



Application Instructions

Rochester Housing Authority

77 Olde Farm Lane, Rochester, N.H. 03867
603) 332-4126 Fax (603) 332-0039

www.rhanh.org

Stacey Price
Executive Director

Rental Assistance Application

Office hours are 8:00 am to 4:30 pm Monday through Thursday and Friday 8:00 am to 12:00 pm

Completed Applications are accepted by appointment only; please call 603-332-4126 to schedule an appointment to review your application.

The Rochester Housing Authority is required by law to verify the identity as well as income and assets of all person(s) applying for rental assistance. Completed applications are date and time noted when accepted by the Applications Manager. A preliminary determination of eligibility will be made and the applicant(s) will be notified in writing of their placement on the appropriate wait list, pending further background investigation. If that further investigation causes the applicant(s) to be disqualified, a second letter will be mailed informing the applicant(s) of their removal from the wait list and the reason for being removed; instructions will be included with that notification on how to appeal the disqualification.

All persons included in this application must provide the following documentation:

- **Social Security Cards and Birth Certificates**
- **Valid Picture ID** for all persons over 18 (driver license, State ID or Military ID)
- **Income verification**, copies of 4 most recent pay stubs, or copies of social security benefits, pensions, APTD, TANF, General Relief, Alimony, Child support, unemployment check stubs, or any other documentation that shows income or cash assistance
- **Assets**, most recent bank statements, CD statements, annuity statements, investment portfolio, life insurance, 401K, Money Market funds, Life Insurance or any other assets that you have
- **Real Estate Evaluation**, if you own property you must bring in a current realtors assessment of the properties value (*do not bring property tax assessments*)
- **A note from your physician is required for any reasonable accommodation such as requiring a first floor or any other similar need**
- **Questions? E-mail John Kennedy, Applications Mgr. at Johnk@rhanh.org**



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ROCHESTER, NH 03867
Revised 6.6.2019

Rochester Housing Application

Applicant Contact Information

Name _____

Primary Phone Number _____

Secondary Phone _____

Email Address _____

Address _____

Include unit or apt. number as well as zip code



Housing Authority the City of Rochester NH

77 Olde Farm Lane ~ Rochester, NH. 03867

Phone (603) 332-4126 ~ Fax (603) 332-0039



Stacey Price-Executive Director

Disability and Homelessness Self Reporting Form

In order for housing authorities to remain compliant with HUD regulations, we are required to track by number (not name) all those who report themselves as homeless or disabled. Please review each statement below and check the YES or NO box beside it.

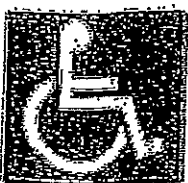
Homeless family: A homeless family includes: (A) Any person or family that lacks a fixed, regular, and adequate nighttime residence; and (B) Any person or family that has a primary nighttime residence that is: (1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing); (2) An institution that provides a temporary residence for individuals intended to be institutionalized; or (3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. A "homeless family" does not include any person imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

I self report that I am a member of a homeless family or an individual who is homeless (YES) _____ (NO) _____

Person with disabilities: a person who has a disability, as defined in (A) 42 U.S.C. 423 and is determined to have a physical, mental, or emotional impairment that is expected to (1) be of long-continued and indefinite duration, (2) substantially impede his or her ability to live independently, and (3) be of such a nature that the ability to live independently could be improved by more suitable housing conditions, or (B) has a developmental disability as defined in 42 U.S.C. 6001. This definition includes persons who have the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome. For purposes of qualifying for low-income housing, it does not include a person whose disability is based solely on any drug or alcohol dependence; and means "individual with handicaps", for purposes of reasonable accommodation and program accessibility for persons with disabilities. (24 CFR 5.403)

I self report that I or a member of my family is a disabled person (YES) _____ (NO) _____

Aplicant Signature Here _____ Date _____



Section 8 _____ **Project Based Voucher Linscott Court** _____ **Family Housing** _____

Project Based Voucher Marshview _____ **Elderly-Disabled** _____

Please fill enter all the required information

Applicant _____ Identification _____
Please furnish full legal name State Driver License or ID number

