

HUNTINGTON

Housing Authority

1A Lowndes Avenue Huntington Station, N.Y. 11746 (631) 427-6220 - Fax (631) 427-6288

REQUEST FOR AN ADDITION TO HOUSEHOLD

IT IS A FAMILY OBLIGATION TO REPORT ALL CHANGES TO YOUR HOUSEHOLD COMPOSITION. THE HOUSING AUTHORITY MUST THEN APPROVE ANY ADDITIONAL MEMBERS OF THE HOUSEHOLD BEFORE THEY CAN MOVE INTO THE UNIT. PLEASE COMPLETE THIS PACKET AND SUBMIT IT ALONG WITH THE FOLLOWING DOCUMENTS:

- 1. COMPLETED ADDITION TO HOUSEHOLD PACKET.**
- 2. SOCIAL SECURITY CARD (COPY)**
- 3. BIRTH CERTIFICATE (COPY)**
- 4. PHOTO ID (COPY)**
- 5. WRITTEN APPROVAL FROM LANDLORD (SEE TENANCY ADDENDUM).**

THIS MUST BE SUBMITTED TO YOUR HA REPRESENTATIVE BEFORE PERMITTING ANYONE TO MOVE INTO YOUR HOUSING UNIT.

Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

HEAD OF HOUSEHOLD: _____

ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

I WOULD LIKE TO REQUEST APPROVAL FOR THE FOLLOWING INDIVIDUAL TO BE ADDED TO MY HOUSEHOLD COMPOSITION:

NAME: _____ D.O.B: _____

ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP: _____

YEARS AT THIS ADDRESS: _____ TELEPHONE: _____

RELATION TO HEAD OF HOUSEHOLD: _____

SOURCE OF ALL INCOME AMOUNTS RECEIVED BY THIS PERSON:

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or 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 immediately.



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PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED IN INK IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT CLEARLY.

I. HOUSEHOLD COMPOSITION: LIST ALL PERSONS WHO ARE LIVING IN YOUR HOME, LISTING THE HEAD OF HOUSEHOLD FIRST.

ADULTS (LEGAL NAME)	DATE OF BIRTH	RELATIONSHIP TO HOH	SOCIAL SECURITY #	INDICATE: (M) MARRIED (S) SEPARATED (D) DIVORCED	HOUSEHOLD MEMBER IN COLLEGE? YES/NO
1.					
2.					
3.					
4.					
5.					

CHILDREN (NAME AS IT APPEARS ON SS CARD)	DATE OF BIRTH	RELATIONSHIP TO HOH	SCHOOL NAME	ABSENT PARENT'S NAME	ABSENT PARENT'S ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

PRESENT ADDRESS

EMERGENCY CONTACT

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

PHONE #

PHONE #



II. TOTAL HOUSEHOLD INCOME: LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD THAT INCLUDES MONEY FROM WAGES, SELF-EMPLOYMENT, CHILD SUPPORT, CONTRIBUTIONS, SOCIAL SECURITY, DISABILITY PAYMENT, WORKERS COMPENSATION, RETIREMENT BENEFITS, TANF, VETERAN'S BENEFITS, RENTAL PROPERTY INCOME, STOCK DIVIDENDS FROM BANK ACCOUNTS, ALIMONY AND ALL OTHER SOURCES.

LIST AMOUNTS RECEIVED BELOW:

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	TANF BENEFITS	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1.							
2.							
3.							
4.							
5.							

III. ASSETS: IF YES TO ANY, LIST BELOW.

1. DO YOU OR ANY HOUSEHOLD MEMBERS OWN OR HAVE AN INTEREST IN ANY REAL ESTATE, HOMES AND/OR MOBILE HOME? **YES/NO**
2. HAVE YOU SOLD ANY REAL ESTATE IN THE LAST TWO YEARS? **YES/NO**
3. DO YOU OWN ANY SAVINGS ACCOUNT? **YES/NO**
IF YES, LIST BANK ACCOUNT NUMBERS AND AMOUNTS. _____
3. DO YOU OWN A CAR? **YES/NO** MODEL/YEAR _____ LICENSE PLATE # _____
4. DOES ANYONE OUTSIDE OF YOUR HOUSEHOLD PAY FOR ANY OF YOUR BILLS OR GIVE YOU MONEY? **YES/NO**
IF YES, EXPLAIN: _____
5. HAVE YOU OR ANY OTHER ADULT MEMBERS EVER USED ANY NAME(S) OR SOCIAL SECURITY NUMBER(S) OTHER THAN THE ONE YOU ARE CURRENTLY USING? **YES/NO**
IF YES, EXPLAIN: _____
6. HAVE YOU OR ANY OTHER MEMBERS LIVED IN ANY ASSISTED HOUSING? **YES/NO**
IF YES, EXPLAIN: _____
7. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN ARRESTED, CHARGED, AND/OR CONVICTED OF ANY CRIME OTHER THAN A TRAFFIC VIOLATION? **YES/NO**
IF YES, LIST WHERE AND WHEN: _____
8. HAVE YOU EVER COMMITTED ANY FRAUD IN A FEDERALLY ASSISTED HOUSING PROGRAM OR BEEN REQUESTED TO REPAY MONEY FOR KNOWINGLY MISREPRESENTING INFORMATION FOR SUCH HOUSING PROGRAMS? **YES/NO**
IF YES, EXPLAIN: _____

I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THE HUNTINGTON HOUSING AUTHORITY IN WRITING IMMEDIATELY.

