

NEED HELP WITH RENT?

ARE YOU HAVING A HARD TIME PAYING YOUR RENT?
DOES YOUR PAYCHECK BARELY COVER YOUR RENT & UTILITY EXPENSES?
ARE YOU SAYING TO YOURSELF, "IF I ONLY HAD LESS RENT TO PAY I'D BE ABLE TO
MANAGE?"

WOODFORD COUNTY HOUSING AUTHORITY MAY HAVE THE ANSWER TO YOUR PROBLEMS!

Several programs are available through Woodford County Housing Authority to help Families, senior citizens, or person(s) with disabilities to acquire and maintain safe, decent, and sanitary housing at an affordable rent. These programs follow government standards, which set rent (with utilities) at approximately 30% of your monthly adjusted income.

WHAT KINDS OF PROGRAMS ARE AVAILABLE?

The Section 8 Housing Choice Voucher Program which supplies a portion of the rent directly to landlords on behalf of eligible tenants. It offers an opportunity to remain in your current home, if it qualifies, or to select another house, apartment, etc...of good quality. In this way a family is not limited to housing in one community. The amount of assistance depends upon the family's income, assets, allowable deductions, and rent charged. The Voucher Program allows the family the ability to pay the difference that exceeds the applicable payment standard minus 30% of their monthly adjusted income.

QUALIFICATIONS

To qualify for the programs mentioned all applicants gross income must fall within the Gross Income Limits established by the Department of Housing and Urban Development (HUD) for the programs. The Gross Income Limits according to family size are as follows:

VOUCHER

1 Person	- \$29,900
2 Persons	- \$34,150
3 Persons	- \$38,400
4 Persons	- \$42,650
5 Persons	- \$46,100
6 Persons	- \$49,500
7 Persons	- \$52,900
8 Persons	- \$56,300

LOW-INCOME APARTMENTS

1 Person	- \$47,800
2 Persons	- \$54,600
3 Persons	- \$61,450
4 Persons	- \$68,250
5 Persons	- \$73,750
6 Persons	- \$79,200
7 Persons	- \$84,650
8 Persons	- \$90,100

Woodford County Housing Authority offers 24 Low-Income apartments in Minonk called "South Haven", 20 apartments in Eureka called "Pleasant Valley", and 22 apartments in Metamora called "Prairie Haven" for Senior Citizens (62+ years), or person(s) with disabilities. Also at "Pleasant Valley" we have 20 family apartments for families consisting of 2 or more related persons. Tenants in these apartments pay approximately 30% of their monthly income as rent. Family tenants are billed for their excess WATER utility usage. Families must be able to acquire Ameren Illinois in their name (electric and gas).

We also have Rural Development units - ten (10) one (1) bedroom apartments in Washburn for anyone. The apartments rent for \$495 per month, plus the tenant pays their own gas & electric (Ameren-IL). Five of these

apartments have rental assistance for eligible tenants. **Housing Choice Vouchers may also be used here.**

And we have 8 apartments in Metamora called "Prairieton Apartments" that may be rented to anyone (family housing). Rent is **\$450** per month for a one (1) bedroom apartment and **\$500** per month for a two (2) bedroom apartment. Six of these apartments have RENTAL ASSISTANCE for eligible tenants. Tenants pay their own utilities (water and electric).

TO APPLY, Send a Self-Addressed Stamped Envelope to the Woodford County Housing Authority, P.O. Box 223, Eureka, IL 61530 or stop in and fill out an application. You must indicated the program (Public Housing, Housing Choice Voucher, or both) that you want the application for, how many person(s) age18 over, and the number of children under the age of 18. Our telephone number is (309)467-4623, but NO applicant related information is given out over the telephone. (4/21)

(ApplicationCoverSheet-G)



We are an equal opportunity employer and provider.





410 EAST EUREKA AVENUE
P O BOX 223
EUREKA IL 61530-0223
PH: 309-467-4623
FAX 309-467-6927

Application for the Section 8 Housing Choice Voucher Program

ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL NOT BE PROCESSED!!