Mailing Address _____
Street City/Town Zip Code

Telephone Number _____ Cell Phone _____ Work _____

Email address _____
Optional

List the full legal name of all household members, and include the required information

Legal name	Date of Birth	Social Security Nos.	Relationship	Sex	Ethnicity	Race
Head of Household				M F please circle	*see chart below	

Co-Head of Household _____

Other adult over 18 _____

Youth under 18 _____

Youth under 18 _____

Youth under 18 _____

Youth under 18 _____

Youth under 18
Ethnicity Race

Use 1 for Hispanic
Use 2 for Non-Hispanic

Use 1 for White
Use 2 for African American
Use 3 for Native American/Native Alaskan
Use 4 for Asian American/Pacific Islander



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Income

List below all income for any household member on the appropriate line

Income Source Household Member Agency Gross Monthly Amount

TANF

General Relief

Social Security Retirement

Supplemental Social Security (Circle correct benefit)

Social Security Disability

APTD

Pension

Unemployment

Workman's Comp

Child Support

Veteran's Benefits

Alimony

Self Employment

Other Income

Wages and Earnings 1 1_Employer 2_Employer

Wages and Earnings 2 Address Address

Phone Phone

FAX FAX

Contact Name Contact Name



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Hire Date _____ Hire Date _____

*Be sure to provide written documentation (see income verification instructions page1)

Assets

List all bank accounts (Savings, Checking, CD, Money Market etc.) List all Stock, Bonds, IRA, Annuity and Life Insurance Policies)

Type of Account	Household Member	Institution	Account Number

Do You Own Real Estate by yourself or with another person(s)? Yes or No (circle one)

If yes, what type of property? Investment, Home, Land, Camp, Vacation, or Business _____

What is the address of this property _____

Please provide a written Fair Market Value Assessment from a licensed realtor \$ _____

Have you or any member of your household disposed of any assets worth \$2500.00 or more in the last two years? Yes NO (circle one)

If Yes, please Explain: _____

For Family and Elderly Disabled Applicants Only

Do You Own A Vehicle? _____ Yes or No (circle one)

Manufacturer _____ Model _____ Registration _____

Year _____ Color _____ Insurer _____ Policy Number _____



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Residency History (at least five years)

Provide your residency history for the last five years, include all required information, applications with address discrepant with their credit report can be denied

1. Present Address _____
(street) (city) (state) (Zip code)

• Move in Date _____ Rent \$ _____

• Name and address of landlord (mandatory)

• Landlord phone number _____ (mandatory)

2. Previous Address _____
a. (street) (city) (state) (Zip code)

• Move in Date _____ Rent \$ _____ Move Out _____

• Name, address and phone number of previous landlord (mandatory)

• Reason for leaving _____ (mandatory)

3. Previous Address _____
(street) (city) (state) (Zip code)

• Move in Date _____ Rent \$ _____ Move Out _____

• Name, address and contact number for previous landlord (mandatory)

• Reason for moving _____ (mandatory)

4. Previous address _____
(street) (city) (state) (zip code)

• Move in Date _____ Rent \$ _____ Move Out _____

• Name, address and contact number for previous landlord (mandatory)

• Reason for moving _____ (mandatory)
_____ (mandatory)



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Housing Authority the City of Rochester NH

Verification of Landlord information

To: _____ Date: _____

Address _____

Subject: Verification of information supplied by an applicant for public housing assistance

Applicant's NAME _____

Address: _____

This person has applied for public housing assistance from the Rochester Housing Authority under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires verification of all information used to determine this person's eligibility. We ask your cooperation in providing the following information and returning it to John Kennedy, Application Specialist, Rochester Housing Authority. Your prompt response will help assure the timely processing of this applicants request for assistance. Enclosed is a self addressed envelope for this purpose. The applicant has consented to the release of the information shown below.