SIGNATURE OF HEAD OF HOUSEHOLD DATE SIGNATURE OF CO-HEAD OF HOUSEHOLD DATE

SIGNATURE OF OTHER ADULT DATE SIGNATURE OF OTHER ADULT DATE

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

TOWN OF HUNGTINGTON HOUSING AUTHORITY

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Dear Tenant:

IN ACCORDANCE WITH FEDERAL LAW, THIS OFFICE MAY TERMINATE RENTAL ASSISTANCE TOTENANT/FAMILY FOR THE FOLLOWING REASONS:

- IF THE FAMILY VIOLATES ANY FAMILY OBLIGATIONS UNDER THE PROGRAM.
- IF THE FMAILY FAILS TO NOTIFY SECTION 8 IN WRITING OF ALL INCOME AND FAMILYCOMPOSITION CHANGES IMMEDIATELY.
- IF ANY MEMBER OF THE FAMILY HAS BEEN EVICTED FROM PUBLIC HOUSING.
- IF A HOUSING AUTHORITY HAS EVER TERMINATED ASSISTANCE UNDER THE HOUSING CHOICEVOUCHER PROGRAM FOR ANY MEMBER OF THE FAMILY.
- IF ANY MEMBER OF THE FAMILY COMMITS DRUG-RELATED CRIMINAL ACTIVITY, OR VIOLENTCRIMINAL ACTIVITY.
- IF ANY MEMBER OF THE FAMILY COMMITS FRAUD, BRIBERY OR ANY OTHER CORRUPT OFCRIMINAL ACT IN CONNECTION WITH FEDERAL HOUSING PROGRAM.
- IF ANY FAMILY CURRENTLY OWES RENT OR OTHER AMOUNTS TO HUNTINGTON HOUSING AUTHORITY OR TO ANOTHER HOUSING AUTHORITY IN CONNECTION WITH THE SECTION 8 ORPUBLIC HOUSING AUTHORITY UNDER THE UNITED STATES HOUSING ACT OF 1937.
- IF THE FAMILY HAS NOT REIMBURSED ANY HOUSING AUTHORITY FOR AMOUNTS PAID TO ANOWNER UNDER A HAP CONTRACT FOR RENT, DAMAGES TO THE UNIT, OR OTHER AMOUNTS OWED BY THE FAMILY UNDER THE LEASE.
- IF THE FAMILY BREACHES AN AGREEMENT WITH HHA TO PAY AMOUNTS OWED TO HHA OR AMOUNTS PAID TO AN OWNER BY HHA (HHA AT ITS DISCRETION MAY OFFER A FAMILY THE OPPORTUNITY TO ENTER AN AGREEMENT TO PAY AMOUNTS OWED TO HHA OR AMOUNTS PAIDTO AN OWNER BY HHA.) HHA MAY PRESCRIBE THE TERMS OF THE AGREEMENT.
- IF THE FAMILY HAS ENGAGED IN THREATENING, ABUSIVE, OR VIOLENT BEHAVIOR TOWARDSTHE HHA PERSONNEL.

IF YOUR ASSISTANCE IS TERMINATED FOR ONE OF THE ABOVE REASONS, BOTH YOU AND THE OWNER WILL BE PROVIDED WITH A 30 DAY WRITTEN NOTICE OF TERMINATION WHICH STATES:

- THE REASONS FOR THE TERMINATION.
- THE EFFECTIVE DATE OF THE TERMINATION.
- THE FAMILY’S RIGHT TO REQUEST AN INFORMAL HEARING.

ANYONE 18 OR OLDER MUST SIGN BELOW.

I HAVE READ THE ABOVE AND UNDERSTAND WHAT I HAVE READ.

HEAD OF HOUSEHOLD	DATE	SPOUSE/CO-HEAD	DATE
OTHER ADULT	DATE	OTHER ADULT	DATE



Authorization for the Release of Information/ Privacy Act Notice

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

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

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)

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(1)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 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.

Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

REQUEST DATE : _____

NAME: _____
LAST FIRST MIDDLE

CURRENT ADDRESS: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

EMPLOYER: _____

I HEREBY AUTHORIZE HUNTINGTON HOUSING AUTHORITY TO OBTAIN INFORMATION IT DEEMS DESIRABLE IN THE PROCESSING OF MY APPLICATION, INCLUDING CREDIT REPORT, CIVIL OR CRIMINAL ACTION, RENTAL HISTORY OF EMPLOYMENT/SALARY DETAIL, AND ANY OTHER RELEVANT INFORMATION; AND RELEASE HUNTINGTON HOUSING AUTHORITY ITS' EMPLOYEES AND AGENT FROM ALL LIABILITIES AND DAMAGE, WHATEVER INCURRED IN FURNISHING OR OBTAIN SUCH INFORMATION.

HEAD OF HOUSEHOLD

DATE

SPOUSE/CO-HEAD

DATE

OTHER ADULT

DATE

OTHER ADULT

DATE

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or 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 immediately.



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APPLICANT/TENANT CERTIFICATION

APPLICANT(S)/TENANT(S) STATEMENT

I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE TOWN OF HUNTINGTON HOUSING AUTHORITY AGENCY ON HOUSEHOLD COMPOSITION, INCOME THAT NET FAMILY ASSETS AND ALLOWANCES AND DEDUCTIONS IS ACCURATE AND COMPLETED THE BEST OF MY KNOWLEDGE AND BELIEF.

I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL AND/OR STATE LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE

DATE

SIGNATURE OF OTHER ADULT

DATE

SIGNATURE OF OTHER ADULT

DATE

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOTLINE AT 800-424-8590. (WITHIN THE WASHINGTON D.C.- METROPOLITAN AREA, CALL 426-3500.)

*AFTER VERIFICATION BY THIS HOUSING AGENCY, INFORMATION WILL BE SUBMITTED TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ON FORM HUD-50058 (TENANT DATA SUMMARY), A COMPUTER-GENERATED FACSIMILE OF THE FORM OR ON MAGNETIC TAPE. SEE THE FEDERAL, PRIVACY ACT STATEMENT FOR MORE INFORMATION ABOUT ITS USE.

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EMPLOYMENT VERIFICATION FORM

DATE: _____

APPLICANT/TENANT (PRINT NAME): _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

I HEREBY AUTHORIZE MY EMPLOYER TO RELEASE ALL OF MY INCOME INFORMATION TO THE TOWN OF HUNTINGTON HOUSING AUTHORITY.

