

**HOUSING AUTHORITY OF
THE CITY OF ELKHART**
1396 BENHAM AVENUE ELKHART, IN 46516

EST. 1962



**HOUSING CHOICE VOUCHER
PROGRAM (SECTION 8)**

BRIEFING BOOK

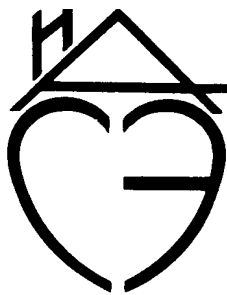
*Building Partnerships, Creating Opportunities,
Changing Lives... The Housing Choice Voucher Team*



The mission of the Elkhart Housing Authority is to provide safe, desirable and affordable housing with superior services to eligible members of the Elkhart Community while maintaining an environment that encourages self-sufficiency.

HOUSING AUTHORITY CITY OF ELKHART

Housing Choice Voucher Program



1396 Benham Avenue
Elkhart, Indiana 46516

www.ehai.org

Phone 574-295-8393
Fax 574-293-0580



Dear Housing Choice Voucher Applicant/Participant:

Welcome to the Elkhart Housing Authority. The Housing Choice Voucher Program is designed to give eligible participating families the financial resources necessary to rent available and affordable private market houses or apartments.

This booklet has been prepared to give you the information that is necessary to successfully participate in the HCV Program. The staff of the HCV Department is committed to providing you the best available service in accordance with all applicable rules and regulations.

It is necessary that you pay close attention to this booklet and the Housing Authority staff. There are many things that you must know to be a successful HCV Program participant. If there are any questions, please contact the appropriate staff person.

The Elkhart Housing Authority's mission is to provide services to all eligible members of our community. If you or anyone is a person with disabilities and require a specific accommodation in order to fully utilize our programs and services, please contact our staff at 295-8392 and we will accommodate all approvable requests. We are very interested in your success.

Sincerely,

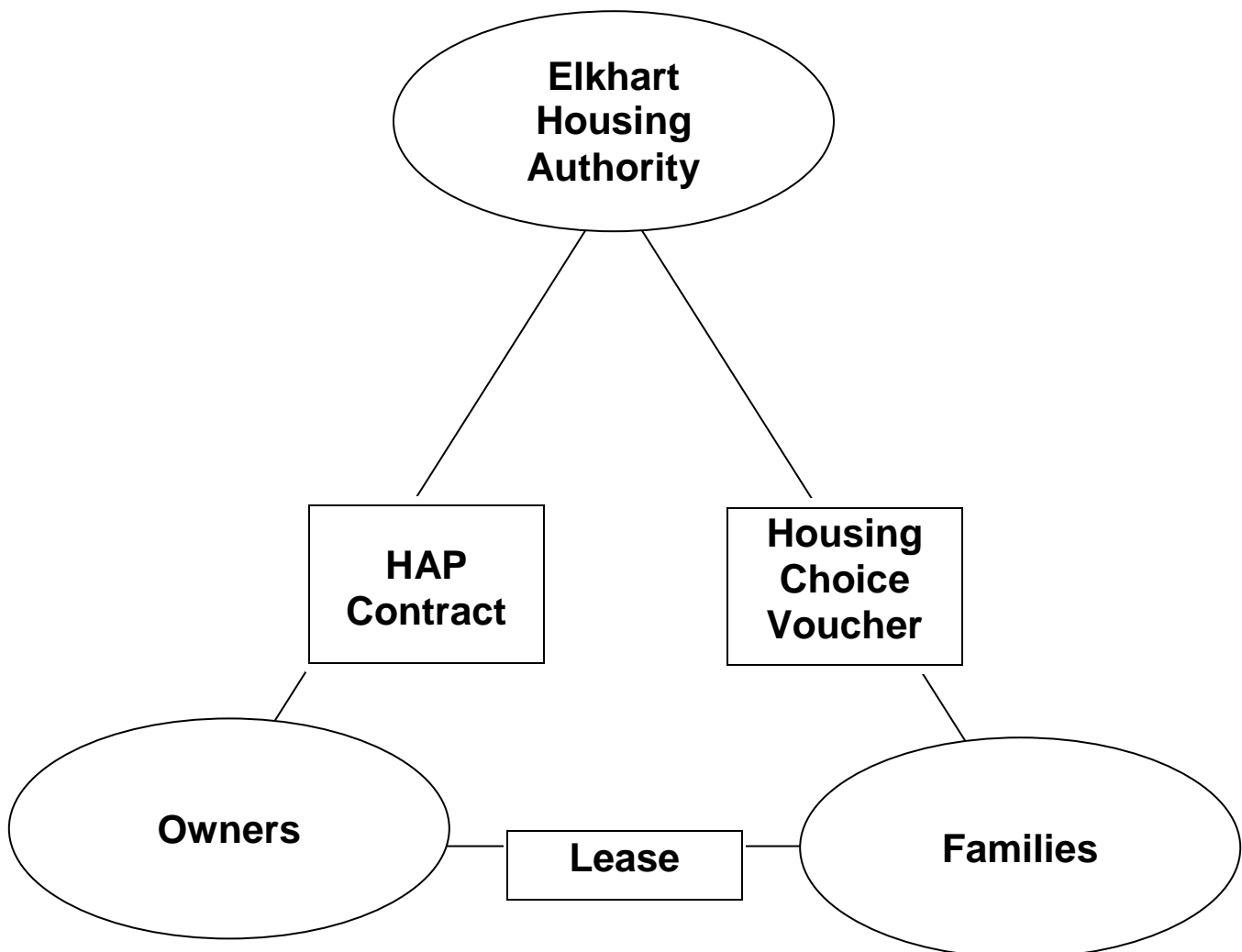
Christine Tack
Director of Housing Choice Voucher Program

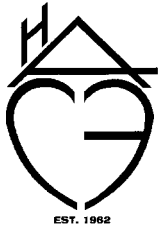
Table of Contents

Table of Contents	3
Staffing	5
I. How The Program Works	6
II. Family Responsibilities	8
III. Owner Responsibilities	11
IV. Maintenance Process	11
V. Terms of the Housing Choice Voucher	12
VI. Subsidy Standards	14
VII. How the Maximum Rent is Determined	16
VIII. Things to Consider When Choosing a Rental Unit	19
IX. Portability	20
X. Violence Against Women Act (VAWA) & Limited English Proficiency (LEP)	21
XI. How to Request Approval to Lease a Unit	23
XII. Housing Quality Standards	24
XIII. Providing Information to Prospective Owners	24
XIV. Information on Federal, State & Local Equal Opportunity Laws	25
XV. Landlord Referrals	31
XVI. Grounds for Termination of Assistance	31
XVII. Informal Hearing/Review Procedures	34
XVIII. Family Self Sufficiency Program	35
XIX. Homeownership	36
XX. Additional Forms And Guidance	37
i. A Good Place To Live	
ii. Housing Discrimination Brochure	
iii. Census Tracts	
iv. Portability Contacts	
v. Tenancy Addendum	
vi. Lead Paint Brochure	
vii. Think about this...Is Fraud Worth It?	
viii. Things You Should Know	
ix. Reporting Fraud	
x. Debts Owed to Public Housing Agencies and Terminations (HUD 52675)	
xi. EIV & You	
xii. VAWA Occupancy Rights & Form	
xiii. Applicant Participant Certification	
xiv. Outgoing Portability Request	

- xv. **Unit Transfer Request**.....
- xvi. **Personal Declaration for Intake & Annual Certifications**.....
- xvii. **Release of Information HUD 9886**
- xviii. **General Release of Information**
- xix. **Debts Owed to Public Housing Agencies & Terminations HUD 52675**
- xx. **Child Support Release**
- xxi. **Supplement to Application for Federally Assisted Housing HUD 92006**.....
- xxii. **Personal Declaration for Reporting Interim Changes**.....
- xxiii. **Voluntary Withdrawal**.....
- xxiv. **Good Neighborhoods Help Low Income Children Succeed**.....
- xxv. **Briefing Certification**.....

The Housing Choice Voucher Program is a partnership between the Elkhart Housing Authority, Owners and Participants. This picture identifies our relationships and defines our roles.





Housing Authority of the City of Elkhart

Housing Choice Voucher Program

The Elkhart Housing Authority staff is here to help applicant and participant families. Our HCV staff includes:

Director of HCV Program	ext. 219
HCV Senior Specialist	233
HCV Annual Certification Specialist	225
HCV Inspector & Move-ins	240
HCV Family Self Sufficiency Specialist	218
Public Housing Self Sufficiency Specialist	218
HCV Intake Specialist	222

General Information

The mailing address is: Elkhart Housing Authority
1396 Benham Ave.
Elkhart, IN 46516

You may reach your housing specialist Monday through Friday from 8:00 a.m. until 4:30 p.m. at (574) 295-8392. You may fax information to (574) 293-0580. It is required that you call ahead to make an appointment prior to coming into the Elkhart Housing Authority office. We thank you for your understanding and welcome you to the Housing Choice Voucher Program.

I. HOW THE PROGRAM WORKS

24 CFR 982.301 (a) (1) (i)

Assistance in the HCV Housing Program is based on a family's income, assets and deductions. To be determined eligible for admission, the family's gross income must not exceed the very low category.

Income Limits Effective 2020

Family Size	One	Two	Three	Four	Five	Six	Seven	Eight
Very Low-Income	\$24600	\$28100	\$31600	\$35100	\$37950	\$40750	\$43550	\$46350
Extremely Low-Income	\$14750	\$17240	\$21720	\$26200	\$30680	\$35160	\$39640	\$44120

The HCV Program, unlike other Federal programs, is not an entitlement. Housing Assistance is limited by the amount of funding appropriated by Congress. The Elkhart Housing Authority (EHA) follows all Department of Housing and Urban Development (HUD) regulations and applies them equally to all applicants and participants. The following steps list the process that an applicant follows before receiving assistance:

- A. **Pre-application:** The family submits a pre-application. The pre-application has less information than the full application, but is enough to determine preliminary eligibility and placement on the waiting list. Pre-application information is not verified.
- B. **Waiting List:** EHA evaluates each application. If eligible, the applicant is placed on the waiting list. Applicants are placed on the list based on the date and time the application is received by EHA and according to approved local preferences.
- C. **Final Eligibility:** When EHA has adequate funding to assist the next person on the waiting list, an Application Briefing is scheduled. The family completes a full application, fills out verification forms, and signs required documents. EHA verifies the information provided on the application and determines if the family has any local preference(s).
- D. **Voucher Issuance:** If there is adequate funding a Housing Choice Voucher is offered to the applicant. The family will attend a Briefing where the leasing process is explained. The applicant has 60 calendar days to find a rental unit. An additional 30 days will be provided if a Request for Tenancy Approval is not submitted. The applicant must submit a written request with explanation if the final 30 day extension is needed.
- E. **Request for Tenancy Approval:** When the applicant finds a rental unit, they meet with the owner. The applicant must have the owner fill out a Request for Tenancy Approval; an Owner Certification with a copy of either the recorded deed or tax record (this is not necessary for an apartment complex); and both parties must complete a Housing Assistance Payments Contract worksheet. The security deposit is negotiated between the applicant and owner.
- F. **Rent Reasonableness Determination:** After EHA receives the Request for Tenancy Approval, it is determined if the rent is comparable to rents for similar units in the area. If not comparable, we will negotiate with the owner.

If the rent is not reasonable, a new Request for Tenancy Approval will be provided to the applicant to continue their search for a unit.

- G. **Housing Quality Standards Inspection:** Our Housing Quality Standards Inspectors will conduct an inspection according to Housing Quality Standards and approved local policy. EHA provides a report of the inspection to the owner and a specified time to make repairs if necessary. All failed items must be repaired before entering into a Housing Assistance Payments Contract. If the owner does not make the required repairs, or the rent is not reasonable, we will disapprove the unit.
- H. **Approval and Execution:** If everything is approved, documents are executed. The owner and family execute the lease and the owner and EHA execute the Housing Assistance Payments Contract (HAP). HCV Assistance begins on the effective date stated in the lease and contract.
- I. **Recertification:** The family is recertified at least once annually. Notice of the recertification is sent at least 120 days before the anniversary date. EHA re-determines the family's income, assets and deductions. The owner is given the opportunity to increase the rent, and another Housing Quality Standards inspection is conducted.
- J. **Rent Increases:** In the Housing Choice Voucher Program, owners notify EHA and the tenant of a rent increase. EHA evaluates the new rent for rent reasonableness then recalculates the Housing Choice Voucher Subsidy and Total Tenant Payment (TTP).
- K. **Moves:** If you are interested in moving from your current assisted unit, you will need to obtain a Unit Transfer request at the front desk of the office or online at ehai.org. The Elkhart Housing Authority prohibits more than one move in any 12-month period. In addition, you should review your lease to assure that you have met all lease requirements necessary to move. It is essential that you are approved for the move so that you may be issued a new Housing Choice Voucher when you look for another unit. DO NOT MOVE from your unit until approval has been granted by the EHA. All requests to move MUST be made in writing at least 30 days in advance. Failure to provide notice to move is a serious program violation and results in termination of assistance.
- L. **Interim Activities:** When changes to Income and Family Composition occur between Annual Recertification, adjustments to rent or other changes will be made when the change is verified.

Who are the partners responsible for the success of the Housing Choice Voucher (HCV) Program?

- a) Owner
- b) Family
- c) EHA
- d) All of the above

II. FAMILY RESPONSIBILITIES

24 CFR 982.301 (a) (1) (ii), 982.301 (b) (13) and 982.551

A. Obligations of the participant(s):

1. Supplying Required Information

a) The family must supply any information that EHA and HUD determine is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status. "Information includes any requested certification, release or other documentation." **Documentation must be provided within 10 business days.**

b) The family must supply any information requested by EHA or HUD for use in regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements. **Documentation must be provided within 10 business days.**

c) The family must disclose and verify social security numbers, and must sign and submit consent forms for obtaining information.

d) Any information supplied by the family must be true and complete.

2. Housing Quality Standards (HQS) Breach Caused by the Family

The Family is responsible for any HQS breach caused by the family.

3. Allowing an Inspection

The family must allow EHA to inspect the unit at reasonable times and after reasonable notice.

4. Violation of Lease

The family may not commit any serious or repeated violation of the lease.

5. Family Notice of Move or Lease Termination

The family must notify EHA and the owner in writing at least 30 days before the family moves out of the unit, or terminates the lease on notice to the owner.

6. Owner Eviction Notice

The family must promptly give EHA a copy of any owner eviction notice. **Promptly is defined as "within 10 business days."**

7. Use and Occupancy of the Unit

a) The family must use the assisted unit for the residence by the family. The unit must be the family's only residence.

b) The composition of the assisted family residing in the unit must be approved by EHA. The family must promptly inform EHA **[in writing and within 30 days]** of the birth, adoption, foster child placement or court-awarded custody of a child. The family must request EHA's approval to add any other household member as an occupant of the unit.

c) The family must promptly notify EHA **in writing and within 30 days** if any household member no longer resides in the unit. Documentation may be required to determine that the member is no longer residing in the household.

d) If EHA has given approval, a foster child or live in aide may reside in the unit. The family must notify EHA when children move in or out of the unit **in writing and within 30 days** of the change in household composition.

e) Members of the household may engage in legal profit-making activities in the unit, but only if such activities are incidental to primary use of the unit.

f) The family must not sublease or sub-let the unit.

g) The family must not assign the lease or transfer the unit.

8. Absence from Unit

The family must supply any information or certification requested by EHA to verify absence from the unit. If the entire family is absent from the unit for an extended period of time without providing notification the unit may be considered to be vacated and the assistance terminated.

9. Interest in Unit

The family must not own or have any interest in the unit. This does not apply if you have purchased a home under the EHA Homeownership Program.

10. Fraud and Other Program Violations

The members of the family must not commit fraud, bribery or any other corrupt act in connection with the programs.

11. Crime by Family Members

The members of the family may not engage in drug-related criminal activity, or violent criminal activity.

12. Other Housing Assistance

An assisted family, or members of the household, may not receive HCV tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative Federal, State or local housing assistance program.

B. Family Responsibilities

The Elkhart Housing Authority expects participants in the HCV Housing Program to abide by all Federal and local requirements. The following is a list of responsibilities for participating families.

1. The family must:

a) Report all income, assets and expenses accurately when applying for HCV assistance and every year that you receive assistance.

b) Report all increases in income, and assets **in writing within 60** days of the change.

c) Notify EHA **in writing and within 10 days** when a person moves into the assisted unit that is not listed on the application for assistance. EHA approval is required before the new member moves into the unit, except for court awarded custody (not foster child placement) and birth of a child.

The PHA will not approve the addition of a foster child or foster adult if it will cause a violation of HQS space standards.

Families must request PHA approval to add a new family member, live in aide, foster child, or foster adult. This includes any person not on the lease who is expected to stay in the unit for more than 30 consecutive days or 90 cumulative days within a 12-month period and therefore no longer qualifies as a guest. Requests must be made in writing and approved by the PHA.

d) Notify EHA **in writing and within 10 business days** when a household member no longer resides in the unit.

e) With prior written request and approval, families may have a visitor no more than 30 consecutive days or 90 cumulative days within a 12 month period.

An individual living in the unit without approval from the HCV Program is considered an unauthorized occupant and termination proceedings are warranted.

If the HCV program approves a guest to stay and the landlord does not, the guest cannot stay.

f) Absence from the unit for more than seven days you must notify EHA in writing of how long you are going to be gone and why you are going to be gone so that your assistance is not mistakenly terminated while absent from the unit.

g) Maintain the assisted unit in a sanitary manner. Damage beyond normal wear and tear may result in termination of assistance.

h) Insure that smoke detectors are present and operational at all times. If a smoke detector is broken, the landlord and EHA must be notified immediately. The landlord is responsible for installing and maintaining smoke detectors. Participants must ensure that batteries are not removed and replace batteries as needed.

If you are hearing impaired and require a special smoke detector as a reasonable accommodation please submit a request in writing to the landlord/owner and provide a copy to the Inspector.

2. The family understands:

a) EHA must conduct annual re-certifications. This process starts 120 days prior to the month and day of the new admission, unit transfer or last annual review. Inspections may occur approximately every 10 months and no less than once every 2 years due to the reporting requirement to HUD.

b) Failure to report income, assets and expenses, or changes to income, assets and expenses could result in termination from the HCV Housing Program or result in repayment.

III. OWNER RESPONSIBILITIES

24 CFR 982.301 (a) (1) (i) and 24 CFR 982.452

The owner is responsible for performing all of the owner's obligations under the Housing Assistance Payments Contract and the lease. In addition to the obligations contained in the lease and contract, the owner is responsible for:

- A. Performing all management and rental functions for the assisted unit, including selecting a voucher holder to lease the unit and deciding if the family is suitable for tenancy of the unit.
- B. Maintaining the unit in accordance with Housing Quality Standards at all times.
- C. Performance of ordinary and extraordinary maintenance.
- D. Complying with equal opportunity requirements.
- E. Preparing and furnishing to the Elkhart Housing Authority information required under the Housing Assistance Payments contract.
- F. Collecting from the family:
 - 1. Any security deposit.
 - 2. The tenant contribution (the part of rent to owner not covered by the housing assistance payment).
 - 3. Any charges for unit damage by the family.
- G. Enforcing tenant obligations under the lease.
- H. Paying for utilities and services (unless paid by the family under the lease).
- I. Making provisions or modifications to a dwelling unit occupied or to be occupied by a disabled person.

IV. MAINTENANCE PROCESS

24 CFR 982.452

During the course of your lease, it is possible that you will experience some maintenance problems. If you experience maintenance problems please follow the following steps:

- A. **Routine Maintenance**
Examples Include: leaky faucets, light bulbs out, non-essential appliance inoperable (i.e. dishwasher, disposal, etc.)
 - 1. Call the owner, manager or maintenance office. Follow up with a letter.
 - 2. Report your problem. Try to clearly describe the problem to avoid delays.
 - 3. Allow up to 2 weeks for the repairs to be made.

B. **Emergency Maintenance**

Examples Include: no heat, no hot water, water leaks, broken glass, owner supplied utilities, etc.

1. Call the owner, manager or maintenance office. Follow up with a letter.
2. Report your problem. Try to clearly describe the problem to avoid delays.
3. Allow up to 24 hours for the repairs to be made.

When you follow the steps above and the owner still has not made the repairs, contact the EHA inspector to request a special inspection. **You will need to provide a copy of your letter to the owner at the time we schedule a complaint inspection.**

****EHA is prohibited from performing any maintenance in a private market rental unit.***

REMEMBER: The owner can hold you financially responsible for damages that exceed normal wear and tear.

V. TERM OF THE HOUSING CHOICE VOUCHER

24 CFR 982.301 (b) (1) and 982.303

A. **Initial Term**

The initial term of a Housing Choice Voucher is 60 days.

B. **Extensions of the Initial Term**

The initial voucher is issued for 60 days with one allowable 60 day extension which must be requested in writing prior to the expiration date of the voucher.

“The PHA will approve additional extensions only in the following circumstances:

- It is necessary as a reasonable accommodation for a person with disabilities. It is necessary due to reasons beyond the family’s control, as determined by the PHA. Following is a list of extenuating circumstances that the PHA may consider in making its decision. The presence of these circumstances does not guarantee that an extension will be granted:
 - Serious illness or death in the family
 - Other family emergency
 - Obstacles due to employment
 - Whether the family has already submitted requests for tenancy approval that were not approved by the PHA
 - Whether family size or other special circumstances make it difficult to find a suitable unit: ***A special circumstance may include additional time needed as client may be on waiting lists due to limited unit availability.***

Any request for an additional extension **must include the reason(s) an additional extension is necessary.** The PHA may require the family to provide documentation to support the request or obtain verification from a qualified third party.

All requests for extensions to the voucher term must be made in writing and submitted to the PHA prior to the expiration date of the voucher (or extended term of the voucher).

The PHA will decide whether to approve or deny an extension request within 10 business days of the date the request is received, and will immediately provide the family written notice of its decision. The PHA's decision to deny a request for an extension of the voucher term is not subject to informal review. (24 CFR 982.554©(4)). No more than two 30 day extensions will be provided.