Information Being Requested:

Address of house or apartment this applicant lived in _____

Date this applicant rented from you or lived with you (from) _____ (to) _____

Is/Was applicant receiving subsidized housing assistance _____ (Yes) _____ (No) _____

**if yes, the tenant was receiving HCV or Sect. 8 assistance, what is the last day subsidy was collected?

Month _____ Year _____

1. Rent Payment

- A. Does/Did the applicant pay rent? _____ (Yes) _____ (No)
B. If yes, was the rent current? _____ (Yes) _____ (No)
C. Has the applicant been late paying rent? _____ (Yes) _____ (No)
D. Was the applicant evicted for nonpayment? _____ (Yes) _____ (No)

2. Caring for Unit

- A. Does/Did the applicant keep the unit clean? _____ (Yes) _____ (No)
B. Has the applicant damaged the unit? _____ (Yes) _____ (No)

Please describe any damage _____

- C. Did the applicant pay for any damages? _____ (Yes) _____ (No)
D. Did you keep any part of the security deposit? _____ (Yes) _____ (No)

3. General Information

- A. Did the applicant permit persons other than those on the lease to reside with them in the unit? _____ (Yes) _____ (No)
B. Has the applicant or any member of the applicant's family damaged common areas? _____ (Yes) _____ (No)
C. Did the applicant create any physical or social hazards in the unit or to other residents? _____ (Yes) _____ (No)
D. Would you rent to this person again? _____ (Yes) _____ (No)

Landlord Name (print) _____ (sign) _____ Date _____

Applicant Name (print) _____ (sign) _____ Date _____

Release: I hereby authorize the release of the requested information.

I certify that I am the individual described above and the information provided is true under penalty of Forgery (NH) RSA 638:1 and Unsworn falsification (NH RSA 641:3)

Thank You John Kennedy _____ Application Specialist _____ Date _____

Please answer the following questions (check Yes or No)

Do you need reasonable accommodations due to an impairment or disability? () Yes No ()

If yes, please explain _____

Can you climb stairs? _____ () Yes No ()

If No, please explain _____

(A note from your doctor will be required)

Do you require a live-in aide? () Yes No ()

If yes, you will need to provide information to us for verification by your doctor

Please note; couples are placed in a one-bedroom unit unless you provide a doctor's note stating that there is a medical reason for two-bedrooms. If you require a 2-bedroom unit please check this line _____

Pets are not allowed in Family Housing

A small dog or a cat is allowed in all elderly/disabled units, except Wyandotte Falls where only cats and service dogs are allowed. Do you have a pet () Yes No ()

If yes, what kind of pet do you have? Dog () Cat () Service Animal ()

If you answer yes to any questions below, you must provide the following information.

Are you **currently** living in subsidized housing? () Yes No ()

Have you **ever** lived in subsidized housing? () Yes No () Dates: _____

Name of Housing Authority or Agency who managed your housing _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (required) _____ Contact Name _____

Did you receive Section 8 or Public Housing assistance?

Were you ever evicted by a housing authority or agency? () Yes No ()

If yes, please explain _____



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When you lived in Section 8 or Public Housing, were you the Head of Household? () Yes No ()
If no, who was the head of household? _____

Do you owe any housing agency or agent money? () Yes No ()
If yes, please explain: _____

** Please see HUD Notice 52675 attached to this application for further information on why we need the above information.



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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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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Signature of Applicant

Date

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

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

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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.

Acknowledgment of Receipt of Documentation

The following documents are required to be presented to you to help you understand your rights. Please remove them from the application packet and sign this page acknowledging you received them.

Debts Owed refers to anyone who has lived in public housing and been evicted or who left public housing owing rent.

HUD VAWA Law refers to the rights of victims of domestic violence while housed in public housing.

Criminal Policy Addendum this is the RHA policy pertaining to criminal records and what we refer to when reviewing criminal background information.