SOCIAL SECURITY NUMBER: _____

SIGNATURE OF APPLICANT/TENANT: _____

FOR EMPLOYER'S USE ONLY

PLEASE COMPLETE THE FOLLOWING FORM AND RETURN YOUR REPLY TO THE ADDRESS STATED ABOVE. ALL INFORMATION WILL BE IN CONFIDENCE. YOUR IMMEDIATE ATTENTION IS GREATLY APPRECIATED.
-THE TOWN OF HUNTINGTON HOUSING AUTHORITY

TITLE OF POSITION HELD: _____

DATE HIRED: _____ PRESENT STATUS: _____

EMPLOYMENT END DATE: _____ LEAVE W/PAY?: YES / NO

WAGES PAID (CIRCLE ONE): WEEKLY, BI-WEEKLY, SEMI-MONTHLY OR MONTHLY.

HOURLY RATE: _____

IF HOURLY, INDICATE NUMBER OF HOURS WORKED PER WEEK: _____

GROSS RATE OF PAY: \$ _____

AMOUNT PAID GROSS YEAR TO DATE: \$ _____ AS OF: _____

SALARIED EMPLOYEE: _____

DOES THE EMPLOYEE RECEIVE THE FOLLOWING?:

____ NIGHT DIFFERENTIAL _____ PERIODS OF VACATION WITH PAY
____ COMMISSION _____ TIPS _____ BONUS _____ OVER-TIME _____ OTHER

IF YOU CHECKED ANY OF THE ABOVE, PLEASE SPECIFY: _____

DATE: _____

SIGNATURE OF AUTHORIZED PERSON _____

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IF YOU CHECKED ANY OF THE ABOVE, PLEASE SPECIFY: _____

DATE: _____

SIGNATURE OF AUTHORIZED PERSON _____

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STATEMENT OF SELF EMPLOYMENT EARNINGS

NAME: _____ DATE: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

I _____ AM SELF EMPLOYED AS A _____ AND
I ESTIMATE THAT MY GROSS INCOME FOR THE NEXT 12 MONTHS
WILL BE \$ _____.

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT AND I
UNDERSTAND THAT ACCORDING TO FEDERAL LAW IT IS A
CRIMINAL OFFENSE TO MAKE ANY FALSE STATEMENTS TO THE
INTERNAL REVENUE SERVICE REGARDING MATTERS WITHIN THEIR
JURISDICTION.

SIGNATURE: _____ DATE: _____

STATE OF: _____

COUNTY OF: _____

SIGNED, THIS _____ DAY OF _____ 20 _____

IN THE PRESENCE OF _____ (NOTARY'S SIGNATURE)



TOWN OF HUNTINGTON HOUSING AUTHORITY

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TO BE COMPLETED BY AN ADULT (18 OR OLDER) WHO CURRENTLY HAS NO INCOME

HEAD OF HOUSEHOLD: _____ DATE: _____
HOUSEHOLD NAME: _____

1. I HEREBY CERTIFY THAT I DO NOT INDIVIDUALLY RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

- WAGES FROM EMPLOYMENT (INCLUDING COMMISSIONS, TIPS, BONUSSES, FEES, ETC.)
- INCOME FROM OPERATION OF A BUSINESS
- RENTAL INCOME FROM REAL OR PERSONAL PROPERTY
- INTEREST OR DIVIDENDS FROM ASSETS
- SOCIAL SECURITY PAYMENTS, ANNUITIES, INSURANCE POLICIES, RETIREMENT FUNDS, DEATH BENEFITS
- UNEMPLOYMENT OR DISABILITY PAYMENTS
- PUBLIC ASSISTANCE PAYMENTS
- PERIODIC ALLOWANCES SUCH AS ALIMONY, CHILD SUPPORT, OR GIFTS RECEIVED FROM PERSONS NOT LIVING IN MY HOUSEHOLD
- SALES FROM SELF-EMPLOYMENT RESOURCES (AVON, MARY KAY, ETC.)
- ANY OTHER SOURCES NOT NAMED ABOVE

2. I CURRENTLY HAVE NO INCOME OF ANY KIND AND THERE IS NO IMMINENT CHANGE EXPECTED IN MY FINANCIAL STATUS OR EMPLOYMENT STATUS DURING THE NEXT 12 MONTHS.

3. I WILL BE USING THE FOLLOWING SOURCES OF FUNDS TO PAY FOR RENT AND OTHER NECESSITIES: _____

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED IN THIS CERTIFICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION MAY RESULT IN THE TERMINATION OF A LEASE AGREEMENT.

4. NAME OF APPLICANT: _____ **DATE:** _____

5. SIGNATURE OF APPLICANT _____

6. SIGNATURE OF NOTARY: _____

7. STATE COMMISSIONS ISSUED: _____

8. COMMISSION EXPIRATION DATE: _____



TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • PHONE 631-427-6220 • FAX 631-427-6288

TO BE COMPLETED BY AN ADULT (18 OR OLDER) WHO CURRENTLY HAS NO INCOME

HEAD OF HOUSEHOLD: _____ DATE: _____
HOUSEHOLD NAME: _____

1. I HEREBY CERTIFY THAT I DO NOT INDIVIDUALLY RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

- WAGES FROM EMPLOYMENT (INCLUDING COMMISSIONS, TIPS, BONUSSES, FEES, ETC.)
- INCOME FROM OPERATION OF A BUSINESS
- RENTAL INCOME FROM REAL OR PERSONAL PROPERTY
- INTEREST OR DIVIDENDS FROM ASSETS
- SOCIAL SECURITY PAYMENTS, ANNUITIES, INSURANCE POLICIES, RETIREMENT FUNDS, DEATH BENEFITS
- UNEMPLOYMENT OR DISABILITY PAYMENTS
- PUBLIC ASSISTANCE PAYMENTS
- PERIODIC ALLOWANCES SUCH AS ALIMONY, CHILD SUPPORT, OR GIFTS RECEIVED FROM PERSONS NOT LIVING IN MY HOUSEHOLD
- SALES FROM SELF-EMPLOYMENT RESOURCES (AVON, MARY KAY, ETC.)
- ANY OTHER SOURCES NOT NAMED ABOVE

2. I CURRENTLY HAVE NO INCOME OF ANY KIND AND THERE IS NO IMMINENT CHANGE EXPECTED IN MY FINANCIAL STATUS OR EMPLOYMENT STATUS DURING THE NEXT 12 MONTHS.