If a Request for Tenancy Approval is submitted and the unit fails to pass the inspection or does not qualify for the HCV Program tolling time may be provided. This will be calculated from the date the RFTA was received to the date the unit is determined ineligible. The number of days will be added to the voucher expiration date.

C. Progress Report by the Family

Before granting an extension, the family should track their progress in leasing a unit. Each time you contact someone regarding a rental unit, write it down. If your Housing Choice Voucher is going to expire, and you have not made contact with landlords, your Housing Choice Voucher will expire and you will have to reapply for assistance.

E. Families Moving from One Assisted Unit to Another

Only one voucher per year will be issued and client must comply with all program rules.

Participants with current Voucher assistance through EHA, or are currently receiving any form of continued housing assistance through EHA, another PHA or a Section 8 Project based program, are required to enter into a lease agreement on the 1st day or the 1st business day of the month.

EHA shall not make subsidy payments on behalf of the same family to both the former and the new landlord when a family moves mid-month. EHA may make exceptions to allow a move other than the 1st of the month, for good cause, depending on the reasons for a move before the end of the month.

Elkhart Housing Authority Housing Choice Voucher Participants

Participants must provide a 45 day notice to the landlord and Elkhart Housing Authority before a move will be allowed. This notice must be received no later than the first of the month with the unit to be vacated by the last day of the month. This is applicable to participants who have chosen to enter into the Elkhart Housing Authority Public Housing Program.

The Housing Assistance Payment will be terminated on the date the client stated to the PHA that they are to be out of the unit. If extenuating circumstances exist the client and the landlord must contact the HCV Program in writing asking that the HAP Contract be extended with the move out date.

It is the responsibility of the landlord and the participant to ensure that they have moved out and turned in the unit keys. The Elkhart Housing Authority cannot pay any additional HAP for a partial month of residency once a new lease has been entered into by the participant.

VI. SUBSIDY STANDARDS

24 CFR 982.301(b) (8), 982.54(d) (9), and 982.402

A. DETERMINING FAMILY UNIT SIZE

For each family, the PHA determines the appropriate number of bedrooms under the PHA subsidy standards and enters the family unit size on the voucher that is issued to the family. The family unit size does not dictate the size of unit the family must actually lease, nor does it determine who within a household will share a bedroom/sleeping room.

The following requirements apply when the PHA determines family unit size:

- The subsidy standards must provide for the smallest number of bedrooms needed to house a family without overcrowding.
- The subsidy standards must be consistent with space requirements under the housing quality standards.
- The subsidy standards must be applied consistently for all families of like size and composition.
- A child who is temporarily away from the home because of placement in foster care is considered a member of the family in determining the family unit size.
- A family that consists of a pregnant woman (with no other persons) must be treated as a two-person family.
- Any live-in aide (approved by the PHA to reside in the unit to care for a family member who is disabled or is at least 50 years of age) must be counted in determining the family unit size;
- Unless a live-in-aide resides with a family, the family unit size for any family consisting of a single person must be either a zero- or one-bedroom unit, as determined under the PHA subsidy standards.

The PHA will assign one bedroom for each two persons within the household, except in the following circumstances:

- Persons of the opposite sex (other than spouses and children under the age of 5) will be allocated separate bedrooms.
- Live-in aides will be allocated a separate bedroom.
- Single person families will be allocated one bedroom.
- Persons of a different generation may be allocated separate bedrooms (other than spouses and children under age five).
- Foster children will be included in determining unit size only if they have been approved for occupancy by the HCV Program and will be in the unit for more than 9 months.

The PHA will reference the following chart in determining the appropriate voucher size for a family:

Voucher Size	Persons in Household (Minimum – Maximum)
1 Bedroom	1-2
2 Bedrooms	2-4
3 Bedrooms	3-6
4 Bedrooms	4-8
5 Bedrooms	6-10

B. EXCEPTIONS TO SUBSIDY STANDARDS

In determining family unit size for a particular family, the PHA may grant an exception to its established subsidy standards if the PHA determines that the exception is justified by the age, sex, health, handicap, or relationship of family members or other personal circumstances [24 CFR 982.402(b)(8)]. Reasons may include, but are not limited to:

- A need for an additional bedroom for medical equipment
- A need for a separate bedroom for reasons related to a family member's disability, medical or health condition

For a single person who is not elderly, disabled, or a remaining family member, an exception cannot override the regulatory limit of a zero or one bedroom [24 CFR 982.402(b)(8)].

PHA Policy

The PHA will consider granting an exception for any of the reasons specified in the regulation: the age, sex, health, handicap, or relationship of family members or other personal circumstances.

The family must request any exception to the subsidy standards in writing. The request must explain the need or justification for a larger family unit size, and must include appropriate documentation. Requests based on health-related reasons must be verified by a knowledgeable professional source (e.g., doctor or health professional), unless the disability and the disability-related request for accommodation is readily apparent or otherwise known. **The family's continued need for an additional bedroom due to special medical equipment must be re-verified at annual reexamination.**

The PHA will notify the family of its determination within 10 business days of receiving the family's request. If a participant family's request is denied, the notice will inform the family of their right to request an informal hearing.

D. **CHANGES FOR APPLICANTS**

The voucher size is determined prior to the briefing by comparing the family composition to the subsidy standards. If an applicant requires a change in the voucher size, the above reference guidelines will apply. No changes will be made to the voucher size until the applicant leases up and an approvable change occurs.

E. **CHANGES FOR PARTICIPANTS**

The Elkhart Housing Authority must approve the members of the family residing in the unit. The family must obtain approval of any additional family member before the new member occupies the unit except for additions by birth, adoption or court-awarded custody, in which case the family must inform the Elkhart Housing Authority within 10 working days. The above referenced guidelines will apply.

F. **UNDERHOUSED AND OVERHOUSED FAMILIES**

If a unit does not meet HQS space standards due to an increase in family size, (unit too small), the Elkhart Housing Authority will issue a new voucher and assist the family in locating a suitable unit.

G. **UNIT SIZE SELECTED**

The family may select a different size dwelling than that listed on the voucher. There are three criteria to consider:

1. **Subsidy Limitation:** The Housing Authority will apply the Payment Standard for the smaller of (1) the bedroom size shown on the voucher or (2) the size of the actual unit selected by the family.
2. **Utility Allowance:** The utility allowance used to calculate the gross rent is based on the lower of: the voucher size or the actual size of the unit the family selects.
3. **Housing Quality Standards:** The standards allow two persons per living/sleeping room and permit maximum occupancy levels (assuming a living room is used as a living/sleeping area) as shown in the table below. The levels may be exceeded if a room in addition to bedrooms and living room is used for sleeping.

HQS GUIDELINES FOR UNIT SIZE SELECTED

	<u>Maximum # in Household</u>
0 Bedroom	1
1 Bedroom	4
2 Bedrooms	6
3 Bedrooms	8
4 Bedrooms	10
5 Bedrooms	12
6 Bedrooms	14

VII. HOW THE MAXIMUM RENT IS DETERMINED

24 CFR 982.301 (b) (2) and 982.505

The rent limit, Fair Market Rent (FMR), is established by Congress, and includes the cost of rent, utilities (excluding telephone and cable television), range and refrigerator. The FMR is adjusted annually. Housing Choice Vouchers are based on a payment standard.

A. Important Terms:

Total Tenant Payment (TTP)

The total amount the HUD rent formula requires the tenant to pay toward rent and utilities. TTP is the **highest of:** 30% monthly-adjusted income **or** 10% total monthly income

Minimum Rent

Effective October 1, 2009, the Elkhart Housing Authority is implementing a minimum rent of **\$50**. Minimum rent refers to a minimum family contribution and includes applicable allowance for tenant paid utilities. Minimum rent will be applied when a family's TTP is less than \$ 50.

Maximum Subsidy

Maximum Subsidy is the **lesser of:** Voucher Payment Standard (VPS) minus TTP or Gross Rent minus TTP

Rent to Owner

Total rent paid to the owner. $\text{Rent to Owner} = \text{Gross Rent} - \text{Utility Allowance}$

Utility Allowance (UA)

The estimated reasonable consumption of utilities (excluding telephone and cable television) and other housing services not included in the Rent to Owner.

Gross Rent (GR)

The sum of the Rent to Owner and Utility Allowance

Total Family Contribution (TFC)

The amount the family pays toward rent and allowance for utilities.

$\text{TFC} = \text{Gross Rent} - \text{Total Voucher Subsidy}$

Total Voucher Subsidy is the **lesser** of: $\text{Total Voucher Subsidy} = \text{Gross Rent} - \text{TFC}$ or Maximum Subsidy

Housing Assistance Payment (HAP)

The amount paid directly to the landlord as rent.

Housing Assistance Payment is the **lesser** of: Total Voucher Subsidy or Rent to Owner.

Utility Reimbursement to Family

$\text{Utility Reimbursement to Family} = \text{Total Voucher Subsidy} - \text{HAP}$

Tenant Rent (TR)

The monthly amount a tenant family pays directly to the landlord as rent.

$\text{Tenant Rent} = \text{Rent to Owner} - \text{HAP}$

CAN I AFFORD THE UNIT I HAVE FOUND?

Note: Use this when the gross rent is greater than the payment standard.

In the housing choice voucher program, the maximum subsidy is set first. That maximum subsidy is based on a “payment standard” established by the Elkhart Housing Authority. If you wish to lease a unit with a gross rent (rent plus utilities) that is more than the payment standard, you will have to pay that excess, in addition to a designated “total tenant payment” that is based on a percentage of your income.

Program regulations prohibit a family from paying more than 40 percent of its adjusted monthly income if the gross rent for the unit is more than the payment standard when rental assistance begins. The following information is provided to assist you in finding a unit that is affordable to you and eligible within the 40 percent maximum guidelines.

PAYMENT STANDARD		\$ _____
TOTAL TENANT PAYMENT*	-	\$ _____
MAXIMUM SUBSIDY	=	\$ _____
MAXIMUM SUBSIDY		\$ _____
40 PERCENT OF MONTHLY ADJUSTED INCOME	+	\$ _____
MAXIMUM ALLOWABLE GROSS RENT**	=	\$ _____

*Total Tenant Payment equals the greater of
 (1) 10 percent of monthly income; or
 (2) 30 percent of adjusted monthly income.
 (3) \$50 minimum rent

**Gross Rent = rent plus all utilities to be paid by tenant.

VIII. THINGS TO CONSIDER WHEN CHOOSING A RENTAL UNIT

24 CFR 982.301 (a) (1) (iii), 982.301 (a) (3)

Having a good place to live is important. You are free to choose any house or apartment you like, as long as it meets certain requirements for housing quality. There are several factors that should be considered when choosing a place to live.

Some include:

1. The condition of the unit.
2. Whether the rent is reasonable.
3. The cost of tenant-paid utilities and whether the unit is energy efficient.
4. The location of the unit, including proximity to public transportation, centers of employment, schools and shopping.

A. **Where to look-**

1. Check the classified section of local newspapers (*The Truth, The Paper, etc.*), under Houses for Rent or Lease, and Apartments for Rent or Lease.
2. Check on bulletin boards in laundromats, supermarkets, banks, credit unions, etc.
3. Check to see if your friends or neighbors know of any available units.
4. Look for yard signs in the area where you want to live.
5. Pick up an HCV Landlord Listing from the front desk.

B. **Questions to Ask Prospective Landlords-**

1. The name, address and phone number of the owner or agent.
2. The full address of the rental unit.
3. The number of bedrooms in the rental unit.
4. The amount of rent being requested.
5. What, if any, utilities are included in the rent? What type of utilities does the house use? (Ex. Does the unit have electric, gas or oil heating?) Does the landlord supply garbage collection? Water?
6. Any special restrictions? (Ex. No pets or no smoking.)

C. **Make an Appointment-**

If the housing might be what you are looking for, ask for an appointment to see it. Be sure to keep the appointment and be on time. You may want to arrive early to look at the neighborhood. If you are unfamiliar with the area it may be wise to drive by the address the day before your actual appointment, reducing the risk of arriving late.

When you find a unit you like, with the rent and utilities under the Fair Market rent and a landlord willing to rent to you, have the landlord read and sign the following forms:

1. Request for Tenancy Approval (RFTA)
2. Owner Certification (submit a copy of recorded deed or tax record)
3. HAP contract worksheet

These forms must be returned to the Inspector. When we receive the documents, an inspection will be scheduled. If the unit passes inspection, leasing documents can be prepared.

D. **Advantages of Moving to Low-Poverty Areas-**

Studies have shown that there are many benefits that can come to families who are willing to move to low-poverty areas. Some of the benefits include:

1. Increased safety in lower crime neighborhoods.
2. Relocation from drug-trafficking areas.
3. Improved schools for children.
4. Proximity to jobs and/or job opportunities.
5. Better quality housing.
6. More responsive owners.

Two new studies by Harvard economists Raj Chetty, Nathaniel Hendren and Lawrence Katz show that children whose families move to better neighborhoods experience lower teenage birth rates, higher college attendance and marriage rates, and larger earnings gains as adults relative to children who remain in less advantageous neighborhoods. Additional studies found that families relocated to low poverty areas experience better health than those leaving in less advantageous neighborhoods.

Remember: The Housing Choice Voucher program is designed to give you the financial resources necessary to live in the house and neighborhood of your choice.

Living close to places of employment, schools, transportation and shopping are important factors to consider when selecting a place to live.

- a) True
- b) False

IX. PORTABILITY

24 CFR 982.301 (a) (1) (iii) and 982.301 (b) (4) PIH Notice 2016-09(HA)

Some families may be eligible to move from Elkhart to other jurisdictions throughout the country. Moving to another jurisdiction with assistance is called *portability*. Portability can be advantageous when moving to an area offering more opportunities for education and employment.

When exercising portability the Receiving Housing Authority may conduct another screening based on that Housing Authority's criteria and administrative policy. The Receiving Housing Authority may also have different subsidy standards and payment standards.

Except as provided below (Non-resident applicants), the family may receive HCV assistance to lease a unit outside of the Elkhart jurisdiction anywhere in the United States. The term of the Elkhart Housing Authority voucher is sixty days. The receiving PHA's voucher may not expire before 30 calendar days from the expiration date of the initial PHA's voucher. For example, if the initial PHA's voucher expires 10/30/2018, the receiving PHA's voucher may not expire before 11/29/2018.

HUD expects the receiving PHA to process the family's paperwork within two weeks of receiving the HUD-52665 and supporting documentation provided the information is in order, the family has contacted the receiving PHA, and the family complies with the receiving PHA's procedures. The receiving PHA may not delay issuing the family a voucher or otherwise delay approval of a unit until the rescreening processes are completed. However, receiving PHA's may take subsequent action against the family based on results of the rescreening. Screening includes apply the receiving PHA policies as

terminating or denying HCV assistance. For example, if any member of the family has been evicted from federally-assisted housing in the last 5 years assistance will be denied or terminated.

The Elkhart Housing Authority jurisdiction is all of Elkhart, and up to five (5) miles outside the city limits (except where this crosses state, county, or another housing authority's jurisdictions lines).

A. Non-resident applicants

This applies if neither the household head nor spouse of an assisted family already had "domicile" (legal residence) in the City of Elkhart **at the time when the family first submitted their pre-application for participation in the program to EHA.**

During the 12 month period from the time when the family is admitted to the program, the family does not have the right to lease outside the EHA jurisdiction. During this period, the family may lease a unit located anywhere in the EHA jurisdiction.

B. Income eligibility

For admission to the Housing Choice Voucher Program, a family must be income eligible in the area where the family initially leases a unit with assistance in the Housing Choice Voucher Program.

C. Program Participants

A PHA may only deny a family's request to move if it has grounds to do so under the program regulations, which are as follows:

- The PHA has grounds to deny the move because of the family's action or failure to act as described in 24 CFR 982.552 or 982.553.
- The PHA may deny a move for a family who is a non-resident applicant, or the family was a non-resident applicant that has not yet been assisted in the initial HA jurisdiction for twelve months since being admitted to the program.
- The PHA must deny a family who is an applicant and is not income eligible in the area in which they wish to initially lease a unit.
- The PHA has established policies on the timing and frequency of moves and the requested move does not comply with those policies.
- The PHA does not have sufficient funding for continued assistance to support the move in accordance with 24 CFR 982.314.

Before denying a move due to insufficient funding, the initial PHA must contact the receiving PHA and confirm whether the receiving PHA will administer or absorb the voucher. If the receiving PHA is willing to absorb the family, there are no grounds to deny the portability move.

See Forms and Guidance at end of Briefing Book for a list of local agencies.

X. Violence Against Women Act (VAWA) & Limited English Proficiency (LEP)

Protections for Victims

If you are eligible for an HCV Section 8 voucher, the housing authority cannot deny you rental assistance solely because you are a victim of domestic violence, dating violence, stalking or sexual assault. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.

If you or an affiliated individual of your household is the victim of domestic violence, dating violence, stalking, or sexual assault you cannot be terminated from the Section 8 program or evicted based on acts or threats of violence committed against you or an affiliated individual of the household. Also, criminal acts directly related to the domestic violence, dating violence, stalking, or sexual assault that are caused by a member of your household, guest, or other person under the tenant's control shall not be cause for evicting you or terminating your rental assistance if you or the affiliated individual were the victim of the abuse.

Reasons You Can Be Evicted

You can be evicted and your rental assistance can be terminated if the housing authority or your landlord can show there is an *actual* and *imminent* (immediate) threat to other tenants or employees at the property if you remain in your housing. Also, you can be evicted and your rental assistance can be terminated for serious or repeated lease violations that are not related to the domestic violence, dating violence, stalking, or sexual assault committed against you. The housing authority and your landlord cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

PHA Policy

The PHA acknowledges that a victim of domestic violence, dating violence or stalking, or sexual assault may have an unfavorable history (e.g., a poor credit history, a record of previous damage to an apartment, a prior arrest record) that would warrant denial under the PHA's policies. Therefore, if the PHA makes a determination to deny admission to an applicant family, the PHA will include in its notice of denial:

- A statement of the protection against denial provided by VAWA
- A description of PHA confidentiality requirements
- A request that an applicant wishing to claim this protection submit to the PHA documentation meeting the specifications below with her or his request for an informal review (see section 16-III.D)

Limited English Proficiency

Language for Limited English Proficiency Persons (LEP) can be a barrier to accessing important benefits or services, understanding and exercising important rights, complying with applicable responsibilities, or understanding other information provided by the HCV program. In certain circumstances, failure to ensure that LEP persons can effectively participate in or benefit from federally-assisted programs and activities may violate the prohibition under Title VI against discrimination on the basis of national origin. This part incorporates the Notice of Guidance to Federal Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons, published January 27, 2007 in the *Federal Register*.

The PHA will analyze the various kinds of contacts it has with the public to assess language needs and decide what reasonable steps should be taken. "Reasonable steps" may not be reasonable where the costs imposed substantially exceed the benefits.

Where feasible, the PHA will train and hire bilingual staff to be available to act as interpreters and translators, will pool resources with other PHAs, and will standardize documents. Where feasible and possible, the PHA will encourage the use of qualified community volunteers.

Where LEP persons desire, they will be permitted to use, at their own expense, an interpreter of their own choosing, in place of or as a supplement to the free language services offered by the PHA. The interpreter may be a family member or friend.

XI. HOW TO REQUEST APPROVAL TO LEASE A UNIT

24 CFR 982.301 (b) (6) and 982.305

When a family finds a dwelling unit to lease, the family and landlord must complete the Request for Tenancy Approval form (RTA). To make sure this part of the process moves smoothly please be sure to fill out this form in its entirety. After receiving the family's request for approval to lease a unit, EHA must promptly notify the family and owner whether the assisted tenancy is approved.

The family may not submit, and the PHA will not process, more than one RTA at a time.

If any HQS violations are identified, the owner will be notified of the deficiencies and be given a time frame to correct them. If requested by the owner, the time frame for correcting the deficiencies may be extended by the PHA for good cause. The PHA will re-inspect the unit within five business days of the date the owner notifies the PHA that the required corrections have been made.

If the time period for correcting the deficiencies (or any PHA-approved extension) has elapsed, or the unit fails HQS at the time of the re-inspection, the PHA will notify the owner and the family that the unit has been rejected and that the family must search for another unit. The PHA may agree to conduct a second re-inspection, for good cause, at the request of the family and owner.

A unit that has been submitted as ready for inspections that results in a large number of fail items will be rejected and a new RTA will be provided to applicant/participant.

Because of the time sensitive nature of the tenancy approval process, the PHA will attempt to communicate with the owner and family by phone, fax or email. The PHA will use mail when the parties can't be reached by phone, fax or email.

A. Program Requirements-

EHA may not give approval for the family to lease a dwelling unit, or execute a Housing Assistance Payments contract, until it has been determined that all of the following program requirements are met.

1. The unit is eligible.
2. The unit has been inspected by Housing Quality Standards Inspectors and passes HQS.
3. The lease is approvable and includes all HUD required language.
4. The rent to owner is reasonable.
6. The family portion of rent is affordable (does not exceed 40% of family adjusted income).

B. Actions Before Lease Term-

All of the following must be completed before the beginning of the lease term.

1. Housing Quality Standards Inspector inspected the unit and determined that the unit satisfies the HQS.
2. The landlord and the tenant have executed the lease.
3. EHA has approved leasing of the unit in accordance with program requirements.

C. Procedure after EHA Approval-

If EHA has given approval for the family to lease the unit, the owner and EHA execute the Housing Assistance Payments (HAP) contract. The contract must be executed within 60 days of the move in date/lease begin date.

D. Restrictions from Renting to Relatives-

Federal regulations state that the owner cannot be the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined that approving

rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. The Department of Housing and Urban Development requires that if another unit is available in the community that meets the need required by your disability this reasonable accommodation to rent from a family member cannot be approved.

XII. HOUSING QUALITY STANDARDS

24 CFR 982.401

A. Housing Quality Standards

Housing Quality Standards help to insure that your home will be safe, healthy and comfortable. In the HCV Housing Program there are two kinds of housing quality standards.

1. Things that the home must have in order to be approved by the Housing Quality Standards Inspectors.
2. Additional things that you should think about for the special needs of your own family.

B. *A Good Place to Live!*

Included at the back of this packet is *A Good Place to Live*. Please take the time to read the booklet. You will see if the unit you are interested in meets the housing quality standards.