For an application to be placed on the waiting list, it must be filled out legibly, with **each question answered or it will not be processed**. These signatures give us permission to run a criminal background check and a credit history check. These will be done prior to move-in, as your name gets close to the top of the list.

You need to supply the following items with your application:

Copy of a picture ID for ALL members of the household age 18 and over.

Copy of Certified Birth Certificate and Social Security card for ALL members of the household

If you are not a U.S. citizen, a copy of your immigration status papers.

A completed Criminal History Record Request for each household member 18 and over.

A completed EAH Section 214 Declaration Form for each household member.

NO FAXED INFORMATION WILL BE ACCEPTED.



EQUAL HOUSING
OPPORTUNITY

We are an equal opportunity employer and provider.



Section 8 Housing Choice Voucher Tenant Screening

FAMILY MUST PROVIDE THE FOLLOWING ITEMS:

Head of Household, Spouse and Other adults must provide a photo I.D. for each adult in the household.

Families are required to provide verification of Social Security Numbers/cards and birth certificates for all family members.

Family member(s) must be a U.S. citizen or eligible immigrant. Each family member must have a citizenship declaration form completed and on file.

A family will be denied admission to the program if any member of the family fails to sign the submit consent forms for obtaining information required by the PHA, including FORM HUD 9886.

INFORMATIONAL:

If any household member is currently engaged in or has engaged in and of the following Drug-related & Violent criminal activities, within the past (5) five years (from the date of final discharge document), the family will be denied assistance. (Admin plan 3)

The Housing Authority will CHECK criminal history for all adults in the household to determine whether any member of the family has violated any of the prohibited behaviors. (Drug- related and Violent criminal behavior)

The Housing Authority must permanently deny assistance to applicants convicted of manufacturing or producing methamphetamine in any location, not just federally assisted housing.

The Housing Authority must deny admission to an applicant if the PHA determines that any member of the household is subject to a lifetime registration requirement under a state sex offender registration program.

The Housing Authority will deny ANY member of the family who has been evicted from federally assisted housing in the last (5) five years.

The family must not have violated any family obligation during a previous participation in the Section 8 program for (5) five years before final eligibility determination.

The PHA will not screen family behavior or suitability for tenancy. The PHA will not be liable or responsible to the owner or other persons for the family's behavior or the family's conduct in tenancy.

The owner is responsible for screening and selection of the family to occupy the owner's unit. At or before PHA approval of the tenancy, the PHA will inform the owner that screening and selection for tenancy is the responsibility of the owner.

The PHA will give the owner:

The family's current and prior address as shown in the PHA's records; and

The name and address (if known by the PHA) of the landlord at the family's current and prior address.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

If an applicant or participant is or has been a victim of domestic violence, dating violence, or stalking, it is not an appropriate reason for denial of program assistance or for denial of admission, if the applicant otherwise qualifies for assistance for admission [24 CFR 5.2005]. Information attached to each application.

If a student enrolled in an institution of higher education is under the age of 24, is not a veteran, is not married, does not have a dependent child, and is not a person with disabilities receiving HCV assistance as of November 30, 2006, the student's eligibility must be examined along with the income eligibility of the student's parents. In these cases, both the student and the student's parents must be income eligible for the student to receive HCV assistance. If, however, a student in these circumstances is determined independent from his/her parents in accordance with PHA policy, the income of the student's parents will not be considered in determining the student's eligibility. The new law does not apply to students who reside with parents who are applying to receive HCV assistance. It is limited to students who are seeking assistance on their own, separately from their parents. (2/14)

All screening and termination of assistance procedures shall be administered fairly and in such a way as not to violate rights to privacy or discriminate on basis of race, color, nationality, religion, familial status, disability, sex, or other legally protected groups.