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6. SIGNATURE OF NOTARY: _____

7. STATE COMMISSIONS ISSUED: _____

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Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • PHONE 631-427-6220 • FAX 631-427-6288

PUBLIC ASSISTANCE INCOME VERIFICATION

HEAD OF HOUSEHOLD _____ DATE: _____

SOCIAL SECURITY #: _____

PA CASE#: _____ FS CASE#: _____

ALL HOUSEHOLD MEMBERS ON CASE:

NAME: _____ SSN: _____

NAME: _____ SSN: _____

NAME: _____ SSN: _____

NAME: _____ SSN: _____

NAME: _____ SSN: _____

NAME: _____ SSN: _____

CURRENT ADDRESS: _____

THE ABOVE NAMED HEAD OF HOUSEHOLD HAS APPLIED FOR, OR IS ALREADY PARTICIPATING IN THE FOLLOWING HOUSING PROGRAM.

() PUBLIC HOUSING () HOUSING CHOICE VOUCHER

PLEASE PROVIDE THIS AGENCY WITH A COPY OF THE CURRENT BUDGET FOR THIS HOUSEHOLD AND FOR ANY OTHER HOUSEHOLD MEMBER AT THIS ADDRESS.

SIGNATURE OF APPLICANT/TENANT

HOUSING AGENCY REPRESENTATIVE/PHONE #

DATE

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or 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 immediately.



Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • PHONE 631-427-6220 • FAX 631-427-6288

CHILD SUPPORT VERIFICATION FORM

TO WHOM IT MAY CONCERN,

THE AGENCY/EMPLOYER OR PERSON PROVIDING INCOME MUST VERIFY THE INCOMES OF EACH ADULT TENANT APPLICANT. PARTICIPATION IN THE PROGRAM IS LIMITED TO INCOME ELIGIBLE FAMILIES AND RENT IS BASED ON A PERCENTAGE OF GROSS INCOME. PLEASE PROVIDE THE REQUESTED INFORMATION AS SOON AS POSSIBLE. BELOW IS A SIGNED AUTHORIZATION FOR RELEASE OF THIS INFORMATION TO THE HOUSING AUTHORITY. THANK YOU FOR YOUR COOPERATION.

SINCERELY,
THE HHA.

I HEREBY RELEASE TO THE TOWN OF HUNTINGTON HOUSING AUTHORITY ALL INFORMATION RELATIVE TO MY INCOME.

DOCKET #: _____ DATE: _____

CHILD(REN) NAME: _____

RESPONDENT'S NAME: _____

TENANT'S NAME: _____

SIGNATURE OF TENANT: _____

SOCIAL SECURITY #: _____

FOR CHILD SUPPORT ENFORCEMENT BUREAU USE ONLY

GROSS AMOUNT: \$ _____
THIS AMOUNT IS PAID (CHECK ONE): WEEKLY BI-WEEKLY

SEMI-MONTHLY MONTHLY

EFFECTIVE DATE: _____
IS THE RESPONDENT CURRENTLY IN ARREARS?: YES / NO

IF YES, HOW MUCH? \$ _____

WORKER'S SIGNATURE: _____

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TOWN OF HUNTINGTON HOUSING AUTHORITY
1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

VERIFICATION OF CHILDCARE EXPENSES

PLEASE KNOW THAT THIS EXPENSE CAN ONLY BE CLAIMED FOR CHILDREN UNDER THE AGE OF 13. THIS FORM ALSO MUST BE NOTARIZED AND ACCOMPANIED BY PROOF OF PAYMENT (AT LEAST 3 MONEY ORDERS, CANCELLED CHECKS, OR RECEIPTS FROM THE DAY CARE PROVIDER.)

I, _____ (CHILDCARE PROVIDER) WHO RESIDES

AT _____

DO HEREBY CERTIFY THAT I PROVIDE CHILDCARE FOR THE FOLLOWING CHILDREN:

1. _____

2. _____

3. _____

4. _____

TOTAL HOURS PER WEEK: _____

AMOUNT RECEIVED FOR CARE FROM THE FAMILY: \$ _____ PER WEEK.

FULL-TIME SUMMER CARE OF SCHOOL AGE CHILDREN? YES/ NO

SIGNATURE OF CARE PROVIDER

DATE

SIGNED THIS _____ DAY OF _____ 20 _____

IN THE PRESENCE OF _____ (SIGNATURE OF NOTARY)

SIGNATURE OF HEAD OF HOUSEHOLD _____



Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

TOWN OF HUNTINGTON HOUSING AUTHORITY
1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

STUDENT-ENROLLMENT VERIFICATION FORM

DATE: _____

SCHOOL NAME & ADDRESS:

STUDENT'S NAME:

1. _____
2. _____
3. _____
4. _____

HOME ADDRESS:

VERIFICATION OF STUDENT STATUS

FEDERAL REGULATIONS REQUIRE THE HOUSING AUTHORITY TO VERIFY STUDENT STATUS OF HOUSEHOLD/FAMILY MEMBERS FOR THE DETERMINATION OF THE FAMILY'S ELIGIBILITY FOR RENTAL ASSISTANCE. PLEASE SUPPLY THE INFORMATION REQUESTED BELOW.

I HEREBY REQUEST THAT YOU FURNISH THE HOUSING AUTHORITY INFORMATION REGARDING THE STUDENT(S) LISTED ABOVE. I UNDERSTAND THAT THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR THE PROGRAM PURPOSES.

-HUNTINGTON HOUSING AUTHORITY

SIGNATURE OF PARENT/GUARDIAN

FOR SCHOOL USE ONLY

STUDENT'S HOME ADDRESS: _____

PARENT/GUARDIAN RESPONSIBLE FOR STUDENT: _____

THIS IS TO CERTIFY THAT THE ABOVE LISTED STUDENT(S) IS ENROLLED AT THIS SCHOOL.