C. Housing Inspections

1. **Initial:** A unit inspection is conducted before the family receives assistance. A copy of the inspection is placed in the tenant file. The landlord and tenant may request a copy of the inspection results.
2. **Annual:** A unit inspection is conducted at least every 24 months. The tenant and landlord are notified of the date and time. The landlord and tenant may request a copy of the inspection results. Some units will be inspected annually.
3. **Special Concerns:** The Housing Quality Standards Inspector will conduct an inspection when the health, safety or well-being of the tenant family is a concern. In an emergency, such as no heat or water, the inspector will notify the landlord verbally and in writing. All emergencies must be corrected within 24 hours.

D. Smoke Detectors

You are responsible for insuring that smoke detectors are in place and operable at all times. You are required to notify your landlord immediately if your smoke detector is broken. You must not remove or disconnect a smoke detector as this creates a serious safety hazard within the unit and it violates Housing Quality Standards.

XIII. PROVIDING INFORMATION TO PROSPECTIVE OWNERS

24 CFR 982.301 (b) (7)

The Elkhart Housing Authority **MUST** give the owner the family's current address (as shown in our HA records); and the name and address (if known) of the landlord at the family's current and prior address.

Federal regulations state: "When the family wants to lease a dwelling unit, the HA may offer the owner other information in the HA possession, about the family, including information about the tenancy history of family members, or about drug-trafficking by family members."

EHA policy provides the same type of information to all families and to all owners.

XIV. INFORMATION ON FEDERAL, STATE, & LOCAL EQUAL OPPORTUNITY LAWS 24 CFR 982.301 (b) (10), 982.53

All Federal, State and local fair housing laws apply to participants in the HCV Housing Programs. The Elkhart Housing Authority provides services that comply with all Equal Housing Opportunity requirements. Our Equal Housing Opportunity Plan is available during regular business hours for review.

FAIR HOUSING IT'S YOUR RIGHT

A. The Fair Housing Act

The Fair Housing Act prohibits discrimination in housing because of:

1. Race or color
2. National origin
3. Religion
4. Sex
5. Familial status (including children under the age of 18 living with parents or legal custodians; pregnant women and people securing custody of children under 18)
6. Disability

B. What Housing Is Covered?

The Fair Housing Act covers most housing. In some circumstances, the Act exempts owner-occupied buildings with no more than four units, single-family housing sold or rented without the use of a broker, and housing operated by organizations and private clubs that limit occupancy to members.

C. What Is Prohibited?

In the Sale and Rental of Housing: No one may take any of the following actions based on race, color, national origin, religion, sex, familial status or handicap:

- Refuse to rent or sell housing.
- Refuse to negotiate for housing.
- Make housing unavailable.
- Deny a dwelling.
- Set different terms, conditions or privileges for sale or rental of a dwelling.
- Provide different housing services or facilities.
- Falsely deny that housing is available for inspection, sale or rental.
- For profit, persuade owners to sell or rent (blockbusting).
- Deny anyone access to or membership in a facility or service (such as a multiple listing service) related to the sale or rental of housing.

In Mortgage Lending: No one may take any of the following actions based on race, color, national origin, religion, sex, familial status or handicap (disability):

- Refuse to make a mortgage loan.
- Refuse to provide information regarding loans.
- Impose different terms or conditions on a loan, such as different interest rates, points or fees.
- Discriminate in appraising property.
- Refuse to purchase a loan.
- Set different terms or conditions for purchasing a loan.

In Addition: It is illegal for anyone to:

- Threaten, coerce, intimidate or interfere with anyone exercising a fair housing right or assisting others who exercise that right.
- Advertise or make any statement that indicates a limitation or preference based on race, color, national origin, religion, sex, familial status or handicap. This prohibition against discriminatory advertising applies to single-family and owner-occupied housing that is otherwise exempt from the Fair Housing Act.

D. Additional Protection If You Have a Disability

If you or someone associated with you:

- Have a physical or mental disability (including hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex and mental retardation) that substantially limits one or more major life activities
- Have a record of such a disability.
- Are regarded as having such a disability.

Your landlord **may not:**

- Refuse to let you make reasonable modifications to your dwelling or common use areas, at your expense, if necessary for the disabled person to use the housing. (Where reasonable, the landlord may permit changes only if you agree to restore the property to its original condition when you move).
- Refuse to make reasonable accommodations in rules, policies, practices or services if necessary for the disabled person to use the housing.

Example: A building with a "no pets" policy must allow a visually impaired tenant to keep a guide dog.

Example: An apartment complex that offers tenants ample, unassigned parking must honor a request from a mobility-impaired tenant for a reserved space near their apartment if necessary to assure that she can have access to their apartment.

However, housing need not be made available to a person who is a direct threat to the health or safety of others, or who currently uses illegal drugs.

E. Requirements for New Buildings

In buildings that are ready for first occupancy after March 13, 1991, and have an elevator and four or more units:

- Public and common areas must be accessible to persons with disabilities.
- Doors and hallways must be wide enough for wheelchairs.
- All units must have:
 - An accessible route into and through the unit.
 - Accessible light switches, electrical outlets, thermostats and other environmental controls.
 - Reinforced bathroom walls to allow later installation of grab bars.
 - Kitchens and bathrooms that can be used by people in wheelchairs.

If a building with four or more units has no elevator and will be ready for first occupancy after March 13, 1991, these standards apply to ground floor units.

These requirements for new buildings do not replace any more stringent standards in State or local law.

F. **Housing Opportunities for Families**

Unless a building or community qualifies as housing for older persons, it may not discriminate based on familial status. That is, it may not discriminate against families in which one or more children under 18 live with:

- A parent.
- A person who has legal custody of the child or children.
- The designee of the parent or legal custodian, with the parent or custodian's written permission.

Familial status protection also applies to pregnant women and anyone securing legal custody of a child under 18.

Exemption: Housing for older persons is exempt from the prohibition against familial status discrimination if:

- The HUD Secretary has determined that it is specifically designed for and occupied by elderly persons under a Federal, State or local government program.
- It is occupied solely by persons who are 62 or older.
- It houses at least one person who is 55 or older in at least 80 percent of the occupied units, and adheres to a policy that demonstrates intent to house persons who are 55 or older.

A transition period permits residents on or before September 13, 1988, to continue living in the housing, regardless of their age, without interfering with the exemption.

G. **If You Think Your Rights Have Been Violated**

HUD is ready to help with any problem of housing discrimination. If you think your rights have been violated, the [Housing Discrimination Complaint Form](#) is available for you to complete online and submit, or download online, complete and return. You may also write HUD a letter, or telephone the HUD office nearest you. You have one year after an alleged violation to file a complaint with HUD, but you should file it as soon as possible.

What to Tell HUD:

- Your name and address.
- The name and address of the person your complaint is against (the respondent).
- The address or other identification to the housing involved.

- A short description to the alleged violation (the event that caused you to believe your rights were violated).
- The date(s) to the alleged violation.

Where to Write or Call:

Send the Housing Discrimination Complaint Form or a letter to the HUD office nearest you or you may call that office directly.

If You Are Disabled, HUD also provides:

- A toll-free TTY phone for the hearing impaired: 1-800-927-9275.
- Interpreters.
- Tapes and Braille materials.
- Assistance in reading and completing forms.

What Happens When You File A Complaint?

HUD will notify you when it receives your complaint. Normally, HUD also will:

- Notify the alleged violator of your complaint and permit that person to submit an answer.
- Investigate your complaint and determine whether there is reasonable cause to believe the Fair Housing Act has been violated.
- Notify you if it cannot complete an investigation within 100 days of receiving your complaint.

Conciliation

HUD will try to reach an agreement with the person your complaint is against (the respondent). A conciliation agreement must protect both you and the public interest. If an agreement is signed, HUD will take no further action on your complaint. However, if HUD has reasonable cause to believe that a conciliation agreement is breached, HUD will recommend that the Attorney General file suit.

Complaint Referrals

If HUD has determined that your State or local agency has the same fair housing powers as HUD, HUD will refer your complaint to that agency for investigation and notify you of the referral. That agency must begin work on your complaint within 30 days or HUD may take it back.

H. What If You Need Help Quickly?

If you need immediate help to stop a serious problem that is being caused by a Fair Housing Act violation, HUD may be able to assist you as soon as you file a complaint. HUD may authorize the Attorney General to go to court to seek temporary or preliminary relief, pending the outcome of your complaint, if:

- Irreparable harm is likely to occur without HUD's intervention.
- There is substantial evidence that a violation of the Fair Housing Act occurred.

Example: A builder agrees to sell a house, but after learning the buyer is black, fails to keep the agreement. The buyer files a complaint with HUD. HUD may authorize the Attorney General to go to court to prevent a sale to any other buyer until HUD investigates the complaint.

I. **What Happens After A Complaint Investigation?**

If, after investigating your complaint, HUD finds reasonable cause to believe that discrimination occurred, it will inform you. Your case will be heard in an administrative hearing within 120 days, unless you or the respondent wants the case to be heard in Federal district court. Either way, there is no cost to you.

The Administrative Hearing:

If your case goes to an administrative hearing HUD attorneys will litigate the case on your **Behalf**. You may intervene in the case and be represented by your own attorney if you wish. An Administrative Law Judge (ALA) will consider evidence from you and the respondent. If the ALA decides that discrimination occurred, the respondent can be ordered:

- To compensate you for actual damages, including humiliation, pain and suffering.
- To provide injunctive or other equitable relief, for example, to make the housing available to you.
- To pay the Federal Government a civil penalty to vindicate the public interest. The maximum penalties are \$10,000 for a first violation and \$50,000 for a third violation within seven years.
- To pay reasonable attorney's fees and costs.

Federal District Court

If you or the respondent chooses to have your case decided in Federal District Court, the Attorney General will file a suit and litigate it on your behalf. Like the ALA, the District Court can order relief, and award actual damages, attorney's fees and costs. In addition, the court can award punitive damages.

In Addition

You May File Suit: You may file suit, at your expense, in Federal District Court or State Court within two years of an alleged violation. If you cannot afford an attorney, the Court may appoint one for you. You may bring suit even after filing a complaint, if you have not signed a conciliation agreement and an Administrative Law Judge has not started a hearing. A court may award actual and punitive damages and attorney's fees and costs.

J. **Other Tools to Combat Housing Discrimination:**

If there is noncompliance with the order of an Administrative Law Judge, HUD may seek temporary relief, enforcement of the order or a restraining order in a United States Court of Appeals.

The Attorney General may file a suit in a Federal District Court if there is reasonable cause to believe a pattern or practice of housing discrimination is occurring.

K. **For Further Information:**

The Fair Housing Act and HUD's regulations contain more detail and technical information. If you need a copy of the law or regulations, contact the HUD Office nearest you.

A Housing Specialist will provide you with a copy of a Housing Discrimination Complaint Form. If you think your rights have been violated, complete the form and send it to HUD. You can obtain assistance in learning about, or in filing a complaint, by writing to:

MIDWEST OFFICE
Fair Housing Enforcement Center

U.S. Department of Housing and Urban Development
Ralph H. Metcalfe Federal Building
77 West Jackson Boulevard, Room 2101
Chicago, IL 60604-3507

For further information call the Toll-free Fair Housing Complaint Hotline at
1-800-669-9777. Hearing Impaired persons may call (TTD) 1-800-927-9275.



XV. LANDLORD REFERRALS

24 CFR 982.301 (b) (11) and 982.301 (b) (12)

The Elkhart Housing Authority utilizes the service at www.IndianHousingNow.org or www.SocialServe.com where private market owners submit available units. If you do not have internet access you may request a copy of the listing at the front desk of the Elkhart Housing Authority.

The listing includes units that are reported to be accessible to disabled persons. Units on this list may or may not be suitable for the HCV program. For additional information, please contact a Housing specialist.

XVI. GROUNDS FOR TERMINATION OF ASSISTANCE

24 CFR 982.552

Obligations of the Family

A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.

B. The family must:

1. Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify social security numbers, and sign and submit consent forms for obtaining information.
3. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly notify the PHA in writing of the birth, adoption or court-awarded custody of a child.
9. Request PHA written approval to add any other family member as an occupant of the unit.
10. Promptly notify the PHA in writing if any family member no longer lives in the unit.
11. Give the PHA a copy of any owner eviction notice.
12. Pay utility bills, and provide and maintain any appliances that the owner is not required to provide under the lease.
13. Any information the family supplies must be true and complete.

D. The family (including each family member and guests) must not:

1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity, violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
4. Sublease or let the unit, or assign the lease or transfer the unit.
5. Receive Housing Choice Voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
6. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.

7. Receive Housing Choice Voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
8. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

FAMILY NO LONGER REQUIRES ASSISTANCE [24 CFR 982.455]

As a family's income increases, the amount of the PHA subsidy goes down. If the amount of HCV assistance provided by the PHA drops to zero and remains at zero for 180 consecutive calendar days, the family's assistance terminates automatically.

FAMILY CHOOSES TO TERMINATE ASSISTANCE

The family may request that the PHA terminate the family's assistance at any time.

TERMINATION OF ASSISTANCE

The Elkhart Housing Authority Administrative Policy requires termination of assistance in the following circumstances.

The PHA must terminate assistance whenever a family is evicted from a unit assisted under the HCV program for a serious or repeated violation of the lease. Incidents of actual or threatened violence, dating violence, stalking or sexual assault may not be construed as serious or repeated violations of the lease by the victim or threatened victim of such violence or stalking.

A family will be considered *evicted* if the family moves after a legal eviction order has been issued, whether or not physical enforcement of the order was necessary.

If a family moves after the owner has given the family an eviction notice for serious or repeated lease violations but before a legal eviction order has been issued, termination of assistance is not mandatory. However, the PHA will determine whether the family has committed serious or repeated violations of the lease based on available evidence, and may terminate assistance or take alternative measures. Upon consideration of such alternatives and factors, the PHA may, on a case-by-case basis, choose not to terminate assistance.

Serious and repeated lease violations will include, but not be limited to, nonpayment of rent, disturbance of neighbors, destruction of property, or living or housekeeping habits that cause damage to the unit or premises and criminal activity. Generally, the criteria to be used are whether the reason for the eviction was through no fault of the tenant or guests.

Failure of Students to Meet Ongoing Eligibility Requirements

If a student enrolled at an institution of higher education is under the age of 24, is not a veteran, is not married, does not have dependent children, and is not residing with his/her parents in an HCV assisted household, the PHA must terminate the student's assistance if, at the time of reexamination, either the student's income or the income of the student's parents (if applicable) exceeds the applicable income limit.

If a participant household consists of both eligible and ineligible students, the eligible students shall not be terminated, but must be issued a voucher to move with continued assistance in accordance with program regulations and PHA policies, or must be given the opportunity to lease in place if the terminated ineligible student members elect to move out of the assisted unit.

The PHA **will** deny/terminate a family's assistance if:

- The family has failed to comply with any family obligations under the program and related PHA policies.
- Any family member has been evicted from federally-assisted housing in the last five years.
- Any PHA has ever terminated assistance under the program for any member of the family.
- Any family member has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program.
- The family currently owes rent or other amounts to any PHA in connection with the HCV, Certificate, Moderate Rehabilitation or public housing programs.
- The family has not reimbursed any PHA for amounts the PHA paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.
- The family has breached the terms of a repayment agreement entered into with the PHA.
- A family member has engaged in or threatened violent or abusive behavior toward PHA personnel.

Abusive or violent behavior towards PHA personnel includes verbal as well as physical abuse or violence. Use of racial epithets, or other language, written or oral, that is customarily used to intimidate may be considered abusive or violent behavior.

Threatening refers to oral or written threats, or physical gestures that communicate intent to abuse or commit violence.

Family Absence from the Unit [24 CFR 982.312]

The family may be absent from the unit for brief periods. However, the family may not be absent from the unit for a period of more than 180 consecutive calendar days for any reason. Absence in this context means that no member of the family is residing in the unit.

The family must notify the PHA in writing that household member(s) will be absent for an extended period of time. This notice is to be provided prior to the absence and no later than 10 calendar day from the start of the absence. If the family is absent from the unit for more than 180 consecutive calendar days, the family's assistance will be terminated. Notice of termination will be sent in accordance with administrative policy.

Insufficient Funding

The PHA may terminate HAP contracts if the PHA determines, in accordance with HUD requirements, that funding under the consolidated ACC is insufficient to support continued assistance for families in the program.

The PHA will determine whether there is sufficient funding to pay for currently assisted families according to the policies. If the PHA determines there is a shortage of funding, prior to terminating any HAP contracts, the PHA will determine if any other actions can be taken to reduce program costs. If after implementing all reasonable cost cutting measures there is not enough funding available to provide continued assistance for current participants, the PHA will terminate HAP contracts as a last resort.

If the PHA must terminate HAP contracts due to insufficient funding, the PHA will do so in accordance with the following criteria and instructions:

The PHA's first action to terminate assistance will be for families which have committed program fraud. The following criteria will be followed.

Category 1: Families who have committed program fraud or abuse within the past six months.

Category 2: Families who committed program fraud or abuse 6-12 months ago.

The PHA will terminate assistance in the following manner if additional terminations are required.

First in, first out. Under this option the PHA would terminate families according to the date of the family's admission to the program, starting with those who have been receiving assistance the longest. As long as this type of policy exempts elderly and disabled families, it is consistent with the philosophy of "time limits" for housing assistance under HUD's Flexible Voucher Program proposal, as well as the conference report recommendation to protect elderly and disabled families.

XVII. INFORMAL HEARING/REVIEW PROCEDURES

982.301 (b) (15), 982.54 (d) (12 - 13), 982.554 and 982.555

A. Appeals by Applicants-

Appeals by applicants are handled by Informal Review. An applicant may appeal: Placement on the waiting list; Issuance of a Housing Choice Voucher; and/or participation in the Program.

The applicant must request an Informal Review within 10 working days of the written notification. An Informal Review is conducted by the HCV Director or the Executive Director, who is neither the person who made or approved the decision under review nor a subordinate of such person.

The family has the option of presenting oral or written objections to the decision under review. The option of legal representation is at the family's expense. Both EHA and the applicant family will have the opportunity to present evidence and/or witnesses.

B. Appeals by Participants-

Appeals by participants are handled by Informal Hearings. Participants may appeal: calculation of Total Tenant Payment or Tenant Rent; denial or termination of assistance; determination that a family is over-housed and is denied an exception to the occupancy standard; and/or determination of bedroom size on the Housing Choice Voucher.

The participant must request an Informal Hearing within 10 working days of the written notification. An informal Hearing is conducted by the HCV Director, the Executive Director, or other qualified individual who is neither the person who made or approved the decision under review nor a subordinate of such person.

Participants are families who have an effective lease and HAP contract, and are currently participating in the Housing Choice Voucher Program.

C. Discovery-

The family must be given the opportunity to examine before the hearing any Housing Agency documents that are directly relevant to the hearing. The family will be allowed to have

documents copied at the standard copy cost of \$5.00 payable in a money order. The family must request discovery of PHA documents no later than 12:00 pm two business days prior to the scheduled hearing date. If the EHA does not make a document available for examination on request of the family, that document may not be relied on at the hearing.

EHA must be given the opportunity to examine at the Housing Agency offices, any documents that are directly relevant to the hearing prior to the hearing. EHA must be allowed to copy, at our expense, any family provided documents relevant to the hearing. If the family does not make the document available for examination on request of EHA, the family may not rely on the document at the hearing.

D. Representation of the Family-

At its own expense, the family may be represented by a lawyer or other representative. The family has the option of presenting oral or written objections to the decision under review. Both the EHA and the participant family will have the opportunity to present evidence and/or witnesses.

If an applicant or participant fails to appear for the hearing the decision of the Elkhart Housing Authority stands.

XVIII. FAMILY SELF-SUFFICIENCY

24 CFR 983

What is Family Self-Sufficiency (FSS)?

Family Self-Sufficiency is a program established by HUD and enacted by the Elkhart Housing Authority to promote economic self-sufficiency among participating families. HCV households are eligible for this program, as long as they do not owe the EHA money, and are not a member of the Modernization-Rehabilitation program.

Participants receive an individualized service and training plan specifically geared to enable their family to meet their own needs and goals for achieving economic self-sufficiency. The FSS Coordinator works with the appropriate support services and resources in the community to help the participant earn their GED, attend college, participate in job training, locate day care, assist in transportation, and/or utilize local job placement services.

The rewards of financial self-reliance are not limited to better self-esteem and pride in accomplishing goals, the Family Self-Sufficiency Program also has great monetary awards. As a result of increased earned income, rent will likely increase. This change in rent is rewarded by the Housing Authority depositing the increase in rent into an escrow account. After completion of the FSS program, the family will receive all of the money in their escrow account.

The goal of Family Self-Sufficiency is for the family to eventually buy a home of their own. **Homeownership can be within your means if you take the initial steps and join this program.** The Family Self-Sufficiency program is entirely voluntary.

Where Can I Get More Information?

If you are interested in the rewards and benefits of this program please contact the Special Programs Specialists at 574-295-8392 ext. 225 or ext. 240 to be put on the waiting list or to ask more specific questions regarding this program. A program brochure may be requested.

XIX. HOMEOWNERSHIP PROGRAM

24 CFR 982.625 - 641

A. **Homeownership Program-**

HUD believes that the homeownership option is a step towards self-sufficiency. The housing assistance payment (HAP) can be used to repay a mortgage for 15 years, if the duration of the mortgage is 20 years or longer. Otherwise the HAP can only be used for 10 years to pay off a mortgage. The limits on duration do not apply, however, to elderly or disabled families. The resident **MUST** arrange his or her own financing for the home purchase. The family is responsible for all homeownership expenses not covered by the HAP payment.

B. **National Criteria-**

1. The family **MUST** have an earned income equal to 2,000 hours paid at the federal minimum wage.
2. At least one family member **MUST** work full-time, defined as at least 30 hours per week for a one-year period.
3. The family **MUST** be a first-time homebuyer, defined as one in which no family member has had an ownership interest in a residence during the past three years. A single parent, or a displaced homemaker, who, while married, owned a home with his or her spouse, is also considered a first-time homebuyer.
4. Elderly and disabled families do **NOT** have the employment requirement applied to them and **MAY** include welfare assistance in satisfying the minimum income requirements.
5. The family **MUST** meet all local requirements.