I have received the three above documents;

Sign

Date

Print full name



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any 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 <i>Debts Owed to PHAs & Termination Notice:</i>	
	Signature	Date
Printed Name		

The Housing Authority City of Rochester NH

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

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

Protections for Applicants

If you otherwise qualify for assistance under **the RHA**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

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

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

If you are receiving assistance under **the RHA** you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

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

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

Removing the Abuser or Perpetrator from the Household

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

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

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

Moving to Another Unit

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

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

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

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

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

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

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

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

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

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

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

Confidentiality

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

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

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

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

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

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

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

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

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

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

Other Laws

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

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

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

For Additional Information

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**.

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

For questions regarding VAWA, please contact **John Kennedy at 603-332-4126**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also Dial 711

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact DIAL 711

ADDENDUM I

CRIMINAL RECORDS VERIFICATION

The RHA is authorized to obtain criminal conviction records from law enforcement agencies to screen applicants for admission or to terminate current residents in public housing or voucher program(s.) This authority assists the RHA in complying with HUD requirements and RHA policies to deny or terminate applicants or resident who are engaging in or have engaged in certain criminal activities. All applicants and household members will be screened for criminal history. In order to gain access to these records, the RHA will require all household members age 18 and older to sign a criminal background release form and submit fingerprints if necessary to gather information necessary information to determine eligibility.

The RHA may not pass along to the applicant or participant the cost of criminal records check Per HUD 24 CFR 5.903.

The RHA is also required to perform criminal background checks necessary to determine whether any household member is subject to a lifetime registration requirement under a state or federal sex offender program in the United States.

Applicants and residents must complete an authorization to release criminal information for the Rochester Police Department and FBI. When an applicant and/or resident completes the signs the authorization form, the applicant and/or resident certifies the information contained within the form is true under penalty of Forgery (NH RSA 638:1) and Unsworn Falsification (NH RSA 641:3). Applicants will be denied admission to housing if they fail to provide truthful information on the application and are subject to further prosecution as listed above under NH Law.

A history of any of the following by any household member is cause for denial or termination of an applicant and or current program participant and managed property residents as follows:

A. Lifetime denial with any conviction or adjudication other than acquittal of:

1. First-degree murder.
2. Sex offences, including but not limited to forcible rape, child molestation, and aggravated sexual battery.
3. Arson and /or crimes involving explosives.
4. Any applicant (or member of applicant's household) who has been convicted of the manufacture of methamphetamine on the premises of federally assisted housing is prohibited from admission to the RHA's public housing program.

B. Within 10 years from the date of criminal record processing, any conviction or adjudication other than acquittal of:

Any felony that involved bodily harm against a person or property,
including but not exclusive of:

1. Homicide (other than first-degree murder).
2. Manslaughter.
3. Armed robbery.
4. First, second degree assault and domestic violence assault.
5. Buying, receiving, or possession of stolen property.
6. Burglary or theft.
7. Auto theft.
8. Embezzlement.
9. Sales or manufacture of controlled substance; and/or
10. Any crime of violence that may establish that the applicant constitutes a direct threat to the health and safety of other individuals.
11. Weapons offenses.

C. Within 5 years from the date of criminal record processing, any conviction or adjudication other than acquittal of:

1. A crime involving the illegal use of a controlled substance other than sales.
2. Illegal gambling.
3. Prostitution.
4. Commercialized vice.
5. Stalking.
6. Forgery.

D. Within 3 years from the date of criminal record processing; any conviction or adjudication other than acquittal of:

1. Any other felony not included above.

2. Any Misdemeanor A or B conviction or adjudication other than acquittal.

E. Police or court records within the past ten years will be used to check for any evidence of disturbance of neighbors or destruction of property that may have resulted in an arrest.

If at the time of application or admission the applicant has a pending charge not resolved in the courts, the application will be placed on hold. Once the pending charge(s) are resolved, the applicant must provide the RHA with information from the court as to the outcome of the charge(s). The RHA will then review and make a determination as to the applicant's eligibility.

The RHA will not admit an applicant into housing until three years post-conviction, or if sentenced, until three years post completion of sentence, or if released on probation, until probation ends and the applicant is released from all court ordered restrictions and mandated programs.