NAME OF EDUCATIONAL INSTITUTION: _____

AUTHORIZED SIGNATURE

TITLE

DATE: _____

PHONE #: _____



Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

TOWN OF HUNTINGTON HOUSING AUTHORITY
1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

STUDENT-ENROLLMENT VERIFICATION FORM

DATE: _____

SCHOOL NAME & ADDRESS:

STUDENT'S NAME:

1. _____
2. _____
3. _____
4. _____

HOME ADDRESS:

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-HUNTINGTON HOUSING AUTHORITY

SIGNATURE OF PARENT/GUARDIAN

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AUTHORIZED SIGNATURE

TITLE

DATE: _____

PHONE #: _____



TOWN OF HUNTINGTON HOUSING AUTHORITY
1A LOWNDES AVENUE HUNTINGTON STATION N.Y. 11746
PHONE (631) 427-6220 – FAX (631) 427-6288

FULL TIME COLLEGE STUDENT STATUS
VERIFICATION

Please provide a **LETTER** from the school's **REGISTRAR OFFICE** indicating current F/T student status of adult household member. An acceptance letter, bill or schedule will **NOT** be considered).

DECLARATION OF CITIZENSHIP / Section 214 Status

Tenant ID: _____

PLEASE PROVIDE ALL INFORMATION REQUESTED AND RETURN TO:

**TOWN OF HUNTINGTON HOUSING AUTHORITY
1A LOWNDES AVENUE
HUNTINGTON STATION, NY 11746**

Part 1

At least one applicant must be a citizen or national of the United States or a non-citizen with eligible immigration status in order to benefit from the Section 8 Rental Assistance Program.

One box on this form **MUST** be checked for each member of the applicant family indicating status as a citizen or a national of the United States **OR** a non-citizen with eligible immigration status.

Families that include members who are citizens or have eligible immigration status and members who do not have eligible immigration status are considered a "mixed family. Mixed families will receive prorated rental assistance.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

			A Citizen or National of the US	A Non-citizen with eligible immigration status	Neither or Other			
I AM: I AM:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
First Name	Last Name	Age	<input type="checkbox"/>	or	<input type="checkbox"/>	or	<input type="checkbox"/>	Signature of Adult Listed to the left, or Signature of Guardian for Minors
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	or	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	or	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	or	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	or	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	or	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	or	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	or	<input type="checkbox"/>	_____

NOTE: Applicants who have checked a box indicating that they are a non-citizen with eligible immigration status must complete Part 2 of this form.

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

Part 2

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-888B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to be document has been verified.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the US Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part I of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or non-citizens with eligible immigration status.

Signature: _____ Date: _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors	Office Use Only INS VERIF. #
			X	
			X	
			X	
			X	

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission to the Immigration and Naturalization service for purposes of verification of the immigration status of the individual or to the US Department of Housing and Urban Development, as required. The US Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.





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.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name	
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Printed Name					



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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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
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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.

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How will this information be used?

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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.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name	
Signature	Date				
Printed Name					

TENANCY ADDENDUM
Section 8 Tenant-Based Assistance
Housing Choice Voucher Program
(To be attached to Tenant Lease)

The Tenancy Addendum is part of the HAP contract and lease. Public reporting burden for this collection of information is estimated to average 0.5 hours. This includes the time for collection, reviewing and reporting the data. The information is being collected as required by 24 CFR 982.451 which in part states the PHA must pay the housing assistance payment promptly. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless there is a valid OMB number. Assurances of confidentiality are not provided under this section.

HUD is committed to protecting the privacy of an individual's information stored electronically or in paper form in accordance with federal privacy laws, guidance and best practices. HUD expects its third-party business partners including Public Housing Authorities who collect, use, maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable law.

1. Section 8 Voucher Program

- a. The owner is leasing the contract unit to the tenant for occupancy by the tenant's family with assistance for a tenancy under the Section 8 housing choice voucher program (voucher program) of the United States Department of Housing and Urban Development (HUD).
- b. The owner has entered into a Housing Assistance Payments Contract (HAP contract) with the PHA under the voucher program. Under the HAP contract, the PHA will make housing assistance payments to the owner to assist the tenant in leasing the unit from the owner.

2. Lease

- a. The owner has given the PHA a copy of the lease, including any revisions agreed by the owner and the tenant. The owner certifies that the terms of the lease are in accordance with all provisions of the HAP contract and that the lease includes the tenancy addendum.
- b. The tenant shall have the right to enforce the tenancy addendum against the owner. If there is any conflict between the tenancy addendum and any other provisions of the lease, the language of the tenancy addendum shall control.

3. Use of Contract Unit

- a. During the lease term, the family will reside in the contract unit with assistance under the voucher program.
- b. The composition of the household must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption or court-awarded custody of a child. Other persons may not be added to the household without prior written approval of the owner and the PHA.
- c. The contract unit may only be used for residence by the PHA-approved household members. The unit must be the family's only residence. Members of the household may engage in legal profit making activities incidental to primary use of the unit for residence by members of the family.
- d. The tenant may not sublease or let the unit.
- e. The tenant may not assign the lease or transfer the unit.

4. Rent to Owner

- a. The initial rent to owner may not exceed the amount approved by the PHA in accordance with HUD requirements.
- b. Changes in the rent to owner shall be determined by the provisions of the lease. However, the owner may not raise the rent during the initial term of the lease.
- c. During the term of the lease (including the initial term of the lease and any extension term), the rent to owner may at no time exceed:

- (1) The reasonable rent for the unit as most recently determined or redetermined by the PHA in accordance with HUD requirements, or
- (2) Rent charged by the owner for comparable unassisted units in the premises.