Supply your E-mail address: _____

Head of Household			SSN	Date of Birth	Birthplace: City or County/State
Last Name	First Name	MI			

Other Adults			Relationship to Head	SSN	Date of Birth	Birthplace: City or County/State
Last Name MI	First Name	MI				

Minors			Relationship to Head	SSN	Date of Birth	Birthplace: City or County/State
Last Name MI	First Name	MI				

WHAT IS YOUR PRESENT MAILING ADDRESS: _____ HOW LONG? _____

DAY PHONE: _____ EVENING PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CURRENT LANDLORD'S NAME & TELEPHONE NUMBER: _____

WHAT WAS YOUR STREET ADDRESS BEFORE YOU MOVED TO WHERE YOU LIVE NOW? _____

CITY: _____ STATE: _____ ZIP CODE: _____

WHAT WAS YOUR PREVIOUS LANDLORD'S NAME, ADDRESS & PHONE#? _____

NOTE: YOU ARE REQUIRED TO NOTIFY THE HOUSING AUTHORITY IN WRITING WITHIN (10) TEN DAYS OF ANY CHANGES IN FAMILY COMPOSITION, INCOME, AND ADDRESS. IF WE CANNOT CONTACT YOU AT THE ABOVE ADDRESS, YOUR NAME MAY BE REMOVED FROM THE WAITING LIST AND YOU WILL HAVE TO RE-APPLY. (Sec8APPItr)

INCOME

FOR ALL MEMBERS THAT WILL BE LIVING IN THE RENTAL UNIT, PLEASE LIST THE FOLLOWING INFORMATION:
TYPES OF INCOME (EX: WELFARE, SSI, SOCIAL SECURITY, PENSIONS, EMPLOYMENTS, CHILD SUPPORT ETC.)

NAME (LAST, FIRST, MI)	SOURCE OF INCOME AND THEIR MAILING ADDRESS	GROSS MONTHLY INCOME

EXPENSES

Rent amount: _____ Utility estimate: _____

ASSETS

CHECKING ACCOUNT BANK _____
ACCOUNT NUMBER _____ AMOUNT _____

PASSBOOK SAVING BANK _____
ACCOUNT NUMBER _____ AMOUNT _____

SAVINGS CERTIFICATE BANK _____
ACCOUNT NUMBER _____ AMOUNT _____

PLEASE LIST ALL OTHER ASSETS: (STOCKS, BONDS, REAL ESTATE, LIFE INSURANCE, ETC.)

ITEM	HOLDING COMPANY	ACCOUNT NUMBER	AMOUNT

DO YOU PAY FOR A CHILDCARE WHILE ATTENDING SCHOOL OR WHILE WORKING? _____
IF YES GIVE NAME AND ADDRESS OF CHILD CARE PROVIDER WITH AMOUNT PAID MONTHLY.

ARE YOU REIMBURSED FOR ANY OF THESE EXPENSES? _____
IF YES GIVE NAME AND ADDRESS OF PERSON OR AGENCY. _____

EMERGENCY CONTACT PERSON: Name: _____ Address: _____
Day Phone: _____ Evening: _____

Note: ALL INFORMATION WILL BE VERIFIED AT THE TIME OF YOUR APPOINTMENT. PLEASE READ OVER ALL FORMS THAT YOU RECEIVE WHEN WE SCHEDULE YOUR APPOINTMENT. IF YOU DO NOT BRING IN THE INFORMATION THAT WE REQUIRE WE WILL NOT BE ABLE TO ASSIST YOU. (SecApp2)

ALL QUESTIONS MUST BE ANSWERED YES OR NO!!!