C. **Other Requirements-**

1. A family that receives assistance under the homeownership option **MUST** participate in a homeownership and housing counseling program. Attendance and satisfactory completion of the program is required before homeownership assistance will be granted.
2. The house purchased **MUST** be a single-family house (condominium or cooperative). Duplexes, townhouses, and row houses are also allowed, however the family may only use HAP funds to buy the unit they live in. The unit may be either under construction or already existing.
3. Two kinds of physical inspections are **REQUIRED**:
 - a. A Housing Quality Standards inspection by the EHA.
 - b. An Independent Professional Home Inspection by an inspector that is used in the private market by homebuyers. This inspector is chosen and paid for by the client.
4. Families selected to participate in the HCV Homeownership Program **MUST** secure their own financing.

D. **EHA Additions-**

1. The EHA has established local homeownership policies. You may request a copy of our HCV Homeownership Program policy.
2. The EHA has established 120 calendar days to be the maximum time allowed to locate a home, secure the financing and complete the purchase. Progress reports must be provided every 30 days.

Where Can I Get More Information?

If you are interested in EHA HCV Homeownership Program please contact the Special Programs Specialists at 574-295-8392 ext. 225 and ext 222.

XX. Additional Forms and Guidance

A Good Place to Live!

1. Living Room

The Living Room must have:

Ceiling

A ceiling that is in good condition.

- Not acceptable are large cracks or holes that allow drafts, severe bulging, large amounts of loose or falling surface material such as plaster.

Walls

Walls that are in good condition.

- Not acceptable are large cracks or holes that allow drafts, severe bulging or leaning, large amounts of loose or falling surface material such as plaster.

Electricity

At least two electric outlets, or one outlet and one permanent overhead light fixture.

Do not count table or floor lamps, ceiling lamps plugged into a socket, and extension cords: they are not permanent.

- Not acceptable are broken or frayed wiring, light fixtures hanging from wires with no other firm support (such as a chain), missing cover plates on switches or outlets, badly cracked outlets.

Floor

A floor that is in good condition.

- Not acceptable are large cracks or holes, missing or warped floorboards or covering that could cause someone to trip.

Window

At least one window. Every window must be in good condition.

- Not acceptable are windows with badly cracked, broken or missing panes, and windows that do not shut or, when shut, do not keep out the weather.

Lock

A lock that works on all windows and doors that can be reached from the outside, a common public hallway, a fire escape, porch or other outside place that cannot be reached from the ground. A window that cannot be opened is acceptable.

Introduction

Having a good place to live is important. Through your Public Housing Agency (or PHA) the Section 8 Certificate Program and the Housing Voucher Program help you to rent a good place. You are free to choose any house or apartment you like, as long as it meets certain requirements for quality. Under the Section 8 Certificate Program, the housing cannot cost more than the Fair Market Rent. However, under the Housing Voucher Program, a family may choose to rent an expensive house or apartment and pay the extra amount. Your PHA will give you other information about both programs and the way your part of the rent is determined.

Housing Quality Standards

Housing quality standards help to insure that your home will be safe, healthy, and comfortable. In the Section 8 Certificate Program and the Housing Voucher Program there are two kinds of housing quality standards.

Things that a home must have in order approved by the PHA, and Additional things that you should think about for the special needs of your own family. These are items that you can decide.

The Section 8 Certificate Program and Housing Voucher Program

The Section 8 Certificate Program and Housing Voucher Program allow you to *choose* a house or apartment that you like. It may be where you are living now or somewhere else. The *must have* standards are very basic items that every apartment must have. But a home that has all of the *must have* standards may still not have everything you need or would like. With the help of Section 8 Certificate Program or Housing Voucher Program, you *should* be able to afford a good home, so you should think about what you would like your home to have. You may want a big kitchen or a lot of windows or a first floor apartment. Worn wallpaper or paint may bother you. Think of these things as you are looking for a home. Please take the time to read A Good Place to Live. If you would like to stay in your present home, use this booklet to see if your home meets the housing quality standards. If you want to move, use it each time you go to look for a new house or apartment, and good luck in finding your good place to live.

Read each section carefully. After you find a place to live, you can start the *Request for Lease Approval* process. You may find a place you like that has some problems with it. Check with your PHA about what to do, since it may be possible to correct the problems.

The Requirements

Every house or apartment must have at least a living room, kitchen, and bathroom. A one-room efficiency apartment with a kitchen area is all right. However, there must be a separate bathroom for the private use of your family. Generally there must be one living/sleeping room for every two family members.

Paint

- No peeling or chipping paint if you have children under the age of seven and the house or apartment was built before 1978.

You should also think about:

- The types of locks on windows and doors
 - Are they safe and secure?
 - Have windows that you might like to open been nailed shut?
- The condition of the windows.
 - Are there small cracks in the panes?
- The amount of weatherization around doors and windows.
 - Are there storm windows?
 - Is there weather stripping? If you pay your own utilities, this may be important.
- The location of electric outlets and light fixtures.
- The condition of the paint and wallpaper
 - Are they worn, faded, or dirty?
- The condition of the floor.
 - Is it scratched and worn?

2. Kitchen

The Kitchen must have:

Ceiling

A ceiling that is in good condition.

- Not acceptable are large cracks or holes that allow drafts, severe bulging, large amounts of loose or falling surface material such as plaster.

Storage

Some space to store food.

Electricity

At least one electric outlet and one permanent light fixture.

Do not count table or floor lamps, ceiling lamps plugged into a socket, and extension cards; they are not permanent.

- Not acceptable are broken or frayed wiring, light fixtures hanging from wires with no other firm support (such as a chain), missing cover plates on switches or outlets, badly cracked outlets.

Stove and Oven

A stove (or range) and oven that works (This can be supplied by the tenant)

Floor

A floor that is in good condition.

Not acceptable are large cracks or holes, missing or warped floorboards or covering that could cause someone to trip.

Preparation Area

Some space to prepare food.

Paint

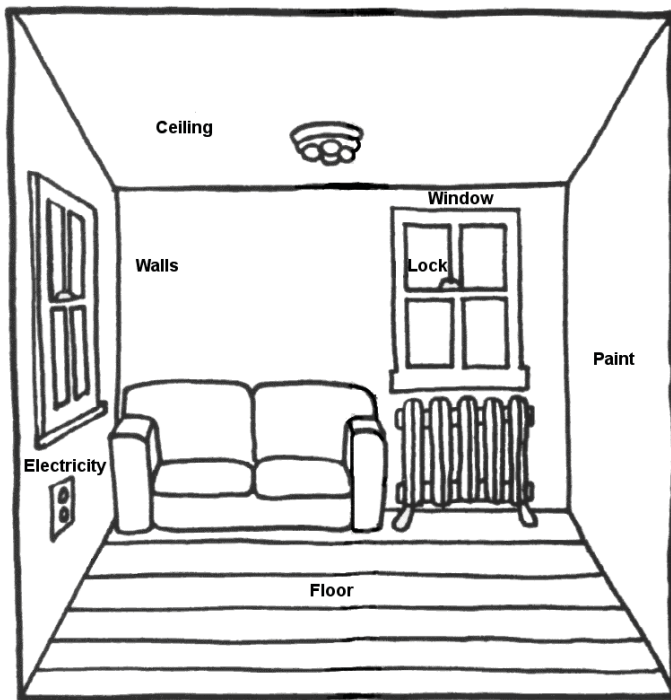
No peeling or chipping paint if you have children under the age of seven and the house or apartment was built before 1978.

Window

If there is a window, it must be in good condition.

Lock

A lock that works on all windows and doors that can be reached from the outside, a common public hallway, a fire escape, porch or other outside place that can be reached from the ground. A window that cannot be opened is acceptable.



Walls

Walls that are in good condition.

- Not acceptable are large cracks or holes that allow drafts, severe bulging or leaning, large amounts of loose or falling surface material such as plaster.

Serving Area

Some space to serve food.

- A separate dining room or dining area in the living room is all right.

Refrigerator

A refrigerator that keeps temperatures low enough so that food does not spoil. (This can be supplied by the tenant.)

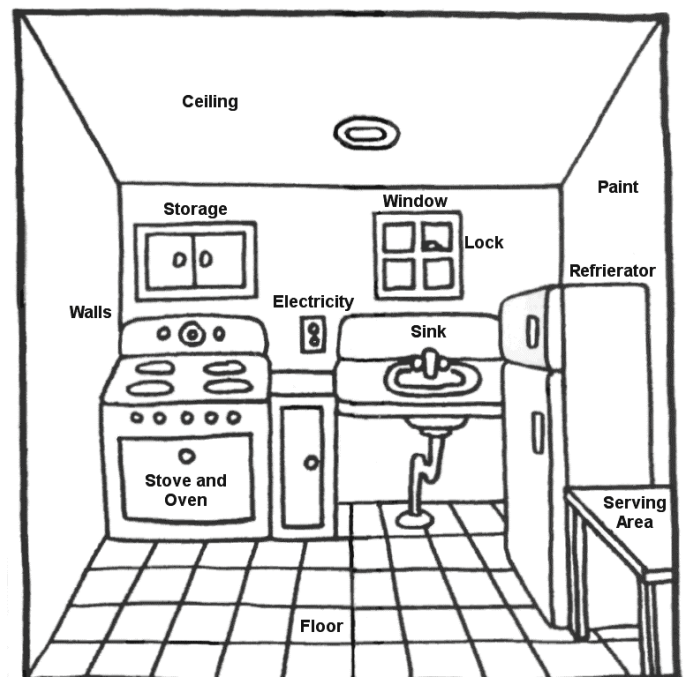
Sink

A sink with hot and cold running water.

- A bathroom sink will not satisfy this requirement.

You should also think about:

- The size of the kitchen.
- The amount, location, and condition of space to store, prepare, and serve food. Is it adequate for the size of your family?
- The size, condition, and location of the refrigerator. Is it adequate for the size of your family?
- The size, condition, and location of your sink.
- Other appliances you would like provided.
- Extra outlets.



3. Bathroom

The Bathroom must have:

Ceiling

A ceiling that is in good condition.

- Not acceptable are large cracks or holes that allow drafts, severe bulging, large amounts of loose or falling surface material such as plaster.

Window

A window that opens or a working exhaust fan.

Lock

A lock that works on all windows and doors that can be reached from the outside, a common public hallway, a fire escape, porch or other outside place that can be reached from the ground.

Toilet

A flush toilet that works.

Tub or Shower

A tub or shower with hot and cold running water.

Floor

A floor that is in good condition.

- Not acceptable are large cracks or holes, missing or warped floorboards or covering that could cause someone to trip.

Paint

- No chipping or peeling paint if you have children under the age of seven and the house or apartment was built before 1978.

Walls

Walls that are in good condition.

- Not acceptable are large cracks or holes that allow drafts, severe bulging or leaning, large amounts of loose or falling surface such as plaster.

Electricity

At least one permanent overhead or wall light fixture.

- Not acceptable are broken or frayed wiring, light fixtures hanging from wires with no other firm support (such as a chain), missing cover plates on switches or outlets, badly cracked outlets.

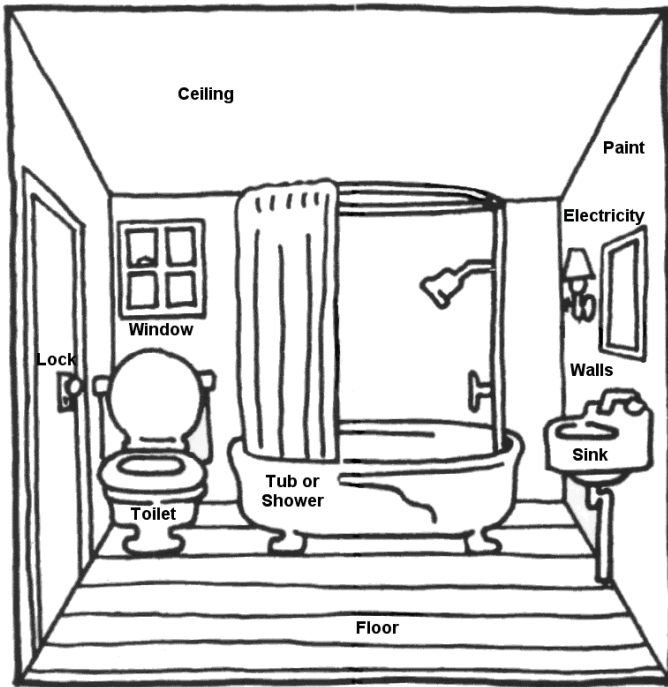
Sink

A sink with hot and cold running water.

- A kitchen sink will not satisfy this requirement.

You should also think about:

- The size of the bathroom and the amount of privacy.
- The appearances of the toilet, sink, and shower or tub.
- The appearance of the grout and seal along the floor and where the tub meets the wall.
- The appearance of the floor and walls.
- The size of the hot water heater.
- A cabinet with a mirror.



4. Other Rooms

Other rooms that are lived in include: bedrooms, dens, halls, and finished basements or enclosed, heated porches. The requirements for other rooms that are lived in are similar to the requirements for the living room as explained below.

Other Rooms Used for Living must have:

Ceiling

A ceiling that is in good condition.

- Not acceptable are large cracks or holes that allow drafts, severe bulging, large amounts of loose or falling surface material such as plaster.

Walls

Walls that are in good condition.

- Not acceptable are large cracks or holes that allow drafts, severe bulging or leaning, large amounts of loose or falling surface material such as plaster.

Paint

- No chipping or peeling paint if you have children under the age of seven and the house or apartment was built before 1978.

Electricity in Bedrooms

Same requirement as for living room.

In All Other Rooms Used for Living: There is no specific standard for electricity, but there must be either natural illumination (a window) or an electric light fixture or outlet.

Floor

A floor that is in good condition.

- Not acceptable are large cracks or holes, missing or warped floorboards or covering that could cause someone to trip.

Lock

A lock that works on all windows and doors that can be reached from the outside, a common public hallway, a fire escape, porch or other outside place that can be reached from the ground.

Window

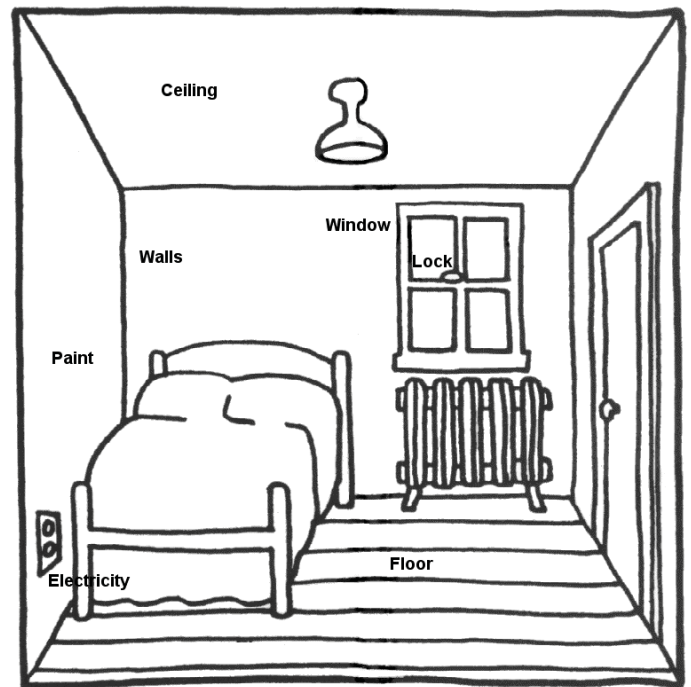
At least one window, which must be openable if it was designed to be opened, in every rooms used for sleeping. Every window must be in good condition.

- Not acceptable are windows with badly cracked, broken or missing panes, and windows that do not shut or, when shut, do not keep out the weather.

Other rooms that are not lived in may be: a utility room for washer and dryer, basement or porch. These must be checked for security and electrical hazards and other possible dangers (such as walls or ceilings in danger of falling), since these items are important for the safety of your entire apartment. You should also look for other possible dangers such as large holes in the walls, floors, or ceilings, and unsafe stairways. Make sure to look for these things in all other rooms not lived in.

You should also think about:

- What you would like to do with the other rooms.
 - Can you use them the way you want to?
- The type of locks on windows and doors.
 - Are they safe and secure?
 - Have windows that you might like to open been nailed shut?
- The condition of the windows.
 - Are there small cracks in the panes?
- The amount of weatherization windows.
 - Are there storm windows?
 - Is there weather-stripping? If you pay your own utilities, this may be important.
- The location of electric outlets and light fixtures.
- The condition of the paint and wallpaper
 - Are they worn, faded, or dirty?
- The condition of the floors.
 - Are they scratched and worn?



5. Building Exterior, Plumbing, and Heating

The Building must have:

Roof

A roof in good condition that does not leak, with gutters and downspouts, if present, in good condition and securely attached to the building.

- Evidence of leaks can usually be seen from stains on the ceiling inside the building.

Outside Handrails

Secure handrails on any extended length of stairs (e.g. generally four or more steps) and any porches, balconies, or decks that are 30 inches or more above the ground.

Walls

Exterior walls that are in good condition, with no large holes or cracks that would let a great amount of air get inside.

Foundation

A foundation in good condition that has no serious leaks.

Water Supply

A plumbing system that is served by an approvable public or private water supply system. Ask the manager or owner.

Sewage

A plumbing system that is connected to an approvable public or private sewage disposal system. Ask the manager or owner.

Chimneys

No serious leaning or defects (such as big cracks or many missing bricks) in any chimneys.

Paint

No cracking, peeling, or chipping paint if you have children under the age of seven and the house or apartment was built before 1978.

- This includes exterior walls, stairs, decks, porches, railings, windows, and doors.

Cooling

Some windows that open, or some working ventilation or cooling equipment that can provide air circulation during warm months.

Plumbing

Pipes that are in good condition, with no leaks and no serious rust that causes the water to be discolored.

Water Heater

A water heater located, equipped, and installed in a safe manner. Ask the manager.

Heat

Enough heating equipment so that the unit can be made comfortably warm during cold months.

- Not acceptable are space heaters (or room heaters) that burn oil or gas and are not vented to a chimney. Space heaters that are vented may be acceptable if they can provide enough heat.

You should also think about:

- How well maintained the apartment is.
- The type of heating equipment.
 - Will it be able to supply enough heat for you in the winter, to all rooms used for living?
- The amount and type of weatherization and its affect on utility costs.
 - Is there insulation?
 - Are there storm windows?
 - Is there weather-stripping around the windows and doors?
- Air circulation or type of cooling equipment (if any).
 - Will the unit be cool enough for you in the summer?

6. Health and Safety

The Building and Site must have:

Smoke Detectors

At least one working smoke detector on each level of the unit, including the basement. If any member of your family is hearing-impaired, the smoke detector must have an alarm designed for hearing-impaired persons.

Fire Exits

The building must provide an alternate means of exit in case of fire (such as fire stairs or exit through windows, with the use of a ladder if windows are above the second floor).

Elevators

Make sure the elevators are safe and work properly.

Entrance

An entrance from the outside or from a public hall, so that it is not necessary to go through anyone else's private apartment to get into the unit.

Neighborhood

No dangerous places, spaces, or things in the neighborhood such as:

- Nearby buildings that are falling down
- Unprotected cliffs or quarries
- Fire hazards
- Evidence of flooding

Garbage

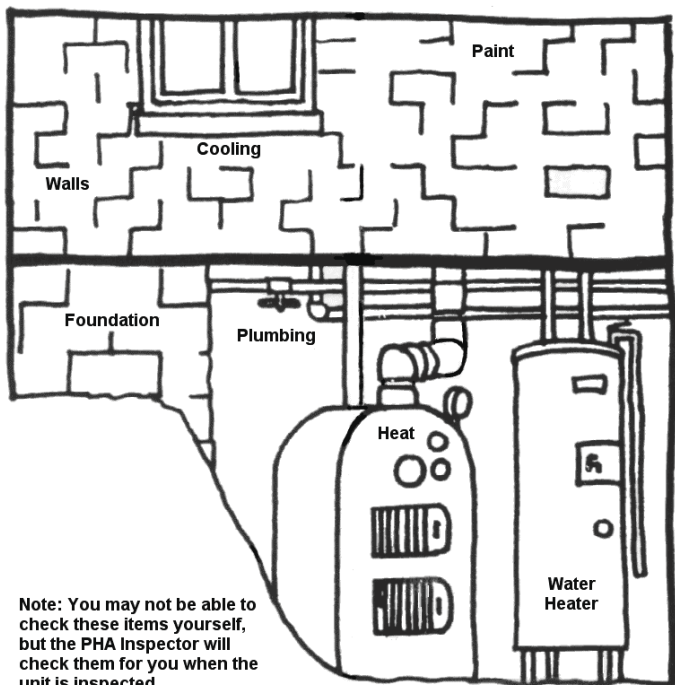
No large piles of trash and garbage inside or outside the unit, or in common areas such as hallways. There must be a space to store garbage (until pickup) that is covered tightly so that rats and other animals cannot get into it. Trash should be picked up regularly.

Lights

Lights that work in all common hallways and interior stairs.

Stairs and Hallways

Interior stairs with railings, and common hallways that are safe and in good condition. Minimal cracking, peeling or chipping in these areas.



Note: You may not be able to check these items yourself, but the PHA Inspector will check them for you when the unit is inspected.

Pollution

No serious air pollution, such as exhaust fumes or sewer gas.

Rodents and Vermin

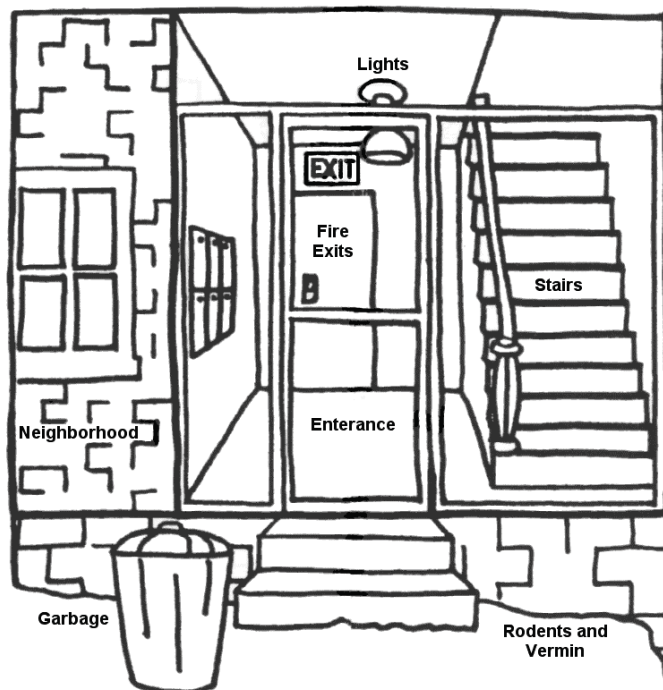
No sign of rats or large numbers of mice or vermin (like roaches).