5. Family Payment to Owner

- a. The family is responsible for paying the owner any portion of the rent to owner that is not covered by the PHA housing assistance payment.
- b. Each month, the PHA will make a housing assistance payment to the owner on behalf of the family in accordance with the HAP contract. The amount of the monthly housing assistance payment will be determined by the PHA in accordance with HUD requirements for a tenancy under the Section 8 voucher program.
- c. The monthly housing assistance payment shall be credited against the monthly rent to owner for the contract unit.
- d. The tenant is not responsible for paying the portion of rent to owner covered by the PHA housing assistance payment under the HAP contract between the owner and the PHA. A PHA failure to pay the housing assistance payment to the owner is not a violation of the lease. The owner may not terminate the tenancy for nonpayment of the PHA housing assistance payment.
- e. The owner may not charge or accept, from the family or from any other source, any payment for rent of the unit in addition to the rent to owner. Rent to owner includes all housing services, maintenance, utilities and appliances to be provided and paid by the owner in accordance with the lease.
- f. The owner must immediately return any excess rent payment to the tenant.

6. Other Fees and Charges

- a. Rent to owner does not include cost of any meals or supportive services or furniture which may be provided by the owner.
- b. The owner may not require the tenant or family members to pay charges for any meals or supportive services or furniture which may be provided by the owner. Nonpayment of any such charges is not grounds for termination of tenancy.
- c. The owner may not charge the tenant extra amounts for items customarily included in rent to owner in the locality, or provided at no additional cost to unsubsidized tenants in the premises.

7. Maintenance, Utilities, and Other Services

a. Maintenance

- (1) The owner must maintain the unit and premises in accordance with the HQS.
- (2) Maintenance and replacement (including redecoration) must be in accordance with the standard practice for the building concerned as established by the owner.

b. Utilities and appliances

- (1) The owner must provide all utilities needed to comply with the HQS.
- (2) The owner is not responsible for a breach of the HQS caused by the tenant's failure to:
 - (a) Pay for any utilities that are to be paid by the tenant.
 - (b) Provide and maintain any appliances that are to be provided by the tenant.

c. **Family damage.** The owner is not responsible for a breach of the HQS because of damages beyond normal wear and tear caused by any member of the household or by a guest.

d. **Housing services.** The owner must provide all housing services as agreed to in the lease.

8. Termination of Tenancy by Owner

a. **Requirements.** The owner may only terminate the tenancy in accordance with the lease and HUD requirements.

b. **Grounds.** During the term of the lease (the initial term of the lease or any extension term), the owner may only terminate the tenancy because of:

- (1) Serious or repeated violation of the lease;
- (2) Violation of Federal, State, or local law that imposes obligations on the tenant in connection with the occupancy or use of the unit and the premises;
- (3) Criminal activity or alcohol abuse (as provided in paragraph c); or
- (4) Other good cause (as provided in paragraph d).

c. Criminal activity or alcohol abuse

- (1) The owner may terminate the tenancy during the term of the lease if any member of the household, a guest or another person under a resident's control commits any of the following types of criminal activity:
 - (a) Any criminal activity that threatens the health or safety of, or the right to peaceful enjoyment of the premises by, other residents (including property management staff residing on the premises);
 - (b) Any criminal activity that threatens the health or safety of, or the right to peaceful enjoyment of their residences by, persons residing in the immediate vicinity of the premises;
 - (c) Any violent criminal activity on or near the premises; or
 - (d) Any drug-related criminal activity on or near the premises.
- (2) The owner may terminate the tenancy during the term of the lease if any member of the household is:

- (a) Fleeing to avoid prosecution, or custody or confinement after conviction, for a crime, or attempt to commit a crime, that is a felony under the laws of the place from which the individual flees, or that, in the case of the State of New Jersey, is a high misdemeanor; or

- (b) Violating a condition of probation or parole under Federal or State law.

- (3) The owner may terminate the tenancy for criminal activity by a household member in accordance with this section if the owner determines that the household member has committed the criminal activity, regardless of whether the household member has been arrested or convicted for such activity.

- (4) The owner may terminate the tenancy during the term of the lease if any member of the household has engaged in abuse of alcohol that threatens the health, safety or right to peaceful enjoyment of the premises by other residents.

d. Other good cause for termination of tenancy

- (1) During the initial lease term, other good cause for termination of tenancy must be something the family did or failed to do.

- (2) During the initial lease term or during any extension term, other good cause may include:

- (a) Disturbance of neighbors,

- (b) Destruction of property, or

- (c) Living or housekeeping habits that cause damage to the unit or premises.

- (3) After the initial lease term, such good cause may include:

- (a) The tenant's failure to accept the owner's offer of a new lease or revision;

- (b) The owner's desire to use the unit for personal or family use or for a purpose other than use as a residential rental unit; or

- (c) A business or economic reason for termination of the tenancy (such as sale of the property, renovation of the unit, the owner's desire to rent the unit for a higher rent).

- (4) The examples of other good cause in this paragraph do not preempt any State or local laws to the contrary.

9. Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

a. **Purpose:** This section incorporates the protections for victims of domestic violence, dating violence, sexual assault, or stalking in accordance with subtitle N of the Violence Against Women Act of 1994, as amended (codified as amended at 42 U.S.C. 14043e et seq.) (VAWA) and implementing regulations at 24 CFR part 5, subpart L.

b. **Conflict with other Provisions:** In the event of any conflict between this provision and any other provisions included in Part C of the HAP contract, this provision shall prevail.

c. **Effect on Other Protections:** Nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, sexual assault, or stalking.