Please answer the following questions:

- 1) IS HEAD OF HOUSEHOLD OR SPOUSE A PERSON WITH A DISABILITY? YES - NO
(Claim of disability is regarding eligibility only) I DON'T KNOW
- 2) IS THE HEAD OF HOUSEHOLD ELDERLY? (62+years) YES - NO
- 3) HAVE YOU OR ANYONE ELSE IN YOUR FAMILY ENGAGED IN ANY DRUG-RELATED CRIMINAL ACTIVITY OR VIOLENT CRIMINAL ACTIVITY OR DO YOU HAVE A PATTERN OF ALCOHOL ABUSE WHICH WILL INTERFERE WITH THE RIGHT OF PEACEUL & QUIET ENJOYMENT YES - NO
IF YES, EXPLAIN _____
YEAR OF CONVICTION: _____
- 4) HAVE YOU EVER RECEIVED HOUSING ASSISTANCE BEFORE? YES - NO
TRANSFERRED TO ANOTHER AREA?
(Example: Section 8, Public Housing, USDA Rural Development, HUD Voucher, etc.)
IF YES, a) Under what name _____
b) Who was head of household _____ c) What year _____ d) What County _____
e) Housing Authority's Name & Address _____
- 5) IS HEAD OF HOUSEHOLD INVOLUNTARILY DISPLACED? Check the selection below: YES - NO
 BY PUBLIC ACTION & HOMELESS BY PHYSICAL VIOLENCE
 BY HOUSING OWNER ACTION BY HATE CRIMES?
- 6) ARE YOU & ANYONE IN YOUR HOUSEHOLD SUBJECT TO A LIFETIME STATE SEX OFFENDER REGISTRATION PROGRAM? YES - NO
WHAT STATES HAVE YOU LIVED IN SINCE 1996? _____
- 7) DO YOU REQUEST CONSIDERATION FOR AN INCOME ADJUSTMENT BASED ON A DISABILITY? YES - NO
IF YES, EXPLAIN _____
- 8) HAVE YOU OR ANYONE BEEN EVICTED FROM PUBLIC OR ASSISTED HOUSING FOR DRUG-RELATED ACTIVITY WITHIN THE PAST (5) FIVE YEARS? IF YES, BY WHOM? YES - NO
WHEN? _____ WHY? _____
- 9) HAS ANY HOUSEHOLD MEMBER BENEFITED FROM EARNED INCOME DISALLOWANCE? YES - NO
IF YES, WHO? _____
- 10) HAVE YOU EVER VIOLATED A FAMILY OBLIGATION IN A HUD ASSISTED HOUSING PROGRAM? YES - NO
- 11) ARE YOU WILLING TO MOVE TO WOODFORD COUNTY BEFORE BEING TRANSFERRED TO ANOTHER AREA? YES - NO
- 12) IS THE HEAD OF HOUSEHOLD, CO-HEAD OR SPOUSE A VETERAN? YES - NO
- 13) ARE MOVING TO WOODFORD COUNTY FOR EMPLOYMENT, FOR WHICH YOU HAVE ALREADY BEEN HIRED? YES - NO
- 14) DO YOU OWE ANY MONEY TO A PUBLIC HOUSING AUTHORITY OR GOVERNMENT SUBSIDIZED APARTMENT COMPLEX? YES - NO
- 15) ARE YOU OR ANYONE IN YOUR FAMILY A PERSON WITH A DISABILITY, THAT REQUIRES A SPECIFIC ACCOMODATION IN ORDER TO FULLY UTILIZE OUR PROGRAMS AND SERVICES? YES - NO
- 16) ARE YOU A PERSON(S) WHO WORKS OR RESIDES IN WOODFORD COUNTY? YES - NO

17) IS THERE ANYONE WHO WILL BE LIVING IN THE UNIT WHO IS 18 OR OVER AND FULL-TIME STUDENT?
IF SO, WHO? _____ NAME OF SCHOOL? _____

YES - NO

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKE FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS' JURISDICTION. **NOTE:** ANY ATTEMPT TO OBTAIN PUBLIC HOUSING, ANY RENT SUBSIDY OR RENT REDUCTION BY FALSE INFORMATION IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD (AND ANY ACT OF ASSISTANCE TO SUCH ATTEMPT) IS A CRIME.