For Manufactured Homes: Tie Downs

Manufactured homes must be placed on the site in a stable manner and be free from hazards such as sliding or wind damage.

You should also think about:

- The type of fire exit.
--Is it suitable for your family?
- How safe the house or apartment is for your family.
- The presence of screens and storm windows.
- Services in the neighborhood.
--Are there stores nearby?
--Are there schools nearby?
--Are there hospitals nearby?
--Is there transportation nearby?
- Are there job opportunities nearby?
- Will the cost of tenant-paid utilities be affordable and is the unit energy-efficient?
- Be sure to read the lead-based paint brochure given to you by the PHA or owner, especially if the housing or apartment is older (built before 1978).



Note: You may not be able to check these items listed here yourself, but the PHA Inspector will check them for you when the unit is inspected.

Now that you have finished this booklet, you know that for a house or apartment to be a good place to live, it must meet two kinds of housing quality standards:

- Things it must have in order to be approved for the Section 8 Rental Certificate Program and the Rental Voucher Program.
- Additional things that you should think about for the special needs of your family.

You know that these standards apply in six areas of a house or apartment.

1. Living Room
2. Kitchen
3. Bathroom
4. Other Rooms
5. Building Exterior, Plumbing and Heating
6. Health and Safety

You know that when a house or apartment meets the housing quality standards, it will be safe, healthy, and comfortable home for your family. It will be a good place to live.

After you find a good place to live, you can begin the *Request for Lease Approval* process. When both you and the owner have signed the *Request for Lease Approval* and the PHA has received it, an official inspection will take place. The PHA will inform both you and the owner of the inspection results.

If the house or apartment passed, a lease can be signed. There may still be some items that you or the PHA would like improved. If so, you and your PHA may be able to bargain for the improvements when you sign the lease. If the owner is not willing to do the work, perhaps you can get him or her to pay for the materials and do it yourself.

If the house or apartment fails, you and/or your PHA may try to convince the owner to make the repairs so it will pass. The likelihood of the owner making the repairs may depend on how serious or costly they are.

If it fails, all repairs must be made, and the house or apartment must be re-inspected before any lease is signed. If the owner cannot or will not repair the house or apartment, even if the repairs are minor, you must look for another home. Make sure you understand why the house or apartment failed, so that you will be more successful in your next search.

Responsibilities of the Public Housing Authority:

- Ensure that all units in the Section 8 Certificate Program and the Housing Voucher Program meet the housing quality standards.
- Inspect unit in response to Request for Lease Approval. Inform potential tenant and owner of results and necessary actions.
- Encourage tenants and owners to maintain units up to standards.
- Make inspection in response to tenant or owner complaint or request. Inform the tenant and owner of the results, necessary actions, and time period for compliance.
- Make annual inspection of the unit to ensure that it still meets the housing quality standards. Inform the tenant and owner of the results, necessary actions, and time period for compliance.

Responsibilities of the tenant:

- Live up to the terms of your lease.
- Do your part to keep the unit safe and sanitary.
- Cooperate with the owner by informing him or her of any necessary repairs.
- Cooperate with the PHA for initial, annual, and complaint inspections.

Responsibilities of the owner:

- Comply with the terms of the lease.
- Generally maintain the unit and keep it up to the housing quality standards outlined in this booklet.
- Cooperate with the tenant by responding promptly to requests for needed repairs.
- Cooperate with the PHA on initial, annual, and complaint inspections, including making necessary repairs.

Are You a Victim of Housing Discrimination?

Fair Housing is Your Right!

If you have been denied your housing rights...you may have experienced unlawful discrimination.



U.S. Department of Housing and Urban Development

WHERE TO MAIL YOUR FORM OR INQUIRE ABOUT YOUR CLAIM

**For Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and Vermont:
NEW ENGLAND OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Thomas P. O'Neill, Jr. Federal Building
10 Causeway Street, Room 321
Boston, MA 02222-1092
Telephone (617) 994-8320 or 1-800-827-5005
Fax (617) 565-7313 • TTY (617) 565-5453
E-mail: Complaints_office_01@hud.gov

**For New Jersey and New York:
NEW YORK/NEW JERSEY OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
26 Federal Plaza, Room 3532
New York, NY 10278-0068
Telephone (212) 264-1290 or 1-800-496-4294
Fax (212) 264-9829 • TTY (212) 264-0927
E-mail: Complaints_office_02@hud.gov

**For Delaware, District of Columbia, Maryland,
Pennsylvania, Virginia, and West Virginia:
MID-ATLANTIC OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
The Wanamaker Building
100 Penn Square East
Philadelphia, PA 19107
Telephone (215) 656-0663 or 1-888-799-2085
Fax (215) 656-3419 • TTY (215) 656-3450
E-mail: Complaints_office_03@hud.gov

**For Alabama, the Caribbean, Florida, Georgia, Kentucky, Missis-
sippi, North Carolina, South Carolina, and Tennessee:
SOUTHEAST/CARIBBEAN OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Five Points Plaza
40 Marietta Street, 16th Floor
Atlanta, GA 30303-2808
Telephone (404) 331-5140 or 1-800-440-8091
Fax (404) 331-1021 • TTY (404) 730-2654
E-mail: Complaints_office_04@hud.gov

**For Illinois, Indiana, Michigan, Minnesota,
Ohio, and Wisconsin:
MIDWEST OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Ralph H. Metcalfe Federal Building
77 West Jackson Boulevard, Room 2101
Chicago, IL 60604-3507
Telephone (312) 353-7776 or 1-800-765-9372
Fax (312) 886-2837 • TTY (312) 353-7143
E-mail: Complaints_office_05@hud.gov

**For Arkansas, Louisiana, New Mexico, Oklahoma, and Texas:
SOUTHWEST OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
801 North Cherry, 27th Floor
Fort Worth, TX 76102
Telephone (817) 978-5900 or 1-888-560-8913
Fax (817) 978-5876 or 5851 • TTY (817) 978-5595
E-mail: Complaints_office_06@hud.gov

**For Iowa, Kansas, Missouri and Nebraska:
GREAT PLAINS OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Gateway Tower II
400 State Avenue, Room 200, 4th Floor
Kansas City, KS 66101-2406
Telephone (913) 551-6958 or 1-800-743-5323
Fax (913) 551-6856 • TTY (913) 551-6972
E-mail: Complaints_office_07@hud.gov

**For Colorado, Montana, North Dakota, South Dakota,
Utah, and Wyoming:
ROCKY MOUNTAINS OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
1670 Broadway
Denver, CO 80202-4801
Telephone (303) 672-5437 or 1-800-877-7353
Fax (303) 672-5026 • TTY (303) 672-5248
E-mail: Complaints_office_08@hud.gov

**For Arizona, California, Hawaii, and Nevada:
PACIFIC/HAWAII OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
600 Harrison Street, Third Floor
San Francisco, CA 94107-1300
Telephone (415) 489-6524 or 1-800-347-3739
Fax (415) 489-6558 • TTY (415) 436-6594
E-mail: Complaints_office_09@hud.gov

**For Alaska, Idaho, Oregon, and Washington:
NORTHWEST/ALASKA OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Seattle Federal Office Building
909 First Avenue, Room 205
Seattle, WA 98104-1000
Telephone (206) 220-5170 or 1-800-877-0246
Fax (206) 220-5447 • TTY (206) 220-5185
E-mail: Complaints_office_10@hud.gov

***If after contacting the local office nearest you, you still have ques-
tions – you may contact HUD further at:***

U.S. Dept. of Housing and Urban Development
Office of Fair Housing and Equal Opportunity
451 7th Street, S.W., Room 5204
Washington, DC 20410-2000
Telephone (202) 708-0836 or 1-800-669-9777
Fax (202) 708-1425 • TTY 1-800-927-9275

To file electronically, visit: www.hud.gov

PLACE
POSTAGE
HERE

MAIL TO:

Public Reporting Burden for this collection of information is estimated to average 20 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.

The Department of Housing and Urban Development is authorized to collect this information by Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, (P.L. 100-430); Title VI of the Civil Rights Act of 1964, (P.L. 88-352); Section 504 of the Rehabilitation Act of 1973, as amended, (P.L. 93-112); Section 109 of Title I- Housing and Community Development Act of 1974, as amended, (P.L. 97-35); Americans with Disabilities Act of 1990, (P.L. 101-336); and by the Age Discrimination Act of 1975, as amended, (42 U.S.C. 6103).

The information will be used to investigate and to process housing discrimination complaints. The information may be disclosed to the United States Department of Justice for its use in the filing of pattern and practice suits of housing discrimination or the prosecution of the person(s) who committed that discrimination where violence is involved; and to State or local fair housing agencies that administer substantially equivalent fair housing laws for complaint processing. Failure to provide some or all of the requested information will result in delay or denial of HUD assistance.

Disclosure of this information is voluntary.



HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano Oficina de Derecho Equitativo a la Vivienda
U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

Instructions: (Please type or print) Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, leave the space blank. You have one year from the date of the alleged discrimination to file a complaint. Your form should be signed and dated.

Your Name

Your Address

City

State

Zip Code

Best time to call

Your Daytime Phone No

Evening Phone No

Who else can we call if we cannot reach you?

Contact's Name

Best Time to call

Daytime Phone No

Evening Phone No

Contact's Name

Best Time to call

Daytime Phone No

Evening Phone No

1 What happened to you?

How were you discriminated against?

For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing?

State briefly what happened.

HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano Oficina de Derecho Equitativo a la Vivienda
U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

2 Why do you think you are a victim of housing discrimination?

Is it because of your:

· race · color · religion · sex · national origin · familial status (families with children under 18) · disability?

For example: were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children?

Briefly explain why you think your housing rights were denied and circle the factor(s) listed above that you believe apply.

3 Who do you believe discriminated against you?

For example: was it a landlord, owner, bank, real estate agent, broker, company, or organization?

Identify who you believe discriminated against you.

Name

Address

4 Where did the alleged act of discrimination occur?

For example: Was it at a rental unit? Single family home? Public or Assisted Housing? A Mobile Home?

Did it occur at a bank or other lending institution?

Provide the address.

Address

City

State

Zip Code

5 When did the last act of discrimination occur?

Enter the date

____ / ____ / ____

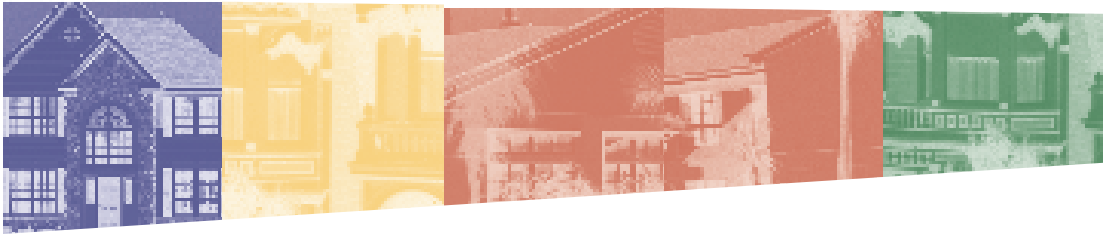
Is the alleged discrimination continuing or ongoing?

Yes No _____

Signature

Date

Send this form to HUD or to the fair housing agency nearest you. If you are unable to complete this form, you may call that office directly. See address and telephone listings on back page.



It is Unlawful to Discriminate in Housing Based on These Factors...

- Race
- Color
- National origin
- Religion
- Sex
- Familial status (families with children under the age of 18, or who are expecting a child)
- Handicap (if you or someone close to you has a disability)

If You Believe Your Rights Have Been Violated...

- HUD or a State or local fair housing agency is ready to help you file a complaint.
- After your information is received, HUD or a State or local fair housing agency will contact you to discuss the concerns you raise.

Detach here. Fold and close with glue or tape (no staples)

Keep this information for your records.

Date you mailed your information to HUD: _____/_____/_____

Address to which you sent the information:

Office _____

Telephone _____

Street _____

City _____

State _____

Zip Code _____

If you have not heard from HUD or a State or local fair housing agency within three weeks from the date you mailed this form, you may call to inquire about the status of your complaint. See address and telephone listings on back page.

ARE YOU A VICTIM OF HOUSING DISCRIMINATION?

“The American Dream of having a safe and decent place to call ‘home’ reflects our shared belief that in this nation, opportunity and success are within everyone’s reach.

Under our Fair Housing laws, every citizen is assured the opportunity to build a better life in the home or apartment of their choice — regardless of their race, color, religion, sex, national origin, family status or disability.”

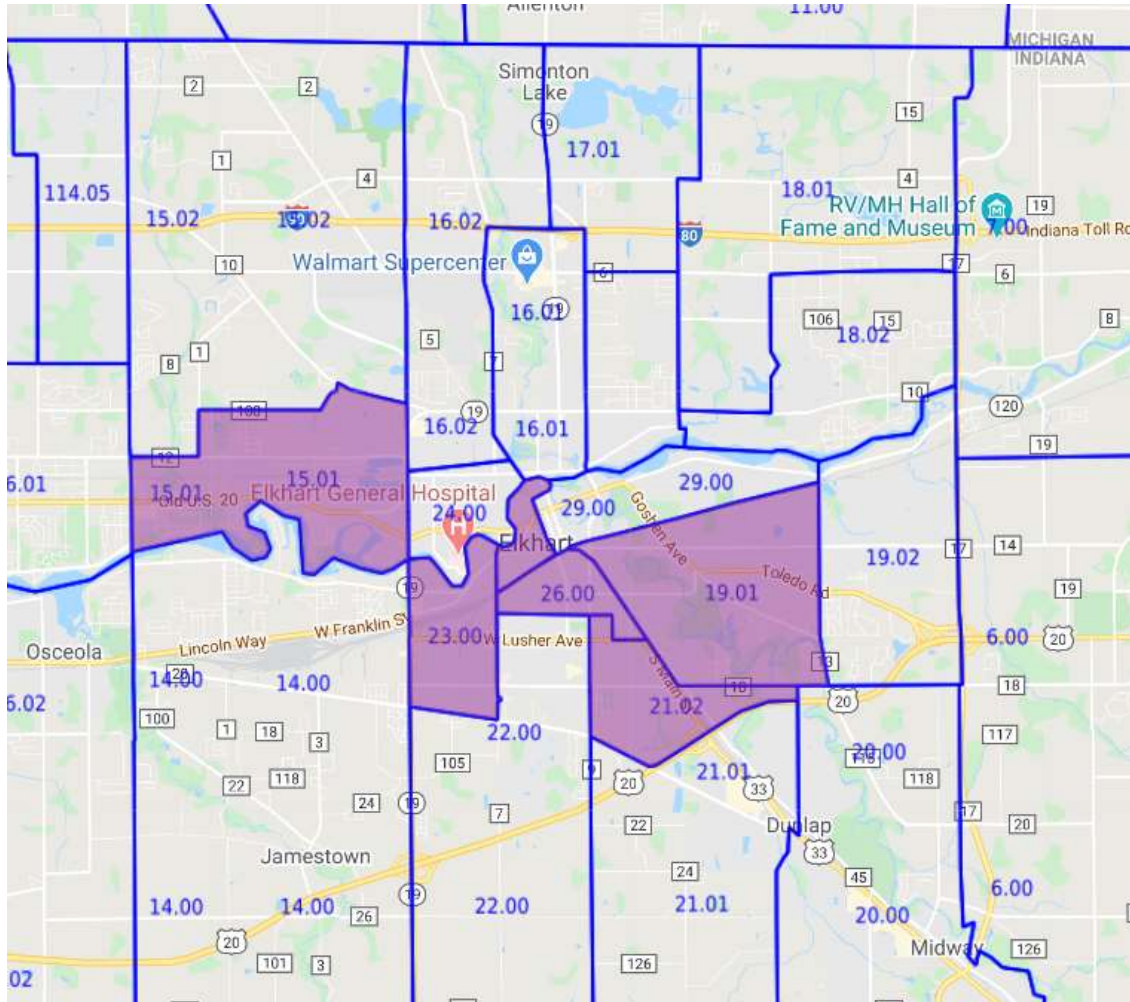
Alphonso Jackson
Secretary

HOW DO YOU RECOGNIZE HOUSING DISCRIMINATION?

Under the Fair Housing Act, it is Against the Law to:

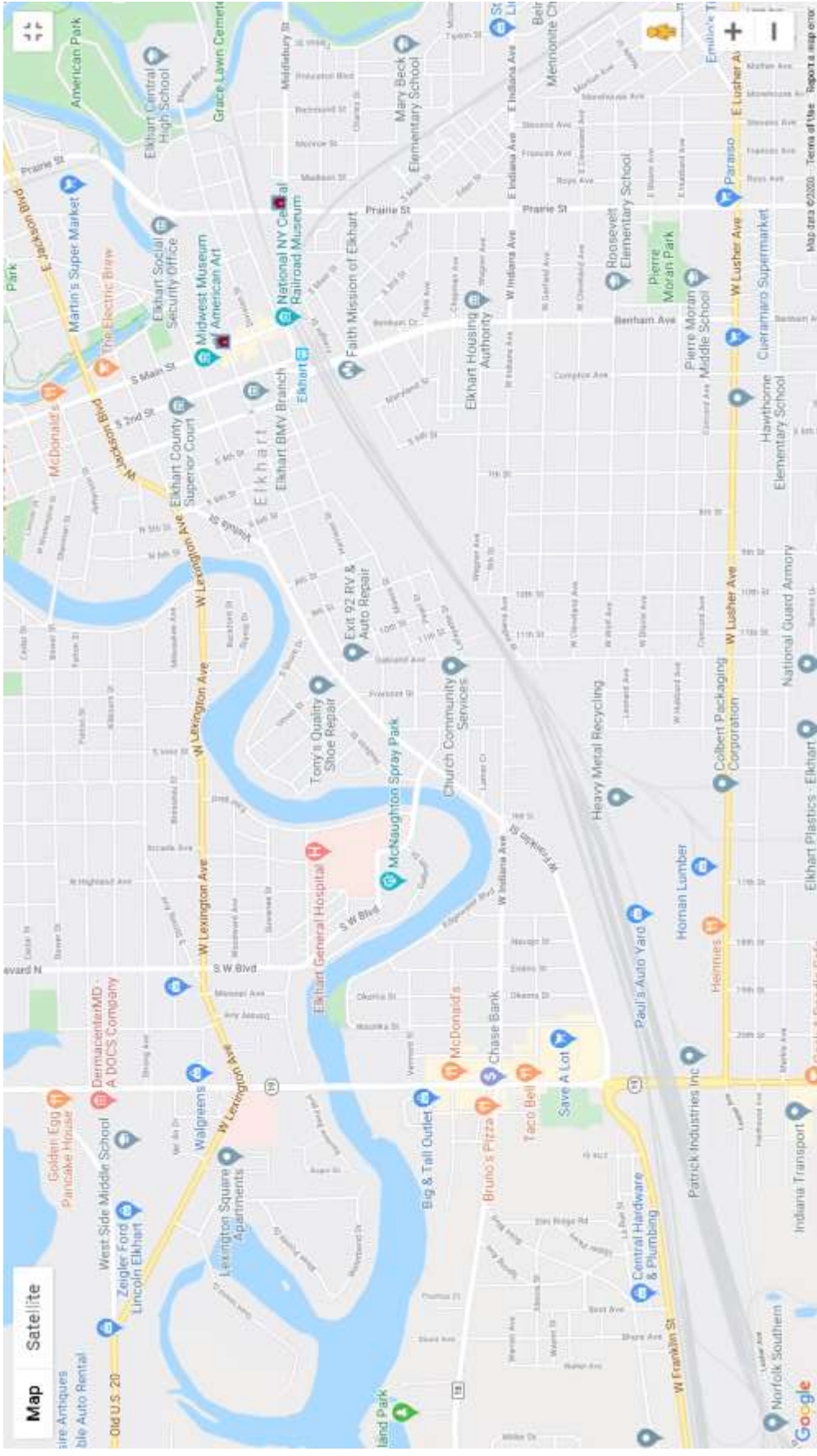
- Refuse to rent to you or sell you housing
- Tell you housing is unavailable when in fact it is available
- Show you apartments or homes only in certain neighborhoods
- Set different terms, conditions, or privileges for sale or rental of a dwelling
- Provide different housing services or facilities
- Advertise housing to preferred groups of people only
- Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan
- Deny you property insurance
- Conduct property appraisals in a discriminatory manner
- Refuse to make reasonable accommodations for persons with a disability if the accommodation may be necessary to afford such person a reasonable and equal opportunity to use and enjoy a dwelling.
- Fail to design and construct housing in an accessible manner
- Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights

CENSUS TRACTS



2020 Defined High Poverty areas in Purple.

Tracts # 15.01, 19.01, 21.02, 23, & 26



Map Satellite

Google

Map data ©2020 - Terms of Use Report a map error

HCV Portability Contacts

The following are portability contacts to local agencies:

Goshen Housing Authority
109 Catherine St.
Milford, IN 46542
Phone 574-269-7641

South Bend Housing Authority
501 South Scott Street
P.O. Box 11057
South Bend, In 46634-0057
Phone - 574-235-9346

Mishawaka Housing Authority
601 E. 11th Street
Mishawaka, IN 46544
Phone - 574-258-1658

Fort Wayne Housing Authority
7315 S. Hanna Street
Fort Wayne, IN 46869
Phone - 260-449-7725



**Housing Assistance Payments Contract
(HAP Contract)
Section 8 Tenant-Based Assistance
Housing Choice Voucher Program**

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

Part C of HAP Contract: Tenancy Addendum

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).
 - (d) 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

- (1) 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.
- (2) The owner must give the PHA a copy of any owner eviction notice at the same time the owner notifies the tenant.
- (3) 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.