- d. **Definition:** As used in this Section, the terms “actual and imminent threat,” “affiliated individual”, “bifurcate”, “dating violence,” “domestic violence,” “sexual assault,” and “stalking” are defined in HUD’s regulations at 24 CFR part 5, subpart L. The terms “Household” and “Other Person Under the Tenant’s Control” are defined at 24 CFR part 5, subpart A.
- e. **VAWA Notice and Certification Form:** The PHA shall provide the tenant with the “Notice of Occupancy Rights under VAWA and the certification form described under 24 CFR 5.2005(a)(1) and (2).
- f. **Protection for victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking:**
- (1) The landlord or the PHA will not deny admission to, deny assistance under, terminate from participation in, or evict the Tenant on the basis of or as a direct result of the fact that the Tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the Tenant otherwise qualifies for admission, assistance, participation, or occupancy. 24 CFR 5.2005(b)(1).
 - (2) The tenant shall not be denied tenancy or occupancy rights solely on the basis of criminal activity engaged in by a member of the Tenant’s Household or any guest or Other Person Under the Tenant’s Control, if the criminal activity is directly related to domestic violence, dating violence, sexual assault, or stalking, and the Tenant or an Affiliated Individual of the Tenant is the victim or the threatened victim of domestic violence, dating violence, sexual assault, or stalking. 24 CFR 5.2005(b)(2).
 - (3) An incident or incidents of actual or threatened domestic violence, dating violence, sexual assault or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of the incident. Nor shall it not be construed as other “good cause” for termination of the lease, tenancy, or occupancy rights of such a victim or threatened victim. 24 CFR 5.2005(c)(1) and (c)(2).
- g. **Compliance with Court Orders:** Nothing in this Addendum will limit the authority of the landlord, when notified by a court order, to comply with the court order with respect to the rights of access or control of property (including civil protection orders issued to protect a victim of domestic violence, dating violence, sexual assault, or stalking) or with respect to the distribution or possession of property among members of the Tenant’s Household. 24 CFR 5.2005(d)(1).
- h. **Violations Not Premised on Domestic Violence, Dating Violence, Sexual Assault, or Stalking:** Nothing in this section shall be construed to limit any otherwise available authority of the Landlord to evict or the public housing authority to terminate the assistance of a Tenant for any violation not premised on an act of domestic violence, dating violence, sexual assault, or stalking that is in question against the Tenant or an Affiliated Individual of the Tenant. However, the Landlord or the PHA will not subject the tenant, who is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, to a more demanding standard than other tenants in determining whether to evict or terminate assistance. 24 CFR 5.2005(d)(2).
- i. **Actual and Imminent Threats:**
- (1) Nothing in this section will be construed to limit the authority of the Landlord to evict the Tenant if the Landlord can demonstrate that an “actual and imminent threat” to other tenants or those employed at or providing service to the property would be present if the Tenant or lawful occupant is not evicted. In this context, words, gestures, actions, or other indicators will be construed as an actual and imminent threat if they meet the following standards for an actual and imminent threat: “Actual and imminent threat” refers to a physical danger that is real, would occur within an immediate time frame, and could result in death or serious bodily harm. In determining whether an individual would pose an actual and imminent threat, the factors to be considered include: the duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the length of time before the potential harm would occur. 24 CFR 5.2005(d)(3).
 - (2) If an actual and imminent threat is demonstrated, eviction should be used only when there are no other actions that could be taken to reduce or eliminate the threat, including, but not limited to, transferring the victim to a different unit, barring the perpetrator from the property, contacting law enforcement to increase police presence, developing other plans to keep the property safe, or seeking other legal remedies to prevent the perpetrator from acting on a threat. Restrictions predicated on public safety cannot be based on stereotypes, but must be tailored to particularized concerns about individual residents. 24 CFR 5.2005(d)(4).
- j. **Emergency Transfer:** A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking may request an emergency transfer in accordance with the PHA’s emergency transfer plan. 24 CFR 5.2005(e). The PHA’s emergency transfer plan must be made available upon request, and incorporate strict confidentiality measures to ensure that the PHA does not disclose a tenant’s dwelling unit location to a person who committed or threatened to commit an act of domestic violence, dating violence, sexual assault, or stalking against the tenant;
- For transfers in which the tenant would not be considered a new applicant, the PHA must ensure that a request for an emergency transfer receives, at a minimum, any applicable additional priority that is already provided to other types of emergency transfer requests. For transfers in which the tenant would be considered a new applicant, the plan must include policies for assisting a tenant with this transfer.
- k. **Bifurcation:** Subject to any lease termination requirements or procedures prescribed by Federal, State, or local law, if any member of the Tenant’s Household engages in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking, the Landlord may “bifurcate” the Lease, or remove that Household member from the Lease, without regard to whether that Household member is a signatory to the Lease, in order to evict, remove, or terminate the occupancy rights of that Household member without evicting, removing, or otherwise penalizing the victim of the criminal activity who is also a tenant or lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by Federal, State, and local law for the termination of leases or assistance under the housing choice voucher program. 24 CFR 5.2009(a).

If the Landlord bifurcates the Lease to evict, remove, or terminate assistance to a household member, and that household member is the sole tenant eligible to receive assistance, the landlord shall provide any remaining tenants or residents a period of 30 calendar days from the date of bifurcation of the lease to:

- (1) Establish eligibility for the same covered housing program under which the evicted or terminated tenant was the recipient of assistance at the time of bifurcation of the lease;
 - (2) Establish eligibility under another covered housing program; or
 - (3) Find alternative housing.
- l. **Family Break-up:** If the family break-up results from an occurrence of domestic violence, dating violence, sexual assault, or stalking, the PHA must ensure that the victim retains assistance. 24 CFR 982.315.
- m. **Move with Continued Assistance:** The public housing agency may not terminate assistance to a family or member of the family that moves out of a unit in violation of the lease, with or without prior notification to the public housing agency if such a move occurred to protect the health or safety of a family member who is or has been a victim of domestic violence, dating violence, sexual assault, or stalking; and who reasonably believed they were imminently threatened by harm from further violence if they remained in the dwelling unit, or if any family member has been the victim of sexual assault that occurred on the premises during the 90-calendar-day period preceding the family's request to move.
- (1) The move is needed to protect the health or safety of the family or family member who is or has been a victim of domestic violence dating violence, sexual assault or stalking; and
 - (2) The family or member of the family reasonably believes that he or she was threatened with imminent harm from further violence if he or she remained in the dwelling unit. However, any family member that has been the victim of a sexual assault that occurred on the premises during the 90-calendar day period preceding the family's move or request to move is not required to believe that he or she was threatened with imminent harm from further violence if he or she remained in the dwelling unit. 24 CFR 982.354.
- n. **Confidentiality.**
- (1) The Landlord shall maintain in strict confidence any information the Tenant (or someone acting on behalf of the Tenant) submits to the Landlord concerning incidents of domestic violence, dating violence, sexual assault or stalking, including the fact that the tenant is a victim of domestic violence, dating violence, sexual assault, or stalking.
 - (2) The Landlord shall not allow any individual administering assistance on its behalf, or any persons within its employ, to have access to confidential information unless explicitly authorized by the Landlord for reasons that specifically call for these individuals to have access to the information pursuant to applicable Federal, State, or local law.
 - (3) The Landlord shall not enter confidential information into any shared database or disclose such information to any other entity or individual, except to the extent that the disclosure is requested or consented to in writing by the individual in a time-limited release; required for use in an eviction proceeding; or is required by applicable law.

