance under the HCV program. Each case will be reviewed to determine if the family meets eligibility requirements.

Additional Household Information

1.	Are you or any member of your household subject to a registration requirement under a state sex offender registration program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	State of Registration Requirement	Month & Year of Registration Requirement
2.	Have you or any member of your household ever been convicted of the manufacture or production of methamphetamine on the premises of federally assisted housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Month & Year of Conviction	
3.	Have you or any member of your household ever been convicted of or evicted due to manufacturing, selling, using, distributing, or possessing a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member Name	Offense	Month & Year of Conviction or Eviction
			Treatment Received?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4.	Have you or any member of your household been evicted from federally assisted housing due to violent or drug-related criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Household Member Name	Month & Year of Eviction	Name of Agency	City
5.	Have you or any member of your household been evicted due to alcohol abuse which threatened the health, safety, or right to peaceful enjoyment of the premises by other residents or neighbors in the vicinity of your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Household Member Name	Month & Year of Eviction	Treatment Received?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you or any member of your household ever used a Social Security number other than the ones listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Household Member Name	Prior Social Security Number		

I. Certification

I/We certify that all information given to the Lynchburg Redevelopment and Housing Authority (LRHA) on this application including, but not limited to, information on household composition, income, assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information provided are punishable under federal law. I/we also understand that false statements or information provided are grounds for denial of housing assistance and termination of tenancy with the Lynchburg Redevelopment and Housing Authority (LRHA).

I/We certify that I/we understand all changes of income, deductions, expenses, or family size must be reported, in writing to LRHA within seven (7) business days of the change. I/we certify that w/we understand that only the household members listed here and approved by LRHA may live in my home.

Warning: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States. Making a false statement under oath is also punishable under Sections 18.2-434 and 18-10 of the Code of Virginia.

Signature of Head of Household		Date	
Signature of Spouse or Co-Head		Date	
Signature of Other Adult		Date	
Signature of Other Adult		Date	
Signature of Other Adult		Date	
If anyone outside of your household has helped you to complete this form or assisted with translation/interpretation, please provide their name and relation to your family.			
Name of Helper	Signature of Helper	Relationship to Family	Date

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

Authorization for the Release of Information/ Privacy Act Notice

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

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

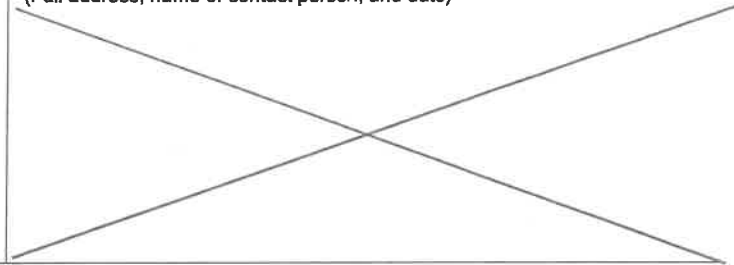
OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

LYNCHBURG REDEVELOPMENT AND HOUSING AUTHORITY
1948 THOMSON DRIVE
LYNCHBURG, VA 24501

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



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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

LYNCHBURG REDEVELOPMENT AND HOUSING AUTHORITY

AFFIDAVIT OF ZERO INCOME

Tenant Name: _____

Current Address: _____

PLEASE READ CAREFULLY!!!!

This affidavit is to be signed by any member of the household who is 18 years of age or older declaring that he/she has no income. Understand by completing this form, you are stating that you currently have no income. In addition, until you gain employment you must report by the 5th of each month to the LRHA by completing a zero income form.

_____ Initialing here means you have read and understand this statement.

Once you find gainful employment you must report to LRHA and complete a change within 10 days.

_____ Initialing here means you have read and understand this statement.

Certifies by my signature below that I currently have no income of any kind. I do also understand that I must report by the 5th of each month to LRHA by completing a zero income form. I understand that if I do not comply with this requirement on any given month the family could be terminated from the Public Housing or Housing Choice Voucher Programs.

I understand and acknowledge that any knowing or willful misrepresentations of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including but not limited to fine or imprisonment, or both under the provisions of Title 18, Section 1001 of the United States Code. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years or both.

Printed Name Head of Household Signature Head of Household Date

Printed Name of Other Adult Signature of Other Adult Date



Describe your monthly expenses.

Item	Approx. Monthly Amount	How Paid (who / where funds come from)
Rent	\$	
Utilities (Gas, AEP, Water)	\$	
House Phone / Cell Phone	\$	
Cable / Internet	\$	
Food	\$	
Tobacco Products	\$	
Clothing (for self and children)	\$	
School Supplies / Uniforms	\$	
Diapers	\$	
Baby Formula	\$	
Cleaning Supplies	\$	
Toiletries (shampoo, deodorant, etc.)	\$	
Laundromat	\$	
Doctor Visits	\$	
Prescriptions		
Car Loan / Car Insurance	\$	
Gasoline	\$	
Other transportation expenses (bus / cab)	\$	
Credit Card	\$	
Credit Card	\$	
Entertainment (includes movies, video game rental, etc.)	\$	
Other Monthly Payments	\$	
TOTAL MONTHLY EXPENSES	\$	

HUD occupancy regulations require all households living at Section 8 sites pay at least \$50.00 per month minimum rent. I understand I can ask for an exemption for this requirement.

I do I don't need an exemption from paying the minimum rent of \$50.00 per month.

Any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony per Title 18, Section 1001 of the U.S. Code. Failure to provide true information may be grounds for termination of housing assistance. I CERTIFY THE ANSWERS I HAVE GIVEN ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTION TO INQUIRES MADE TO VERIFY ANY STATEMENT HEREIN.

 Head of Household or Other Adult Signature Date Managers Signature Date



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:
 LYNCHBURG REDEVELOPMENT AND
 HOUSING AUTHORITY
 1948 THOMSON DRIVE
 LYNCHBURG, VA 24501

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

Signature

Date

Printed Name

DECLARATION OF SECTION 214 STATUS

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

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- 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. Attach evidence of proof of age 2/; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under §§101(a)(15) or 101(a)(20) of the INA 3/; or
 - Permanent residence under 249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
 - Parole status under §§212(d)(5) of the INA 6/; or
 - Threat to life or freedom under §243(h) of the INA 7/; or
 - Amnesty under §245A of the INA 8/.

Signature of Family Member)

Date

- Check box on left if signature is of adult residing in the unit who is responsible for child names on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

1. **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 noncitizens who declare eligible immigration status in one of the following categories.

2. **Eligible immigration status and 62 years of age or older.** For noncitizens 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.
3. **Immigrant status under §101(a)(15) or 101(a)(20) of INA.** A noncitizen 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 noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
4. **Permanent residence under §249 of INA.** A noncitizen 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 then, 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*].
5. **Refugee, asylum, or conditional entry status under §§207, 208 or 203 in INA.** A noncitizen 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*].
6. **Parole Status under §212(d)(5) of INA.** A noncitizen 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*].
7. **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].
8. **Amnesty under §245A of INA.** A noncitizen 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 persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

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

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



CONSENT TO PERFORM CREDIT / CRIMINAL BACKGROUND CHECK

_____ Participants Name	_____ Date of Birth
_____ Current Street Address	_____ Birthplace (City, State)
_____ City, State, Zip	_____ Social Security Number

I HEREBY AUTHORIZE The Lynchburg Redevelopment and Housing Authority to conduct a national sex offenders search, criminal and/or credit check at any time they deem it necessary to determine my eligibility and/or my continued eligibility for Housing.

Participants Signature Date

LRHA Specialist Signature Date