Simple Steps To Protect Your Family From Lead Hazards

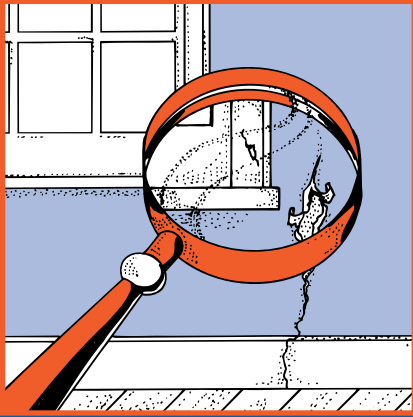
If you think your home has high levels of lead:

- ◆ Get your young children tested for lead, even if they seem healthy.
- ◆ Wash children's hands, bottles, pacifiers, and toys often.
- ◆ Make sure children eat healthy, low-fat foods.
- ◆ Get your home checked for lead hazards.
- ◆ Regularly clean floors, window sills, and other surfaces.
- ◆ Wipe soil off shoes before entering house.
- ◆ Talk to your landlord about fixing surfaces with peeling or chipping paint.
- ◆ Take precautions to avoid exposure to lead dust when remodeling or renovating (call 1-800-424-LEAD for guidelines).
- ◆ Don't use a belt-sander, propane torch, high temperature heat gun, scraper, or sandpaper on painted surfaces that may contain lead.
- ◆ Don't try to remove lead-based paint yourself.



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(minimum 50% postconsumer) process chlorine free.



Protect Your Family From Lead In Your Home



 **EPA** United States
Environmental
Protection Agency



United States
Consumer Product
Safety Commission



United States
Department of Housing
and Urban Development

Are You Planning To Buy, Rent, or Renovate a Home Built Before 1978?

Many houses and apartments built before 1978 have paint that contains high levels of lead (called lead-based paint). Lead from paint, chips, and dust can pose serious health hazards if not taken care of properly.



OWNERS, BUYERS, and RENTERS are encouraged to check for lead (see page 6) before renting, buying or renovating pre-1978 housing.

Federal law requires that individuals receive certain information before renting, buying, or renovating pre-1978 housing:



LANDLORDS have to disclose known information on lead-based paint and lead-based paint hazards before leases take effect. Leases must include a disclosure about lead-based paint.



SELLERS have to disclose known information on lead-based paint and lead-based paint hazards before selling a house. Sales contracts must include a disclosure about lead-based paint. Buyers have up to 10 days to check for lead.



RENOVATORS disturbing more than 2 square feet of painted surfaces have to give you this pamphlet before starting work.

IMPORTANT!

Lead From Paint, Dust, and Soil Can Be Dangerous If Not Managed Properly

- FACT:** Lead exposure can harm young children and babies even before they are born.
- FACT:** Even children who seem healthy can have high levels of lead in their bodies.
- FACT:** People can get lead in their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- FACT:** People have many options for reducing lead hazards. In most cases, lead-based paint that is in good condition is not a hazard.
- FACT:** Removing lead-based paint improperly can increase the danger to your family.

If you think your home might have lead hazards, read this pamphlet to learn some simple steps to protect your family.

Lead Gets in the Body in Many Ways

Childhood lead poisoning remains a major environmental health problem in the U.S.

Even children who appear healthy can have dangerous levels of lead in their bodies.

People can get lead in their body if they:

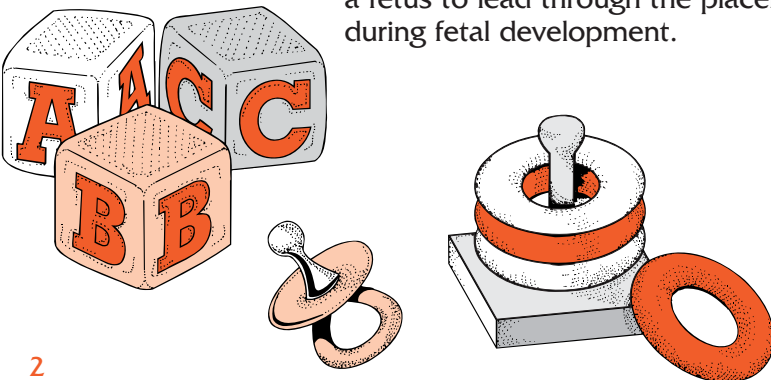
- ◆ Breathe in lead dust (especially during renovations that disturb painted surfaces).
- ◆ Put their hands or other objects covered with lead dust in their mouths.
- ◆ Eat paint chips or soil that contains lead.

Lead is even more dangerous to children under the age of 6:

- ◆ At this age children's brains and nervous systems are more sensitive to the damaging effects of lead.
- ◆ Children's growing bodies absorb more lead.
- ◆ Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.

Lead is also dangerous to women of childbearing age:

- ◆ Women with a high lead level in their system prior to pregnancy would expose a fetus to lead through the placenta during fetal development.



Lead's Effects

It is important to know that even exposure to low levels of lead can severely harm children.

In children, lead can cause:

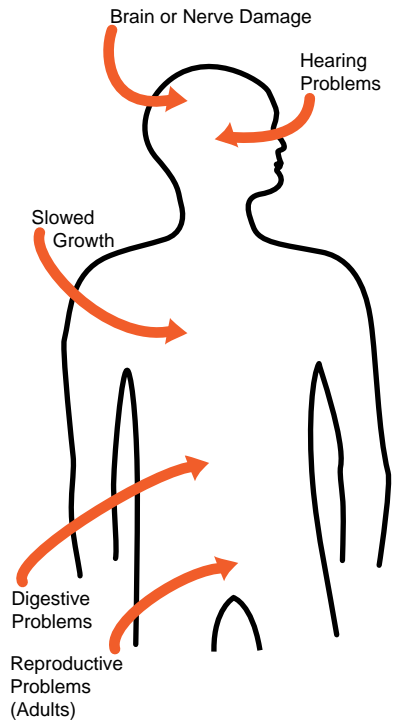
- ◆ Nervous system and kidney damage.
- ◆ Learning disabilities, attention deficit disorder, and decreased intelligence.
- ◆ Speech, language, and behavior problems.
- ◆ Poor muscle coordination.
- ◆ Decreased muscle and bone growth.
- ◆ Hearing damage.

While low-lead exposure is most common, exposure to high levels of lead can have devastating effects on children, including seizures, unconsciousness, and, in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults too.

In adults, lead can cause:

- ◆ Increased chance of illness during pregnancy.
- ◆ Harm to a fetus, including brain damage or death.
- ◆ Fertility problems (in men and women).
- ◆ High blood pressure.
- ◆ Digestive problems.
- ◆ Nerve disorders.
- ◆ Memory and concentration problems.
- ◆ Muscle and joint pain.



**Lead affects
the body in
many ways.**

Where Lead-Based Paint Is Found

In general, the older your home, the more likely it has lead-based paint.

Many homes built before 1978 have lead-based paint. The federal government banned lead-based paint from housing in 1978. Some states stopped its use even earlier. Lead can be found:

- ◆ In homes in the city, country, or suburbs.
- ◆ In apartments, single-family homes, and both private and public housing.
- ◆ Inside and outside of the house.
- ◆ In soil around a home. (Soil can pick up lead from exterior paint or other sources such as past use of leaded gas in cars.)

Checking Your Family for Lead

Get your children and home tested if you think your home has high levels of lead.

To reduce your child's exposure to lead, get your child checked, have your home tested (especially if your home has paint in poor condition and was built before 1978), and fix any hazards you may have. Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect high levels of lead. Blood tests are usually recommended for:

- ◆ Children at ages 1 and 2.
- ◆ Children or other family members who have been exposed to high levels of lead.
- ◆ Children who should be tested under your state or local health screening plan.

Your doctor can explain what the test results mean and if more testing will be needed.

Identifying Lead Hazards

Lead-based paint is usually not a hazard if it is in good condition, and it is not on an impact or friction surface, like a window. It is defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter, or more than 0.5% by weight.

Deteriorating lead-based paint (peeling, chipping, chalking, cracking or damaged) is a hazard and needs immediate attention. It may also be a hazard when found on surfaces that children can chew or that get a lot of wear-and-tear, such as:

- ◆ Windows and window sills.
- ◆ Doors and door frames.
- ◆ Stairs, railings, banisters, and porches.

Lead dust can form when lead-based paint is scraped, sanded, or heated. Dust also forms when painted surfaces bump or rub together. Lead chips and dust can get on surfaces and objects that people touch. Settled lead dust can re-enter the air when people vacuum, sweep, or walk through it. The following two federal standards have been set for lead hazards in dust:

- ◆ 40 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) and higher for floors, including carpeted floors.
- ◆ 250 $\mu\text{g}/\text{ft}^2$ and higher for interior window sills.

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. The following two federal standards have been set for lead hazards in residential soil:

- ◆ 400 parts per million (ppm) and higher in play areas of bare soil.
- ◆ 1,200 ppm (average) and higher in bare soil in the remainder of the yard.

The only way to find out if paint, dust and soil lead hazards exist is to test for them. The next page describes the most common methods used.

Lead from paint chips, which you can see, and lead dust, which you can't always see, can both be serious hazards.

Checking Your Home for Lead

Just knowing that a home has lead-based paint may not tell you if there is a hazard.



You can get your home tested for lead in several different ways:

- ◆ A paint **inspection** tells you whether your home has lead-based paint and where it is located. It won't tell you whether or not your home currently has lead hazards.
- ◆ A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards.
- ◆ A combination risk assessment and inspection tells you if your home has any lead hazards and if your home has any lead-based paint, and where the lead-based paint is located.

Hire a trained and certified testing professional who will use a range of reliable methods when testing your home.

- ◆ Visual inspection of paint condition and location.
- ◆ A portable x-ray fluorescence (XRF) machine.
- ◆ Lab tests of paint, dust, and soil samples.

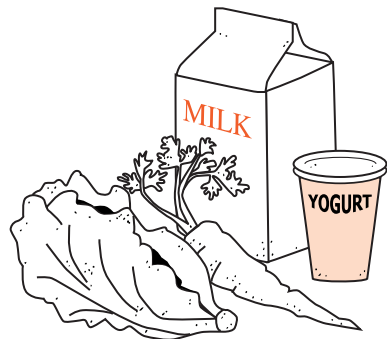
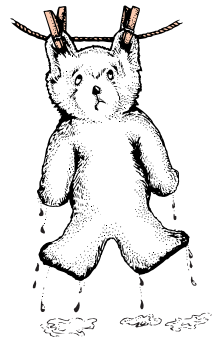
There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency (see bottom of page 11) for more information, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.

Home test kits for lead are available, but may not always be accurate. Consumers should not rely on these kits before doing renovations or to assure safety.

What You Can Do Now To Protect Your Family

If you suspect that your house has lead hazards, you can take some immediate steps to reduce your family's risk:

- ◆ If you rent, notify your landlord of peeling or chipping paint.
- ◆ Clean up paint chips immediately.
- ◆ Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner or a cleaner made specifically for lead. REMEMBER: NEVER MIX AMMONIA AND BLEACH PRODUCTS TOGETHER SINCE THEY CAN FORM A DANGEROUS GAS.
- ◆ Thoroughly rinse sponges and mop heads after cleaning dirty or dusty areas.
- ◆ Wash children's hands often, especially before they eat and before nap time and bed time.
- ◆ Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- ◆ Keep children from chewing window sills or other painted surfaces.
- ◆ Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- ◆ Make sure children eat nutritious, low-fat meals high in iron and calcium, such as spinach and dairy products. Children with good diets absorb less lead.



Reducing Lead Hazards In The Home

Removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.

Always use a professional who is trained to remove lead hazards safely.



In addition to day-to-day cleaning and good nutrition:

- ◆ You can **temporarily** reduce lead hazards by taking actions such as repairing damaged painted surfaces and planting grass to cover soil with high lead levels. These actions (called “interim controls”) are not permanent solutions and will need ongoing attention.
- ◆ To **permanently** remove lead hazards, you should hire a certified lead “abatement” contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent removal.

Always hire a person with special training for correcting lead problems—someone who knows how to do this work safely and has the proper equipment to clean up thoroughly. Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

Once the work is completed, dust cleanup activities must be repeated until testing indicates that lead dust levels are below the following:

- ◆ 40 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) for floors, including carpeted floors;
- ◆ 250 $\mu\text{g}/\text{ft}^2$ for interior windows sills; and
- ◆ 400 $\mu\text{g}/\text{ft}^2$ for window troughs.

Call your state or local agency (see bottom of page 11) for help in locating certified professionals in your area and to see if financial assistance is available.

Remodeling or Renovating a Home With Lead-Based Paint

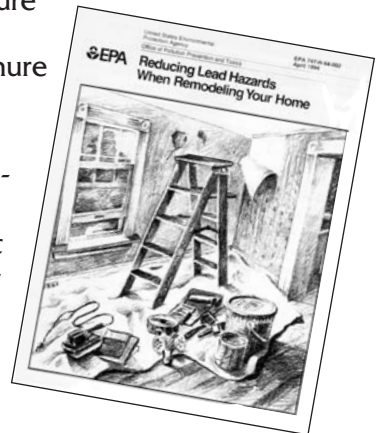
Take precautions before your contractor or you begin remodeling or renovating anything that disturbs painted surfaces (such as scraping off paint or tearing out walls):

- ◆ **Have the area tested for lead-based paint.**
- ◆ **Do not use a belt-sander, propane torch, high temperature heat gun, dry scraper, or dry sandpaper** to remove lead-based paint. These actions create large amounts of lead dust and fumes. Lead dust can remain in your home long after the work is done.
- ◆ **Temporarily move your family** (especially children and pregnant women) out of the apartment or house until the work is done and the area is properly cleaned. If you can't move your family, at least completely seal off the work area.
- ◆ **Follow other safety measures to reduce lead hazards.** You can find out about other safety measures by calling 1-800-424-LEAD. Ask for the brochure "Reducing Lead Hazards When Remodeling Your Home." This brochure explains what to do before, during, and after renovations.

If you have already completed renovations or remodeling that could have released lead-based paint or dust, get your young children tested and follow the steps outlined on page 7 of this brochure.



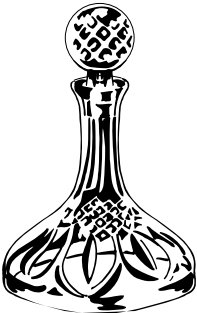
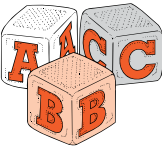
If not conducted properly, certain types of renovations can release lead from paint and dust into the air.



Other Sources of Lead



While paint, dust, and soil are the most common sources of lead, other lead sources also exist.



- ◆ **Drinking water.** Your home might have plumbing with lead or lead solder. Call your local health department or water supplier to find out about testing your water. You cannot see, smell, or taste lead, and boiling your water will not get rid of lead. If you think your plumbing might have lead in it:
 - Use only cold water for drinking and cooking.
 - Run water for 15 to 30 seconds before drinking it, especially if you have not used your water for a few hours.
- ◆ **The job.** If you work with lead, you could bring it home on your hands or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- ◆ Old painted **toys** and **furniture**.
- ◆ Food and liquids stored in **lead crystal** or **lead-glazed pottery or porcelain**.
- ◆ **Lead smelters** or other industries that release lead into the air.
- ◆ **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture.
- ◆ **Folk remedies** that contain lead, such as “greta” and “azarcon” used to treat an upset stomach.

For More Information

The National Lead Information Center

Call **1-800-424-LEAD (424-5323)** to learn how to protect children from lead poisoning and for other information on lead hazards. To access lead information via the web, visit **www.epa.gov/lead** and **www.hud.gov/offices/lead/**.

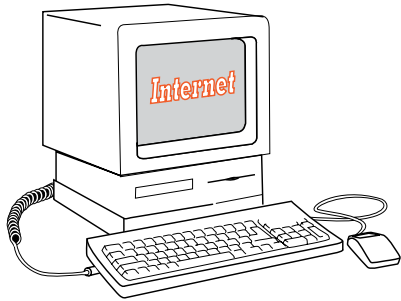


EPA's Safe Drinking Water Hotline

Call **1-800-426-4791** for information about lead in drinking water.

Consumer Product Safety Commission (CPSC) Hotline

To request information on lead in consumer products, or to report an unsafe consumer product or a product-related injury call **1-800-638-2772**, or visit CPSC's Web site at: **www.cpsc.gov**.



Health and Environmental Agencies

Some cities, states, and tribes have their own rules for lead-based paint activities. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your local contacts on the Internet at **www.epa.gov/lead** or contact the National Lead Information Center at **1-800-424-LEAD**.

For the hearing impaired, call the Federal Information Relay Service at **1-800-877-8339** to access any of the phone numbers in this brochure.

EPA Regional Offices

Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

EPA Regional Offices

Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact
U.S. EPA Region 1
Suite 1100 (CPT)
One Congress Street
Boston, MA 02114-2023
1 (888) 372-7341

Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact
U.S. EPA Region 2
2890 Woodbridge Avenue
Building 209, Mail Stop 225
Edison, NJ 08837-3679
(732) 321-6671

Region 3 (Delaware, Maryland, Pennsylvania, Virginia, Washington DC, West Virginia)

Regional Lead Contact
U.S. EPA Region 3 (3WC33)
1650 Arch Street
Philadelphia, PA 19103
(215) 814-5000

Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact
U.S. EPA Region 4
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-8998

Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact
U.S. EPA Region 5 (DT-8J)
77 West Jackson Boulevard
Chicago, IL 60604-3666
(312) 886-6003

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)

Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue, 12th Floor
Dallas, TX 75202-2733
(214) 665-7577

Region 7 (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact
U.S. EPA Region 7
(ARTD-RALI)
901 N. 5th Street
Kansas City, KS 66101
(913) 551-7020

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact
U.S. EPA Region 8
999 18th Street, Suite 500
Denver, CO 80202-2466
(303) 312-6021

Region 9 (Arizona, California, Hawaii, Nevada)

Regional Lead Contact
U.S. Region 9
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-4164

Region 10 (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact
U.S. EPA Region 10
Toxics Section WCM-128
1200 Sixth Avenue
Seattle, WA 98101-1128
(206) 553-1985

CPSC Regional Offices

Your Regional CPSC Office can provide further information regarding regulations and consumer product safety.

Eastern Regional Center

Consumer Product Safety Commission
201 Varick Street, Room 903
New York, NY 10014
(212) 620-4120

Western Regional Center

Consumer Product Safety Commission
1301 Clay Street, Suite 610-N
Oakland, CA 94612
(510) 637-4050

Central Regional Center

Consumer Product Safety Commission
230 South Dearborn Street, Room 2944
Chicago, IL 60604
(312) 353-8260

HUD Lead Office

Please contact HUD's Office of Healthy Homes and Lead Hazard Control for information on lead regulations, outreach efforts, and lead hazard control and research grant programs.

U.S. Department of Housing and Urban Development

Office of Healthy Homes and Lead Hazard Control
451 Seventh Street, SW, P-3206
Washington, DC 20410
(202) 755-1785

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U.S. EPA Washington DC 20460
U.S. CPSC Washington DC 20207
U.S. HUD Washington DC 20410

EPA747-K-99-001
June 2003



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



November 2004

Things You Should Know

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

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

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

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



Reporting Fraud and Program Abuse

Date: _____

Name (Optional): _____

Telephone (Optional): _____

Please explain in full detail the current situation (additional space on back):
[Be sure to include important name(s), address(es), and telephone number(s)]

1. How long has this situation been going on? _____
2. Is subject employed? Yes or No
If yes, where? _____ How long? _____
3. What time does subject leave for work? _____ Return? _____
4. Does subject have a car? Yes or No
If yes, plate # _____ Make: _____ Model: _____
Year: _____ Color: _____
5. Source of Income: _____
6. Who lives with subject: _____
7. Are there any other witnesses? Yes or No
If yes, who: _____
8. If criminal behavior exists, have you notified the police? Yes or No
9. May we call you for additional information? Yes or No
10. Are you willing to sign a statement about this information? Yes or No

Additional 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 10/31/2019.

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

**EXHIBIT 16-3: EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING
(HCV VERSION)**

Attachment: Certification form HUD-5382

**Housing Authority of the City of Elkhart
Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking
Housing Choice Voucher Program**

Emergency Transfers

The PHA is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),¹ the PHA allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.² The ability of the PHA to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the PHA has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the federal agency that oversees that the **public housing and housing choice voucher (HCV) programs** are in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L, is eligible for an emergency transfer if the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

¹Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

²Housing 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.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify the PHA's management office and submit a written request for a transfer to **any PHA office**. The PHA will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the PHA's program;
OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

The PHA will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives the PHA written permission to release the information on a time-limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person or persons that committed an act of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence against Women Act for All Tenants for more information about the PHA's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

The PHA cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The PHA will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The PHA may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If the PHA has no safe and available units for which a tenant who needs an emergency transfer is eligible, the PHA will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could

move. At the tenant's request, the PHA will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Emergency Transfers: Housing Choice Voucher (HCV) Program

Tenant-based assistance: If you are a participant in the tenant-based HCV program and request an emergency transfer as described in this plan, the PHA will assist you to move to a safe unit quickly using your existing voucher assistance. The PHA will make exceptions to program regulations restricting moves as required.

At your request, the PHA will refer you to organizations that may be able to further assist you.

Project-based assistance: If you are assisted under the project-based voucher (PBV) program, you may request an emergency transfer under the following programs for which you are not required to apply:

- Tenant-based voucher, if available
- Project-based assistance in the same project (if a vacant unit is available and you determine that the vacant unit is safe)
- Project-based assistance in another development owned by the PHA

Emergency transfers under VAWA will take priority over waiting list admissions for these types of assistance.

You may also request an emergency transfer under the following programs for which you are required to apply:

- Public housing program
- PBV assistance in another development not owned by the PHA

Emergency transfers will not take priority over waiting list admissions for these programs. At your request, the PHA will refer you to organizations that may be able to further assist you.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse, and Incest National Network's National Sexual Assault Hotline at 1-800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

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>.