10. Eviction by court action

The owner may only evict the tenant by a court action.

11. Owner notice of grounds

- a. At or before the beginning of a court action to evict the tenant, the owner must give the tenant a notice that specifies the grounds for termination of tenancy. The notice may be included in or combined with any owner eviction notice.
- b. The owner must give the PHA a copy of any owner eviction notice at the same time the owner notifies the tenant.
- c. Eviction notice means a notice to vacate, or a complaint or other initial pleading used to begin an eviction action under State or local law.

12. Lease: Relation to HAP Contract

If the HAP contract terminates for any reason, the lease terminates automatically.

13. PHA Termination of Assistance

The PHA may terminate program assistance for the family for any grounds authorized in accordance with HUD requirements. If the PHA terminates program assistance for the family, the lease terminates automatically.

14. Family Move Out

The tenant must notify the PHA and the owner before the family moves out of the unit.

15. Security Deposit

- a. The owner may collect a security deposit from the tenant. (However, the PHA may prohibit the owner from collecting a security deposit in excess of private market practice, or in excess of amounts charged by the owner to unassisted tenants. Any such PHA-required restriction must be specified in the HAP contract.)
- b. When the family moves out of the contract unit, the owner, subject to State and local law, may use the security deposit, including any interest on the deposit, as reimbursement for any unpaid rent payable by the tenant, any damages to the unit or any other amounts that the tenant owes under the lease.
- c. The owner must give the tenant a list of all items charged against the security deposit, and the amount of each item. After deducting the amount, if any, used to reimburse the owner, the owner must promptly refund the full amount of the unused balance to the tenant.
- d. If the security deposit is not sufficient to cover amounts the tenant owes under the lease, the owner may collect the balance from the tenant.

16. Prohibition of Discrimination

In accordance with applicable equal opportunity statutes, Executive Orders, and regulations, the owner must not discriminate against any person because of race, color, religion, sex, national origin, age, familial status or disability in connection with the lease. Eligibility for HUD's programs must be made without regard to actual or perceived sexual orientation, gender identity, or marital status.

17. Conflict with Other Provisions of Lease

- a. The terms of the tenancy addendum are prescribed by HUD in accordance with Federal law and regulation, as a condition for Federal assistance to the tenant and tenant's family under the Section 8 voucher program.
- b. In case of any conflict between the provisions of the tenancy addendum as required by HUD, and any other provisions of the lease or any other agreement between the owner and the tenant, the requirements of the HUD-required tenancy addendum shall control.

18. Changes in Lease or Rent

- a. The tenant and the owner may not make any change in the tenancy addendum. However, if the tenant and the owner agree to any other changes in the lease, such changes must be in writing, and the owner must immediately give the PHA a copy of such changes. The lease, including any changes, must be in accordance with the requirements of the tenancy addendum.
- b. In the following cases, tenant-based assistance shall not be continued unless the PHA has approved a new tenancy in accordance with program requirements and has executed a new HAP contract with the owner:
 - (1) If there are any changes in lease requirements governing tenant or owner responsibilities for utilities or appliances;
 - (2) If there are any changes in lease provisions governing the term of the lease;
 - (3) If the family moves to a new unit, even if the unit is in the same building or complex.
- c. PHA approval of the tenancy, and execution of a new HAP contract, are not required for agreed changes in the lease other than as specified in paragraph b.
- d. The owner must notify the PHA of any changes in the amount of the rent to owner at least sixty days before any such changes go into effect, and the amount of the rent to owner following any such agreed change may not exceed the reasonable rent for the unit as most recently determined or redetermined by the PHA in accordance with HUD requirements.

19. Notices

Any notice under the lease by the tenant to the owner or by the owner to the tenant must be in writing.

20. Definitions

Contract unit. The housing unit rented by the tenant with assistance under the program.

Family. The persons who may reside in the unit with assistance under the program.

HAP contract. The housing assistance payments contract between the PHA and the owner. The PHA pays housing assistance payments to the owner in accordance with the HAP contract.

Household. The persons who may reside in the contract unit. The household consists of the family and any PHA-approved live-in aide. (A live-in aide is a person who resides in the unit to provide necessary supportive services for a member of the family who is a person with disabilities.)

Housing quality standards (HQS). The HUD minimum quality standards for housing assisted under the Section 8 tenant-based programs.

HUD. The U.S. Department of Housing and Urban Development.

HUD requirements. HUD requirements for the Section 8 program. HUD requirements are issued by HUD headquarters, as regulations, Federal Register notices or other binding program directives.

Lease. The written agreement between the owner and the tenant for the lease of the contract unit to the tenant. The lease includes the tenancy addendum prescribed by HUD.

PHA. Public Housing Agency.

Premises. The building or complex in which the contract unit is located, including common areas and grounds.

Program. The Section 8 housing choice voucher program.

Rent to owner. The total monthly rent payable to the owner for the contract unit. The rent to owner is the sum of the portion of rent payable by the tenant plus the PHA housing assistance payment to the owner.

Section 8. Section 8 of the United States Housing Act of 1937 (42 United States Code 1437f).

Tenant. The family member (or members) who leases the unit from the owner.

Voucher program. The Section 8 housing choice voucher program. Under this program, HUD provides funds to a PHA for rent subsidy on behalf of eligible families. The tenancy under the lease will be assisted with rent subsidy for a tenancy under the voucher program.