F. Screening for Suitability as a Tenant HUD 24 CFR 960.203 (c)

The RHA will deny admission to applicants or terminate assistance to current participants whose habits and practices may be reasonably expected to have a detrimental effect on the operations of the development or neighborhood or on the quality of life for its residents, based on the following provisions:

1. Respecting the rights of other residents to the peaceful enjoyment of their housing.
2. Criminal activity on the part of any family member that is a threat to the health safety or property of others.
3. Behavior of all household members as related to the grounds for denial as detailed in A through E above.
4. Compliance with any other essential conditions of tenancy.

G. Criteria for Deciding to Deny Admission or Terminate Assistance

1. Evidence

The RHA will use the concept of preponderance of evidence as the standard for making all admission decisions. Preponderance of evidence defined as which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not. Preponderance of evidence may not be determined by the number of witnesses, but by the greater weight of all evidence.

2. Consideration of Circumstances HUD 24 CFR 960.203 (c) (3) and (d)

a. The RHA will consider all relevant circumstances when deciding whether to deny admission or termination of assistance based on a family's past history except in the situations for which denial of admission is mandated. (See Sections A. through D.)

b. In the event the RHA receives unfavorable information up to ten years prior to application with respect to an applicant or applicant's family member or current participant, consideration will be given to the time, nature, and extent of the applicant's conduct (including the seriousness of the offense). In a manner consistent to the RHA policies, the RHA may give consideration to factors which might indicate a reasonable probability of favorable future conduct.

c. The RHA will consider the following factors prior to making its decision:

1. The seriousness of the case with respect to how it would affect other tenants.

2. The extent of participation or culpability of individual household members, including whether the culpable family member is a minor or person with disabilities.

3. The length of time since the violation occurred, the family's recent history and the likelihood of favorable conduct in the future.

4. Evidence of the family's participation in or willingness to participate in social service or other appropriate counseling services.

5. In the case of drug or alcohol abuse, whether the culpable household member is participating in or has successfully completed a supervised drug or alcohol rehabilitation program. The RHA will require evidence to support the current rehabilitation effort or evidence that supports completion of having been successfully rehabilitated

3. Removal of a Family Members Name from the Application HUD CFR 960.203 (c) (3) (i)

a. As a condition of receiving assistance, a family may agree to remove a culpable family member's name from the application or household. In such instances, the head of household must certify that the family member will not be permitted to visit or stay as a guest in the public housing unit.

b. Prior to admission to the program or current participation in any RHA program or managed property, the family must present evidence of the former family members current address and proof of residency, for example, copy of lease or rent receipts.

4. Continued Occupancy

a. All applicants, who become residents are subject to continued monitoring of their behavior as it pertains to local, state and federal laws, as well as HUD and RHA rules and regulations

b. All applicants upon reaching the top of any wait list are subject to a criminal background check. The applicant is required to sign a release for a criminal background check that includes a

clause enabling the RHA to continue to use this document in perpetuity for the purpose of monitoring residents who may be under the suspicion of criminal behavior

H. Current participation of any RHA program or managed property; any conviction or adjudication other than acquittal of:

Any felony that involved bodily harm against a person or property,
including but not exclusive of:

1. Homicide (other than first-degree murder).
2. Manslaughter.
3. Armed robbery.
4. Aggravated assault.
5. Buying, receiving, or possession of stolen property.
6. Burglary or theft.
7. Auto theft.
8. Embezzlement.
9. Sales or manufacture of controlled substance; and/or
10. Any crime of violence that may establish that the applicant constitutes a direct threat to the health and safety of other individuals.
11. Weapons offenses.

I. Current participation of any RHA program or managed property; any conviction or adjudication other than acquittal of:

1. A crime involving the illegal use of a controlled substance other than sales.
2. Illegal gambling.
3. Prostitution.
4. Commercialized vice.
5. Stalking.

6. Forgery.

J. Current participation of any RHA program or managed property; any conviction or adjudication other than acquittal of:

1. Any other felony not included above.
2. Any Misdemeanor A crime of violence that may establish that the applicant or participant constitutes a direct threat to the health and safety of other individual.