Attachment: Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

YWCA of Elkhart County- 1-866-YES-YWCA Victims Assistance-Prosecuting Attorney's Office 574-523-2237

EXHIBIT 16-4: EMERGENCY TRANSFER REQUEST FOR CERTAIN VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, FORM HUD-5383

**EMERGENCY TRANSFER
REQUEST FOR CERTAIN
VICTIMS OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

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

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

Purpose of Form: If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

The requirements you must meet 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. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.
- (2) You expressly request the emergency transfer.** Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.
- (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 submit this form or otherwise expressly request the transfer.

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. 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 or an emergency transfer to you. 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 PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: _____

2. Your name (if different from victim's) _____

3. Name(s) of other family member(s) listed on the lease: _____

4. Name(s) of other family member(s) who would transfer with the victim: _____

5. Address of location from which the victim seeks to transfer: _____

6. Address or phone number for contacting the victim: _____

7. Name of the accused perpetrator (if known and can be safely disclosed): _____

8. Relationship of the accused perpetrator to the victim: _____

9. Date(s), Time(s) and location(s) of incident(s): _____

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. _____

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

12. If voluntarily provided, list any third-party documentation you are providing along with this notice:

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. 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) _____



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



**What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)**

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

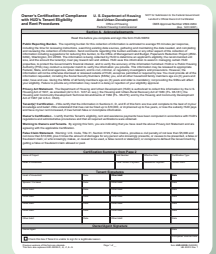
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - *Child support*
 - *AFDC payments*
 - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.



JULY 2009

Applicant/Participant Certification

Initial

- _____ I have reviewed my application form. All of the information that I have presented is true and accurate.
- _____ I know that I must report all changes in household composition within ten (10) days and income and asset increases in writing within 60 days of the change. I further understand that failure or refusal to report changes in may result in the denial or termination of my assistance.
- _____ I understand that HCV assistance is limited to the family members listed on my application. I understand that only those people who are listed on my application and who have been approved by the landlord may reside in the assisted unit. I further understand that if there are other people living in the assisted unit who have not been approved by either the Elkhart Housing Authority or the landlord, that my assistance may be terminated.
- _____ I have received previous housing assistance at the _____ Housing Authority/Agency. I certify that any previous housing assistance I had was left in good standing and do not owe any money for unpaid rent, damages or vacancy.
- _____ I understand that the Elkhart Housing Authority is required to provide information to prospective landlords regarding my current and previous landlord.
- _____ I certify that I have received a briefing booklet from the Elkhart Housing Authority. I understand the program rules and requirements as they have been explained.
- _____ I certify that all the information presented to me at this briefing is true and correct. I understand that Title 18, Section 1001 of the U.S. Code states that any person who knowingly and willingly makes false statements to any Department or Agency of the United States or the Department of Housing and Urban Development is guilty of a felony.

Head of Household Date

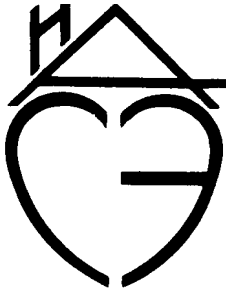
Spouse/Adult Date

Adult Date

Adult Date

HOUSING AUTHORITY CITY OF ELKHART

Housing Choice Voucher Program



1396 Benham Avenue
Elkhart, Indiana

www.ehai.org

Phone 574-295-8393
Fax 574-293-0580
TTY 574-295-9682



Outgoing Portability Request- Page One

Regulatory conditions pertaining to an assisted family include:

- The PHA will deny a family permission to make an elective move during the initial lease term. The PHA will also deny a family permission to make more than one elective move during any 12-month period.
- The family must be in good standing and must not owe the PHA for unreported income or other balances.
- The family has a right to terminate the lease on notice to the owner. The lease specifies the requirement on notice to terminate the lease.
- The lease for the unit has been terminated by mutual agreement of the owner and family. The family must provide the PHA a copy of the termination agreement.

The family must be in good standing with the HCV Program which includes that no outstanding balances with the PHA or the landlord. The participant must leave the unit in good condition. Damage beyond normal wear and tear will be cause for termination. A forty-five (45) day notice must be provided to the Housing Authority.

1. When the family moves under portability they must inform the initial PHA of the PHA they wish to move. The HCV staff will contact the receiving PHA via email, fax or other confirmed delivery method to determine if the receiving PHA will bill or absorb the family's voucher.
2. It is the participants' responsibility to determine the area to port the voucher. The participant should be certain of the location as the Elkhart Housing Authority will only process one portability request per year. You can go to HUD's web site to look for Housing Authorities in the area you wish to move.
http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/pha/contacts
3. At the scheduled Appointment, a Tenant Notice to Vacate (TNTV) will be completed with the appropriate vacate dates and sent to the landlord. The landlord will be advised to submit in writing any outstanding balances and to conduct an inspection to determine the unit is in satisfactory condition.
4. You will be issued a voucher and Portability Paperwork will be issued to the PHA of your determination. The HCV staff will inform you of the steps you must take.
5. If landlord advises the HCV Program that there are outstanding balances or the unit is not in good condition the paperwork will be suspended until conditions are remedied.

FORM CONTINUED ON NEXT PAGE

Outgoing Portability Request- Page Two

Complete this section and print all information except for signature.

Participant Name

Participant Phone Number

Participant Current Address

Participant Email Address

Date Lease Ends

Date I intend to move out of current unit. This must be at least 45 days from the date this form is submitted.

Housing Authority I wish to relocate to is: _____

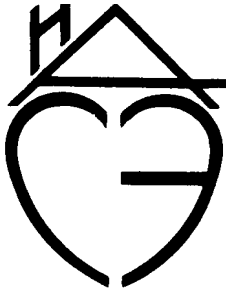
I have read this form and understand that I must be in good standing with the HCV Program and in compliance with the lease for my current unit. I further understand that I have chosen the location I wish to relocate and that I will be required to wait 12 months to submit an additional portability request.

Participant Signature

Date

HOUSING AUTHORITY CITY OF ELKHART

Housing Choice Voucher Program



1396 Benham Avenue
Elkhart, Indiana

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Unit Transfer Request

Regulatory conditions pertaining to an assisted family unit transfer requests include:

- The PHA will deny a family permission to make an elective move during the initial lease term. The PHA will also deny a family permission to make more than one elective move during any 12-month period.
- The family has a right to terminate the lease on notice to the owner. The lease specifies the requirement on notice to terminate the lease.
- The lease for the unit has been terminated by mutual agreement of the owner and family. The family must provide the PHA a copy of the termination agreement.

The family must be in good standing with the HCV Program which includes that no outstanding balances exist with the landlord. The participant must leave the unit in good condition. Damage beyond normal wear and tear will be cause for termination. A forty-five (45) day notice must be provided to the Housing Authority.

1. Complete this form and the attached packet. Attach all necessary documentation and submit the entire packet. If all documentation is submitted and verified you will receive an appointment in ten business days.
2. At the scheduled Appointment, a Tenant Notice to Vacate (TNTV) will be completed with the appropriate vacate dates and sent to the landlord. The landlord will be advised to submit in writing any outstanding balances and to conduct an inspection to determine the unit is in satisfactory condition.
3. You will be issued a voucher and a Request for Tenancy Approval (RTA).
4. If landlord advises the HCV Program that there are outstanding balances or the unit is not in good condition the Unit Transfer will be suspended until conditions are remedied.

Complete this section and print all information except for signature.

Participant Name

Participant Phone Number

Current Address

Participant e-mail address

End date of lease.

Date I would like to be moved by.

This must be at least 45 days from the date this form is Submitted.

Participant Signature

Date

Continued on Back

Documentation Required at Unit Transfer

Employment Verification: Three most recent and consecutive check stubs or 6 month pay history for Temp Agencies, Seasonal. If self-employed please provide either a W-2 or a 12 month income and expense worksheet.

TANF (cash assistance): Most recent benefit letter and/or 3 month TANF history report or cancellation letter.

Unemployment: Original award letter from Unemployment Compensation and current stub or exhaust letter.

Child Support: Notarized letter from the provider and/or 12 month print out for all payees from the Child Support office.

SSI/Social Security Benefits: Current award letter.

Bank Accounts/Assets: (i.e. checking , savings, stocks, bonds, property, IRA's mutual funds, annuities, trusts, inheritances and settlements) Current statement or letter from bank stating current balances with annual interest rate.

Full Time Student Status: any member of the household 18 years of age or older current year financial aid award letter and tuition cost.

Child Care: Original Notarized letter/company letterhead from provider stating how much paid and timeframe in which child care is provided. Provided documentation must include contact information (Name, address & phone number).

Medical Deduction: At least 62 or disabled head, co-head or spouse- 12 month patient payment history printouts from pharmacy or doctor's office for out of pocket medical expenses for the past year.

Other: _____

Housing Authority City of Elkhart Indiana Personal Declaration/Intake and Annuals

YOU MUST COMPLETE THIS FORM AND BRING IT TO YOUR APPOINTMENT! This form must be signed by all adult household members age 18 or older. Failure to complete this form will delay processing. Such delays caused by the family may be grounds for denial or termination of housing assistance.

All information that you provide on this form **MUST** be accurate and complete.

The Housing Authority City of Elkhart, Indiana is an equal opportunity housing provider committed to providing quality housing opportunities and services to all eligible applicants and participants regardless of race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians; pregnant women and people securing custody of children under 18) and/or handicap/disability.

Accommodation/Modification:

Do you or any member of your household require any modification(s) and/or accommodation(s) to fully participate in this or any EHA program or service?	Choose One Y/N	Description of accommodation or modification(s) being requested:
Are there any children 7 years and under who have an elevated level of lead in their blood?	Choose One Y/N	List child(ren) name(s):

Household Head Information: Please provide all information requested. Clearly print/type responses.

Head of Household

Last Name:	First Name:	Middle Name:
Social Security #:	Date of Birth:	Phone(s):

Single Parent/Adult	Choose One
----------------------------	-------------------

Are you the only parent/adult that will be living in the assisted unit?	Yes/No
-------------------------------------------------------------------------	--------

Disability	Choose One
-------------------	-------------------

Are you a disabled individual?	Yes/No
--------------------------------	--------

Marital Status (Choose One)		Employment Status Check all that Apply	
<input type="checkbox"/>	Never Married	<input type="checkbox"/>	Employed
<input type="checkbox"/>	Married	<input type="checkbox"/>	Self-Employed
<input type="checkbox"/>	Separated	<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Disability
<input type="checkbox"/>	Widow(er)	<input type="checkbox"/>	Job/Training/Student
		<input type="checkbox"/>	Retired

Spouse/Ex-Spouse Name	Address	Social Security #	D.O.B.

Address Information: What is your current address?			
Current Street Number and Name: (Do not use P.O. Box):	City:	State:	Zip Code:

Household Composition: Please list all household members currently living with you (or who will be living with you if assisted). List household members from oldest to youngest.

Household Member 2			
Last Name:	First Name:	M.I.	
Date of Birth:	Relationship to head of household		Absent Parent or Name:
Male/Female: M/F	Spouse	Youth Under 18	Address:
Please choose relationship	Co-Head	Foster Child	
Code to Right	Other Adult	Live-In Aid	
Household Member 3			
Last Name:	First Name:	M.I.	
Date of Birth:	Relationship to head of household		Absent Parent or Name:
Male/Female: M/F	Spouse	Youth Under 18	Address:
Please choose relationship	Co-Head	Foster Child	
Code to Right	Other Adult	Live-In Aid	
Household Member 4			
Last Name:	First Name:	M.I.	
Date of Birth:	Relationship to head of household		Absent Parent or Name:
Male/Female: M/F	Spouse	Youth Under 18	Address:
Please choose relationship	Co-Head	Foster Child	
Code to Right	Other Adult	Live-In Aid	
Household Member 5			
Last Name:	First Name:	M.I.	
Date of Birth:	Relationship to head of household		Absent Parent or Name:
Male/Female: M/F	Spouse	Youth Under 18	Address:
Please choose relationship	Co-Head	Foster Child	
Code to Right	Other Adult	Live-In Aid	
Household Member 6			
Last Name:	First Name:	M.I.	
Date of Birth:	Relationship to head of household		Absent Parent or Name:
Male/Female: M/F	Spouse	Youth Under 18	Address:
Please choose relationship	Co-Head	Foster Child	
Code to Right	Other Adult	Live-In Aid	
Household Member 7			
Last Name:	First Name:	M.I.	
Date of Birth:	Relationship to head of household		Absent Parent or Name:
Male/Female: M/F	Spouse	Youth Under 18	Address:
Please choose relationship	Co-Head	Foster Child	
Code to Right	Other Adult	Live-In Aid	

Anticipated Family Composition Changes:

Do you expect anyone to move in or out of your household within the next 12 months? Yes/No	If yes, please indicate who and when.	
	Add:	Date:
	Remove:	Date:

Program Integrity Information: (These questions apply to all household members). You **MUST** answer each of the following questions accurately and completely. The Elkhart Housing Authority conducts criminal background checks and your response to these questions may be verified. Providing inaccurate and/or incomplete information may be grounds for denial/termination.

Have you or any member of your household ever been arrested or convicted for the use, sale and/or manufacture of controlled substances?	Yes/No	If yes, please tell us dates, charges, city and state.
Have you or any member of your household ever been arrested for any criminal activity involving the use, attempted use or threatened use of physical force?	Yes/No	If yes, please tell us dates, charges, city and state.
Does anyone in your household currently (or within the last 3 years) use a controlled substance or illegal drug? Excluding doctor prescribed medications.	Yes/No	If yes, please explain:
Have you or any other adult member ever used any name(s) and/or other name (s) than the one you have listed?	Yes/No	If yes, please explain:

Previous Housing Assistance: You **MUST** answer each of the following questions accurately and completely. False and/or incomplete answers may result in denial/termination.

Have you ever lived in public or assisted housing at any time in the past?	Yes/No	If yes, please explain: Include dates and locations.
Have you ever committed fraud or knowingly misrepresented information in any housing assistance program?	Yes/No	If yes, please explain: Include dates and locations.
Do you owe any money to any housing authority or agency that provides housing assistance?	Yes/No	If yes, what agency? How much?
Have you ever been evicted from any public housing program or had program benefits denied or terminated in any housing assistance program?	Yes/No	If yes, please explain: Include dates and locations.

Income: (This question applies to all household members). Tell us about all income received in the household.

Income is: "all amounts, monetary or not, which go to or on behalf of the family head or spouse or to any other family member, or that are anticipated to be received from a source outside the family during the 12 month period following admission or the annual reexamination effective date." The Elkhart Housing Authority participates in computer matching programs with federal, state and/or local agencies. Providing inaccurate and/or incomplete information is grounds for denial/termination.

Income includes: Employment income, the net income from a business, periodic payments from Social Security, annuities, pensions, alimony and child support, payments in lieu of earnings such as unemployment compensation, workers compensation, severance pay, public assistance (TANF), SSI, military pay and regular contributions and gifts.

Type of Income	Family Member Name	Income Source	Contact Information (address/phone, etc.)	Dollars/Hour, week month, or year
Employment				\$
Employment				\$
Social Security		Circle One SSD/SSI		\$
Social Security		Circle One SSD/SSI		\$
Social Security		Circle One SSD/SSI		\$
Child Support (complete if court order exists, even if not received)		Receiving: Yes/No		\$
Child Support (complete if court order exists, even if not received)		Receiving: Yes/No		\$
TANF				\$
Unemployment				\$
Other/Pension (Please explain)				\$

Assets: (This question applies to all household members, including children). Tell us about all assets owned by household members, including assets owned by more than one person, allowing unrestricted access by the household members(s).

Do you or any family member own or have access to any of the following?

Savings account?..... Yes No

Checking account?..... Yes No

Certificate of deposit?..... Yes No

Money Market account?..... Yes No

If you answered yes to any of the above questions, please fill out the following information:

Family Member Name	Bank Name	Type of Account/Policy Number	Balance
			\$
			\$
			\$
			\$
			\$
			\$

Do you or any family member own or have access to any of the following?

Stocks?..... Yes No

Bonds?..... Yes No

Real Property?..... Yes No

Trust Funds?..... Yes No

Pensions?..... Yes No

Individual retirement accounts?..... Yes No

Inheritances?..... Yes No

Life insurance policies?..... Yes No

Any other type of capital investment?..... Yes No

If you answered yes to any of the above questions, please fill out the following information:

Family Member Name	Bank Name	Type of Account/Policy Number	Balance
			\$
			\$

Disposed Assets: Have you or any member of your household disposed of any assets during the past 2 years?

Family Member Name	Type of Asset Disposed of	Type of Account/Name/Policy #	Balance
			\$
			\$

Additional Income Information

Has anyone in your household applied for any benefits or money that is in the process of being approved?	Yes/No	If yes, please list the source and date of application:
Does anyone outside your household give you money and/or pay for any of your bills or expenses?	Yes/No	If yes, provide their name, address and phone number and what amount they give you and how often:
Does anyone in your household receive an educational grant or scholarship?	Yes/No	If yes, list which family member(s), source of income and amount awarded:

Expenses: What are your current expenses? Questions relating to medical expense(s) are limited to the name and address of medical professionals. The Elkhart Housing Authority neither seeks nor desires any medical information about any household member.

Do you pay childcare expenses in order to work or go to school?	Yes/No	If yes, how much do you pay? List name, address and phone number of the provider:
Do you pay for the care of a disabled household member in order to work? Please include the cost of any auxiliary apparatus that may be needed. (i.e. wheel chair lift)	Yes/No	If yes, how much do you pay? List name, address and phone number of caregiver:
Do you currently own a vehicle?	Yes/No	If yes, is vehicle paid for? If not, name of lender and amount still owed:
Are you currently paying for automobile insurance?	Yes/No	If yes, what is the name of the insurance agency and what is your monthly payment:

The following questions only apply to households whose head or spouse is age 62 or older or is a person with disabilities.

Do you pay for health insurance (other than Medicare)?	Yes/No	If yes, please provide insurance name, address and premium amount:
Are you currently paying for any out-of-pocket medical expenses (i.e. prescriptions, doctors, medical procedures)?	Yes/No	If yes, please provide the name and address of pharmacy(s) or medical provider(s):

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. 1/31/2014

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

Housing Authority City of Elkhart
1396 Benham Avenue
Elkhart, IN 46516

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(I)(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:

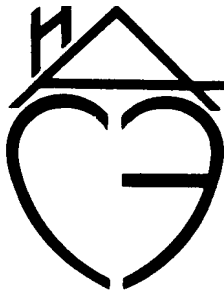
HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

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.

HOUSING AUTHORITY CITY OF ELKHART

Housing Choice Voucher Program



1396 Benham Avenue
Elkhart, Indiana 46516

www.ehai.org

Phone 574-295-8393

Fax 574-293-0580

TTY 574-295-9682

Mr. Kim E. Sindle
Executive Director

EST. 1962

Release of Information

I (We), _____, hereby authorize the Elkhart Housing Authority to share any of my information in its possession, including my name, address, other personal information and the type of assistance I receive. This applies to any or all of the following organizations necessary to coordinate available services and assistance for my case management, or to complete my application, Individual Training and Service Plan (ITSP) or to help move me (us) into Self-Sufficiency.

- | | |
|------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Department of Family Resources | <input type="checkbox"/> Legal Aid |
| <input type="checkbox"/> Work One | <input type="checkbox"/> Utility Companies |
| <input type="checkbox"/> Bank(s)/Credit Union(s) | <input type="checkbox"/> Trustees Office |
| <input type="checkbox"/> College | <input type="checkbox"/> Health Care Provider |
| <input type="checkbox"/> Community Agency (CCS, S/A, etc.) | <input type="checkbox"/> REAL Services |
| <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Vocational Rehab |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

I further release and authorize the Elkhart Housing Authority and its staff to contact any of the above named entities, persons, or agencies to verify information provided by me for participation in the Elkhart Housing Authority's Housing Choice Voucher program including, the Family Self-Sufficiency Program and Homeownership Program.

This authorization/release is valid for 15 months from the date signed or for the duration of my participation in the Housing Choice Voucher program and/or my Family Self-Sufficiency Contract.

I (We) understand that I (We) may revoke this consent only by giving written notice to the person or organization making the disclosures. My signature indicates that I have read the above, or it has been read to me, and that I understand the terms and conditions. I am also signing this release on behalf of my children that are under the age of 18.

Signed:

Applicant/Participant

Date

Co-Applicant/Co-Participant

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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.

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.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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:

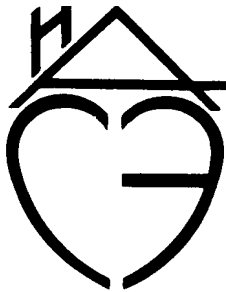
Signature

Date

Printed Name

HOUSING AUTHORITY CITY OF ELKHART

Housing Choice Voucher Program



1396 Benham Avenue
Elkhart, Indiana 46516

www.ehai.org

Phone 574-295-8393

Fax 574-293-0580

TTY 574-295-9682

Mr. Kim E. Sindle
Executive Director

EST. 1962

Date: _____

Clerk of Superior Court
Support Desk
315 South Second St.
Elkhart, IN 46516

RE:
SS#:
Payer: **ALL**

To Whom It May Concern:

Please send a payment history for the last twelve (12) months on the above named person. The individual is a current participant in the Housing Choice Voucher Program. As such, all income must be verified.

Thank you, in advance, for your cooperation in this matter. Please contact me at 295-8393 if you have any questions.

Sincerely,

HCV Specialist
CC: File

Release of Child Support Information

I, _____, authorize the Elkhart Housing Authority to obtain the requested history of any child support I may/may not have received. I further authorize any requested information to be sent to the Elkhart Housing Authority by fax or any other means requested. This release expires 15 months from the date signed.

(Client Signature)

(Date)

Optional and Supplemental 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.

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

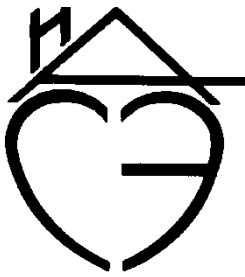
Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input 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.	

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.



Housing Authority of the City of Elkhart Housing Choice Voucher Program

Personal Declaration for Intake Processing and Annual Certifications

YOU MUST COMPLETE THIS FORM AND BRING IT TO YOUR APPOINTMENT! This form must be signed by all adult household members age 18 or older. Failure to complete this form will delay processing. Such delays caused by the family may be grounds for denial or termination of housing assistance. All information that you provide on this form **MUST** be accurate and complete.