I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE WOODFORD COUNTY HOUSING AUTHORITY IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION AND DENIAL OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

Signature _____

If you do not wish to provide the information, please check the box below:

I do not wish to furnish this information.

RACE: (Mark one or more)

American Indian Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other (Specify) _____

ETHNICITY: (Mark only one)

Hispanic or Latino

Not Hispanic or Latino

MARITAL STATUS: (Mark only one)

Married

Divorced/Separated

Unmarried

Information provided by Management

"The information solicited on this application is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, age, disability, religion, sex, marital status, familial status, parental status, genetic information, political beliefs and sexual orientation are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner (or managing agent) is required to note the race/ethnicity and sex of individual applicants on the basis of visual observation or surname."(Sec8App3)

Woodford County Housing Authority

410 EAST EUREKA AVENUE, P.O. BOX 223
EUREKA, ILLINOIS 61530-0223

CONSENT

I/We the undersigned have applied for/reside in assisted housing. In order that the Woodford County Housing Authority may establish/re-establish my/our eligibility for housing assistance, I/We hereby authorize and direct any individual, Business, Organization, Federal State or Local Agency to release to and/or verify for the Woodford County Housing Authority all information deemed necessary to verify employment, income, assets, credit history, medical expenses, personal references, residences and rental activity, verification of handicap or disability, eligibility to obtain power or the status of my utility services pursuant to the Housing Authority Lease, Part 1, section VI (b).

INFORMATION COVERED

I/We, further understand that verifications and inquiries that may be requested include, but are not limited to the following:

Identity and/or Marital Status	Residency and Rental History
Credit and Criminal History	Employment, Income and Assets
Medical Expenses & Allowances	Status of Utility Services
Child Care Expenses	Full Time Student Certification

GROUPS OR INDIVIDUALS from which information may be requested include, but are not limited to:

Courts and Post Offices	Law Enforcement Agencies
Medical Providers	Retirement Systems
Utility Companies	Credit Providers and Credit Bureaus
Past & Present Employers	Welfare Agencies
State Unemployment Agencies	Social Security Administration
Veterans Administration	Banks and Other Financial
Previous Landlords (including Public Housing Agencies)	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the office of the Woodford County Housing Authority. I/We understand that any information obtained with this release is confidential and may not be released without my/our permission except to other government entities such as other housing authorities, police officials, public assistance, etc. I/We do also understand that information obtained by this release is used to determine my/our eligibility for housing assistance and refusal to consent to the release of this information can result in denial of assistance. This authorization shall be good (15) fifteen months from date of signature.

SIGNATURES:

Head of Household

Date

Current Address

Other Adult

Date

Other Adult

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:

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

Signature

Date

Printed Name

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

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)

WOODFORD COUNTY HOUSING AUTHORITY
410 E EUREKA AVE
P O BOX 223
EUREKA IL 61530

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 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.

**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): _____

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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.

Woodford County Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Public Housing, Housing Choice Voucher, and Multi-family Housing is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under Public Housing, Housing Choice Voucher, and Multi-family Housing, 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 Public Housing, Housing Choice Voucher, and Multi-family Housing, you may not be denied assistance, terminated from participation, or be evicted

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

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

from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

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

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

Removing the Abuser or Perpetrator from the Household

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

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

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for

documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

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

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer, you would suffer violence in the very near future.

OR

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

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

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

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

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

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

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

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

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

Confidentiality

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

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

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

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

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

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

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

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

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

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

Other Laws

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

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

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **Chicago, IL HUD Field Office**.

For Additional Information

You may view a copy of HUD's final VAWA rule at FR-5720-F-03.

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

For questions regarding VAWA, please contact Woodford County Housing Authority, 410 E Eureka Ave., Eureka, IL 61530 PH: 309-467-4623.

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 the Center of Prevention of Abuse 1-800-559-7233.

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 Center of Prevention of Abuse 1-800-559-7233

Victims of stalking seeking help may contact Center of Prevention of Abuse 1-800-559-7233

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



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. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410