The Housing Authority of the City of Elkhart, Indiana is an equal opportunity housing provider, committed to providing quality housing opportunities and services to all eligible applicants and participants regardless of race or color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians; pregnant women and people securing custody of children under 18) and/or handicap/disability.

Accommodation/Modification:

Do you or any member of your household require any modification(s) and/or accommodation(s) to fully participate in this or any EHA program or service?	Choose One Y / N	Description of accommodation or modification(s) being requested:
--------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------	------------------------------------------------------------------

Are there any children 7 years and under who have an elevated level of lead in their blood?	Choose One Y / N	List Child(ren) name(s):
---------------------------------------------------------------------------------------------	-------------------------	--------------------------

Household Head Information: Please provide all information requested. Clearly print/type all responses.

Head of Household

Last Name:	First Name:	Middle Name:
Social Security #:	Date of Birth:	Phone(s):
Single Parent	Choose One	
Are you the only parent that will be living in the assisted unit?	Yes / No	
Disability	Choose One	
Are you a disabled individual?	Yes / No	

Marital Status (Choose One)	Employment Status Check all that Apply	For Office Use Only
<input type="checkbox"/> Never Married	<input type="checkbox"/> Employed	
<input type="checkbox"/> Married	<input type="checkbox"/> Self-Employed	
<input type="checkbox"/> Separated	<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Divorced	<input type="checkbox"/> Job Train/Student	
<input type="checkbox"/> Widow(er)	<input type="checkbox"/> Retired	

Spouse/Ex- Spouse Name	Address	Social Security #	D. O. B.

Address Information: What is your current address?

Current Street Number and Name (Do not use P.O. Box):	City:	State:	Zip Code:

Household Composition: Please tell us about the household members currently living with you (or who will be living with you if assisted). List household members from oldest to youngest.

Household Member 2			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code	If youth under 18 State School child attends:	
Please choose relationship Code to Right:	Spouse	Youth under 18	Absent Parent or Ex-Spouse Name & Address:
	Co-Head	Live-in Aid	
	Foster Child	Other Adult	
Household Member 3			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code	If youth under 18 State School child attends:	
Please choose relationship Code to Right:	Spouse	Youth under 18	Absent Parent or Ex-Spouse Name & Address:
	Co-Head	Live-in Aid	
	Foster Child	Other Adult	
Household Member 4			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code	If youth under 18 State School child attends:	
Please choose relationship Code to Right:	Spouse	Youth under 18	Absent Parent or Ex-Spouse Name & Address:
	Co-Head	Live-in Aid	
	Foster Child	Other Adult	
Household Member 5			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code	If youth under 18 State School child attends:	
Please choose relationship Code to Right:	Spouse	Youth under 18	Absent Parent or Ex-Spouse Name & Address:
	Co-Head	Live-in Aid	
	Foster Child	Other Adult	
Household Member 6			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code	If youth under 18 State School child attends:	
Please choose relationship Code to Right:	Spouse	Youth under 18	Absent Parent or Ex-Spouse Name & Address:
	Co-Head	Live-in Aid	
	Foster Child	Other Adult	
Household Member 7			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code	If youth under 18 State School child attends:	
Please choose relationship Code to Right:	Spouse	Youth under 18	Absent Parent or Ex-Spouse Name & Address:
	Co-Head	Live-in Aid	
	Foster Child	Other Adult	

Anticipated Family Composition Changes:

Do you expect anyone to move in or out of your household within the next 12 months? YES / NO	If yes, please tell us who and when:	
	Add:	Date:
	Remove:	Date:

Program Integrity Information: (These questions apply to all household members). You **MUST** answer each of the following questions accurately and completely. The Elkhart Housing Authority conducts criminal background checks and your response to these questions may be verified. Providing inaccurate and/or incomplete information may be grounds for denial/termination.

Have you or any member of your household ever been arrested or convicted for the use, sale and/or manufacture of controlled substances?	Yes / No	If yes, please tell us dates, charges, city, and state.
Have you or any member of your household ever been arrested for any criminal activity involving the use, attempted use, or threatened use of physical force?	Yes / No	If yes, please tell us dates, charges, city, and state.
Does anyone in your household currently (or within the last 3 years) use a controlled substance or illegal drug? Excluding doctor prescribed medications.	Yes / No	If yes, please explain:
Are you or any member of your household a registered sex offender?	Yes / No	If yes, please tell us who and when the registration ends or if it is a lifetime registration:
Have you or any other adult member ever used any name(s) and/or social security number(s) other than the one you have listed?	Yes / No	If yes, please explain:

Previous Housing Assistance: You **MUST** answer each of the following questions accurately and completely. False and/or incomplete answers may result in denial/ termination.

Have you ever lived in public or assisted housing at any time in the past?	Yes / No	If yes, please explain: Include dates and locations.
Have you ever committed fraud or knowingly misrepresented information in any housing assistance program?	Yes / No	If yes, please explain: Include dates and locations.
Do you owe any money to any housing authority or agency that provides housing assistance?	Yes / No	If yes, state agency name and the Amount that is owed.
Have you ever been evicted from any public housing program or had program benefits denied or terminated in any housing assistance program?	Yes / No	If yes, please explain: Include dates and locations.

Income: (This question applies to all household members). Tell us about all income received in the household. Income is: "all amounts, monetary or not, which go to or on behalf of the family head or spouse or to any other family member, or that are anticipated to be received from a source outside the family during the 12 month period following admission or the annual reexamination effective date." The Elkhart Housing Authority participates in computer matching programs with federal, state and/or local agencies. Providing inaccurate and/or incomplete information is grounds for denial/termination.

Income includes: Employment income, the net income from a business, periodic payments from Social Security, annuities, pensions, alimony and child support, payments in lieu of earnings such as unemployment compensation, workers compensation, severance pay, public assistance (TANF) SSI, military pay and regular contributions and gifts.

Type of Income	Family Member Name	Income Source-	Contact Information (address/phone etc.)	dollars/ hour, week month, or year
Employment				\$
Employment				\$
Social Security		Circle One SSD / SSI		\$
Social Security		Circle One SSD / SSI		\$
Social Security		Circle One SSD / SSI		\$
Child Support (complete if court order exists, even if not received)		Currently Receiving Yes/No	Is this received from the state of Indiana? Yes/No If not, list the state from which it originates.	\$
Child Support (complete if court order exists, even if not received)		Currently Receiving Yes/No	Is this received from the state of Indiana? Yes/No If not, list the state from which it originates.	\$
TANF				\$
Food Stamps				\$
Unemployment				\$
Other/Pension (explain)				\$

Assets: (This question applies to all household members, including children). Tell us about all assets owned by household members, including assets owned by more than one person, allowing unrestricted access by the household member(s).

Do you or any family member own or have access to any of the following?

Savings account?..... Yes No Checking Account? Yes No

Certificate of deposit? ... Yes No Money Market account? Yes No

If you answered yes to any of the above questions please fill out the following information:

Family Member Name	Bank Name	Account/Policy Number	Balance
			\$
			\$
			\$
			\$
			\$
			\$

Do you or any family member own or have access to any of the following?

Stocks? Yes No Bonds? Yes No

Real Property? Yes No Trust Funds? Yes No

Pensions? Yes No Individual retirement accounts? Yes No

Inheritances? Yes No Life insurance policies? Yes No

Any other type of capital investment? Yes No

If you answered yes to any of the above questions please fill out the following information:

Family Member Name	Bank Name	Type of Account/ Policy Number	Balance
			\$
			\$
			\$

Disposed Assets: Have you or any member of your household disposed of any assets during the past 2 years?

Family Member Name	Type of Asset Disposed of:	Account/Policy Number And Institution Name	Sale Price or Cost to Convert to Cash
			\$
			\$
			\$

Additional Income Information

Has anyone in your household applied for any benefits or money that is in the process of being approved?	Yes / No	If yes, please list the source and date of application:
Does anyone outside your household give you money and/or pay for any of your bills or expenses?	Yes / No	If yes, provide their name address and what amount they give you and how often:
Does anyone in your household receive an educational grant or scholarship?	Yes / No	If yes, list which family members(s), source of income, and amount awarded:

Expenses: What are your current expenses? Questions relating to medical expense(s) are limited to the name and address of medical professionals. The Elkhart Housing Authority neither seeks nor desires any medical information about any household member.

Do you pay childcare expenses in order to work or go to school?	Yes / No	If yes, how much do you pay? List name, address and phone number of the provider: You must supply billing information from organization or
Do you pay for the care of a disabled household member in order to work? Please include the cost of any auxiliary apparatus that may be needed. (i.e.: wheel chair lift)	Yes / No	If yes, how much do you pay, name and address of caregiver: You must supply billing information from organization or notarized statement from care provider stating the expense.
Do you currently own a vehicle?	Yes / No	If yes, is vehicle paid for? if not, name of lender and amount still owed:
Are you currently paying for automobile insurance?	Yes / No	If yes, what is the name of the insurance agency, and what is your monthly payment:

The following questions only apply to households whose **head or spouse** is age **62 or older** or is a person with disabilities.

Do you pay for health insurance other than Medicare?	Yes/No	If yes, provide documentation that shows the health insurance name, address, type of insurance and premium amount.
Are you currently paying for any out-of pocket medical expenses i.e. prescriptions, doctors medical procedures?	Yes/No	If yes, provide documentation from pharmacy or medical provider listing date of expense and amount paid by you.

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)

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.

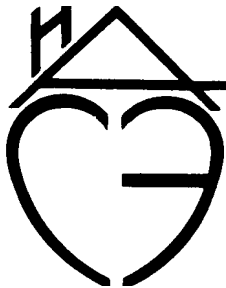
Penalties for Misusing this Consent:

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.

HOUSING AUTHORITY CITY OF ELKHART
Housing Choice Voucher Program



1396 Benham Avenue
Elkhart, Indiana 46516

www.ehai.org

Phone 574-295-8392
Fax 574-293-0580
TTY 574-295-9682

Ms. Terry Walker
Executive Director

Date: _____

Clerk of Superior Court
Support Desk
315 S. Second St.
Elkhart, IN 46516

RE:
DOB:
SS#:
Payer: **ALL**

To Whom It May Concern:

Please send a payment history for the last twelve (12) months on the above named person. The individual is a current participant in the Housing Choice Voucher Program. As such, all income must be verified.

Thank you, in advance, for your cooperation in this matter. Please call 295-8392, if you have any questions.

Sincerely,

Thank You!!

CC: File

Release of Child Support Information

I, _____, authorize the Elkhart Housing Authority to obtain the requested history of any child support I may/may not have received. I further authorize any requested information to be sent to the Elkhart Housing Authority by fax or any other means requested. This release expires 15 months from the date signed.



(Client Signature)

(Date)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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.

HOUSING AUTHORITY CITY OF ELKHART

Housing Choice Voucher Program – Interim Personal Declaration

This form must be completed by the head of household, in your own handwriting. You must use the correct legal name for each member of your household as it appears on their Social Security card. All adult members of the household must sign below certifying the information pertaining to them. The Elkhart Housing Authority is required by HUD to use the information you provide in and with this document to complete the certification of your household income, assets, allowances/deductions and family composition. **PLEASE PRINT CLEARLY.**

HOUSEHOLD MEMBERS: List all adults and children living in your unit.

1. (Head of Household)	(Last four digits of SSN)	2.
3.	4.	5.
6.	7.	8.

HOUSEHOLD INFORMATION

Street Address with Apartment #	City, State	Zip Code
Home Phone	Cell Phone	Other Phone
Email		

HUD requires the client to provide third party documents to enable the Elkhart Housing Authority (EHA) to complete certifications. Additional third party documentation may be requested by EHA. Third party documents are original documents that are not damaged, altered or in any way illegible. These documents should be dated within 60 days of the day they are provided to EHA. See below for required third party documentation.

Increases in income must be reported within 60 days from when income began. This does NOT apply to individuals that are completing an annual recertification, unit transfer or new admission. Those changes must be reported immediately!

CHANGES IN EMPLOYMENT: Please complete the below chart in its ENTIRETY. Circle the appropriate answers.

Client is responsible to provide documentation indicated before a certification will be complete. <u>If not submitted with this PD, no action can be taken on the personal declaration.</u> THIS IS YOUR ONLY NOTICE!	DID A CHANGE OCCUR?	IS THE CHANGE AN INCREASE OR A DECREASE?
<u>Beginning of Employment</u> – 3 Current Consecutive pay stubs. A 3–6 month pay history is required if working for a temp agency.	YES / NO / NA	INCREASE / DECREASE
<u>Change in Current Employment</u> 3 Current Consecutive pay stubs. A 3–6 month pay history is required if working for a temp agency.	YES / NO / NA	INCREASE / DECREASE
<u>End of Employment</u> – Separation letter from employer. Notice on this form may be accepted if indicated on this line accurately.	YES / NO / NA	Last Day Worked:_____
<u>Unemployment</u> – Current Workforce Development print out. Cannot be processed unless it is date stamped after two weeks of loss of income.	YES / NO / NA	INCREASE / DECREASE

EMPLOYMENT INCOME: Complete this section regardless if there a change has occurred or not.

Name of Employed Family Member	FT Student	Name of Employer	Employer Address	Employer Phone or Fax Number	Start Date	Date Ended
	Yes/No					
	Yes/No					
	Yes/No					
	Yes/No					

CHANGES IN OTHER INCOME SOURCES: Please complete the below chart in its ENTIRETY. Circle the appropriate answers.

Client is responsible to provide documentation indicated before a certification will be complete. <u>If not submitted with this PD, no action can be taken on the personal declaration.</u> THIS IS YOUR ONLY NOTICE!	DID A CHANGE OCCUR?	IS THE CHANGE AN INCREASE OR A DECREASE?
Social Security – Print out or current award letter.	YES / NO / NA	INCREASE / DECREASE
SSI – Print out or current award letter.	YES / NO / NA	INCREASE / DECREASE
Child Support (Court Awarded) – Six month print out.	YES / NO / NA	INCREASE / DECREASE
Child Support (Voluntary) – Notarized letter from absent parent stating amount given.	YES / NO / NA	INCREASE / DECREASE
TANF (Welfare Assistance) – Division of Family Resources print out or award letter.	YES / NO / NA	INCREASE / DECREASE
TANF – Are you under a TANF sanction? Please provide your sanction letter.	YES / NO / NA	
Other Income – Indicate type & provide documents. Type:	YES / NO / NA	INCREASE / DECREASE

COLLEGE INFORMATION: Tuition, School Schedule & Financial Award Package letter needed only if a new student.

Name of Family Member	Status	School	Contact Information	List All Grants Received
	FT / PT			
	FT / PT			

CHILDCARE EXPENSES: Please provide a letter, either on company letterhead or notarized, from your childcare provider stating how much is paid, how often, and the time frame for which childcare is provided. Contact information must be included in letter. CANI statements are also accepted.

Name of Childcare Provider	Complete Address	Phone Number	Amount Paid	Frequency Paid
				Daily/Weekly/Monthly

**Failure to complete this section will result in the removal of any existing childcare expenses.*

Childcare is provided for the following household members:

Childcare is needed for adult to (please circle): Attend School / Attend Work

ATTENTION: PLEASE ANSWER ALL QUESTIONS ON THIS PAGE.

CHANGES IN HOUSEHOLD COMPOSITION: You must answer the question below regardless if there is a change or not.

Has your household composition changed? Yes / No
If Yes, are you adding an: Adult / Child
If Yes, are you removing an: Adult / Child

Please request the “Add/Remove Household Member Declaration”. Submit all supporting documentation with that form. This form can also be obtained on line at ehai.org. In accordance with HCV program policy, further documentation may be required. Additional documentation will be requested by mail.

~ Continued on Next Page ~

ADDITIONAL INFORMATION: Answer all questions completely.

Does anyone outside your household pay for any of your bills or give you money? **Yes / No**
If Yes, Please Explain: _____

Do you or anyone in your household own or have interest in any real estate, boat or home? **Yes / No**
If Yes, Please Explain: _____

Have you sold any real estate in the past two years? **Yes / No**
If Yes, Please Explain: _____

Have you been arrested of criminal, violent criminal activity or drug related criminal activity in the past five years? **Yes / No**
If Yes, Please Explain: _____

Date of Offense: _____

Are you or anyone in your household involved in the use, sale or manufacturing of illegal drugs? **Yes / No**
If Yes, Please Explain: _____

Do you own a car? **Yes / No**
If Yes: Make/Model/Year _____ Tag #: _____

Is the car completely paid for? **Yes /No**
If No, amount owed: _____ Paid to: _____

Do you have car insurance? **Yes/No**
If Yes, amount paid: _____ Insurance Company: _____

~ Continued on Back ~

AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS:

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Housing Choice Voucher Program and may be grounds for termination of assistance. Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose, or other fraud, may result in the family's termination, and may also result in further legal action against the family on the part of EHA and/or other federal or state agencies.

WARNING: Title 18, Section 1002, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent states to any Department or Agency of the U.S. or the Department of Housing and Urban Development (HUD).

I certify under penalty of perjury that I will provide notice in writing on a Personal Declaration with ALL supporting documents all changes to my household income within 60 calendar days of such a change, and changes in household composition within 10 days. ** I understand that this does not apply during Annual Recertification, Unit Transfer and Move-Ins, and must be reported IMMEDIATELY.**

SIGNATURES:

HEAD OF HOUSEHOLD: _____ DATE: _____

SPOUSE/CO-HEAD: _____ DATE: _____

OTHER ADULT (18 & OLDER): _____ DATE: _____

OTHER ADULT (18 & OLDER): _____ DATE: _____

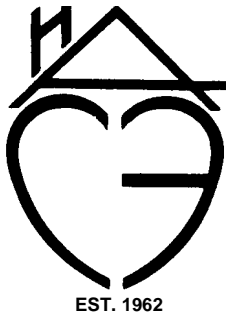
OTHER ADULT (18 & OLDER): _____ DATE: _____

OTHER ADULT (18 & OLDER): _____ DATE: _____



Upon request the Elkhart Housing Authority will provide reasonable accommodations to persons with disabilities so they can participate in the Housing Choice Voucher Program.

HOUSING AUTHORITY CITY OF ELKHART
Housing Choice Voucher Program



1396 Benham Avenue
Elkhart, Indiana 46516

www.ehai.org

Ms. Terry Walker
Executive Director

Phone 574-295-8393
Fax 574-293-0580
TTY 574-295-9682



VOLUNTARY WITHDRAWAL FROM HOUSING CHOICE VOUCHER PROGRAM

Date: _____

Head of Household Name: _____

Social Security Number: _____

Address: _____

Telephone Number: _____

Notice Given to Landlord On: _____

Date Vacating the Unit: _____

Reason for leaving: **Purchasing a Home** _____ **Other** (please explain below) _____

Comments: _____

Please Read the Following:

I understand that by submitting this document I will no longer receive HCV Assistance. I further understand that if I want to receive future HCV Assistance, I must reapply for the waiting list and meet all eligibility requirements. If I leave the HCV program and owe any money, I understand that the debt must be satisfied. Future housing assistance may be withheld if past debts are not satisfied in full.

Your signature below states that you have read and agreed to the above terms of terminating your HCV Assistance.

Client Signature: _____

Date: _____

All requests for withdrawal will be made effective on the earlier of the 1st day of the month following at least thirty (30) days notice to the owner, or the day the tenant vacates the unit.



Groundbreaking Studies: Good Neighborhoods Help Low-Income Children Succeed

BLOG POST | MAY 4, 2015 AT 5:00 PM | BY DOUGLAS RICE

Two groundbreaking new studies (here and here) by Harvard economists Raj Chetty, Nathaniel Hendren, and Lawrence Katz show that children whose families move to better neighborhoods experience lower teenage birth rates, higher college attendance and marriage rates, and large earnings gains as adults, relative to children who remain in less advantageous neighborhoods.

The studies, which the *New York Times* highlighted today, point to the benefits of providing housing vouchers that enable families to move to better neighborhoods.

These new findings lay to rest any doubt that neighborhoods strongly influence children's long-term success, as we examined in our October report. One of the new studies provides the first look at adult outcomes for children who were younger than 13 when their families entered the Moving to Opportunity Demonstration (MTO). (MTO was an experimental study of poor families who used housing vouchers to relocate from public housing developments in extreme-poverty neighborhoods to lower-poverty neighborhoods.)

Using IRS data, the Chetty study finds that young boys and girls in families that used a voucher to move to lower-poverty neighborhoods were significantly likelier to attend college and earned 31 percent more — nearly \$3,500 a year — as young adults than their counterparts in the MTO control group, whose families did not receive an MTO voucher. Girls in families that moved to lower-poverty neighborhoods were also less likely to be single parents as adults.

The second study tracked the outcomes of more than 5 million lower-income families who moved across county lines. Consistent with the findings of their MTO analysis, the researchers found significantly more college attendance, less teenage pregnancy, and higher incomes for the children in families who moved to better areas. The longer the children lived in better areas, the stronger the positive effect grew.

These findings reinforce the large body of evidence supporting the conclusion that neighborhoods influence children's health, school achievement, and long-term success and well-being. Research led by Robert Sampson and Patrick Sharkey (here, here, and here), for instance, suggests that growing up in extreme-poverty neighborhoods — and, in particular, in neighborhoods where violent crime is more common — can impair children's cognitive development and school performance. Growing research on toxic stress may help explain how these neighborhood conditions limit children's development and long-term well-being.

Other research highlights the potential benefits for children of moving to better neighborhoods. A study by Heather Schwartz found that children who moved to low-poverty neighborhoods and attended low-

poverty schools made large gains in reading and math scores over a seven-year period, relative to similar students growing up in higher-poverty neighborhoods and schools.

As Chetty and his colleagues note, these findings have important implications for housing policy. Specifically, they imply that providing families with children – particularly those with younger children living in distressed neighborhoods of extreme poverty – rental vouchers to move to lower-poverty neighborhoods can reduce the intergenerational persistence of poverty. (Investing in effective strategies to improve distressed neighborhoods also is important.)

Moreover, while the studies underscore the positive difference that vouchers make for many families, the program could deliver even better results for hundreds of thousands of children – with little or no increased cost, if policymakers adopted a series of recommendations for voucher program reforms to better enable families to use vouchers to move to lower-poverty neighborhoods.

TOPICS: Housing, Housing Vouchers
