

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

EST. 1962



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

BRIEFING BOOK

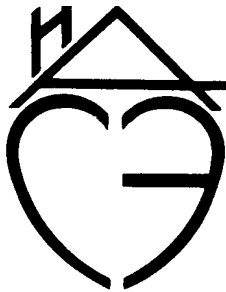
*Building Partnerships, Creating Opportunities,
Changing Lives... The Housing Choice Voucher Team*



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
Phone 574-295-8392
Ms. Angelia Washington
Executive Director
EST. 1962

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Phone 574-295-8392
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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,

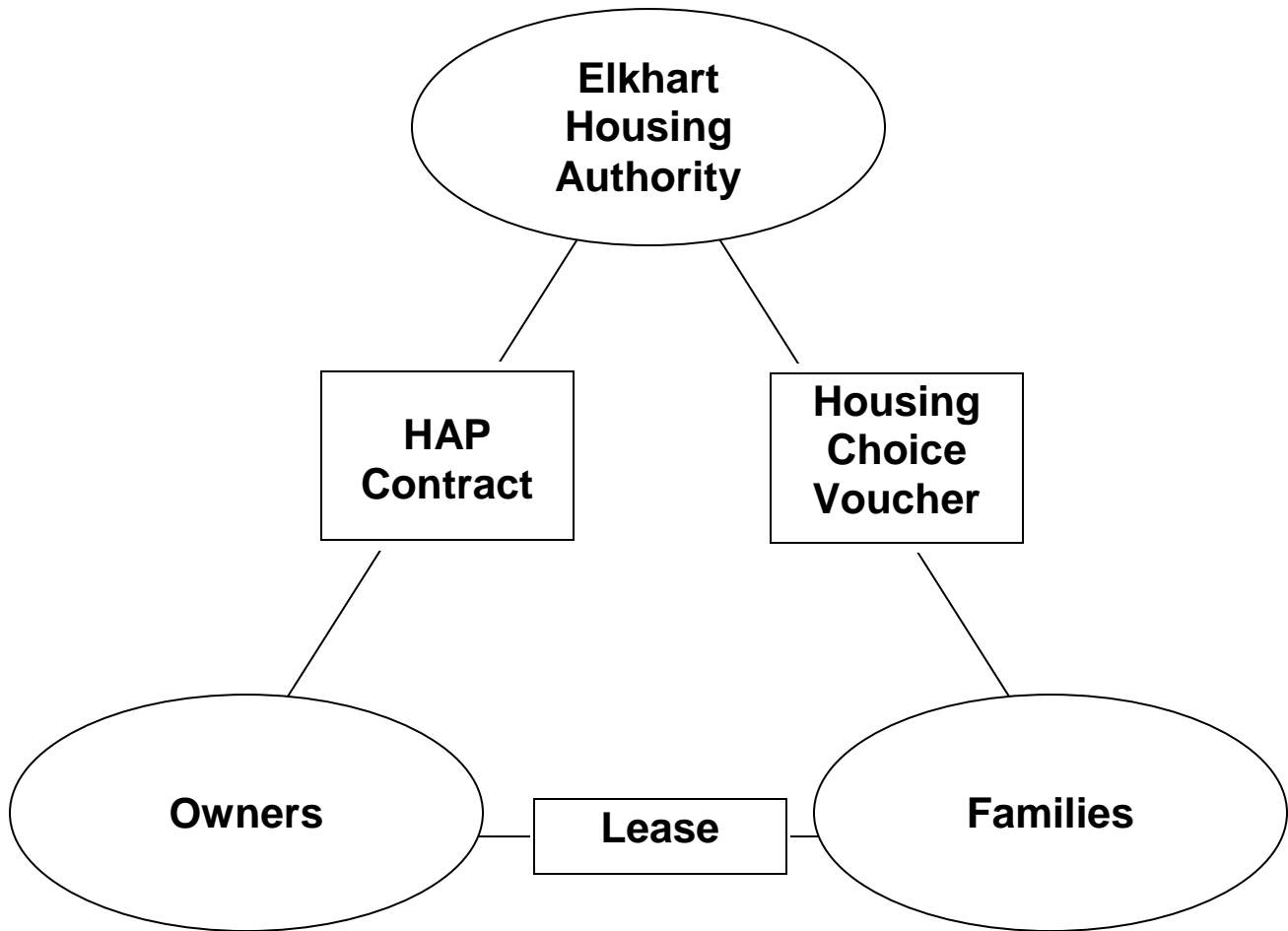
Amy Gonzalez
Director of Housing Choice Voucher Program

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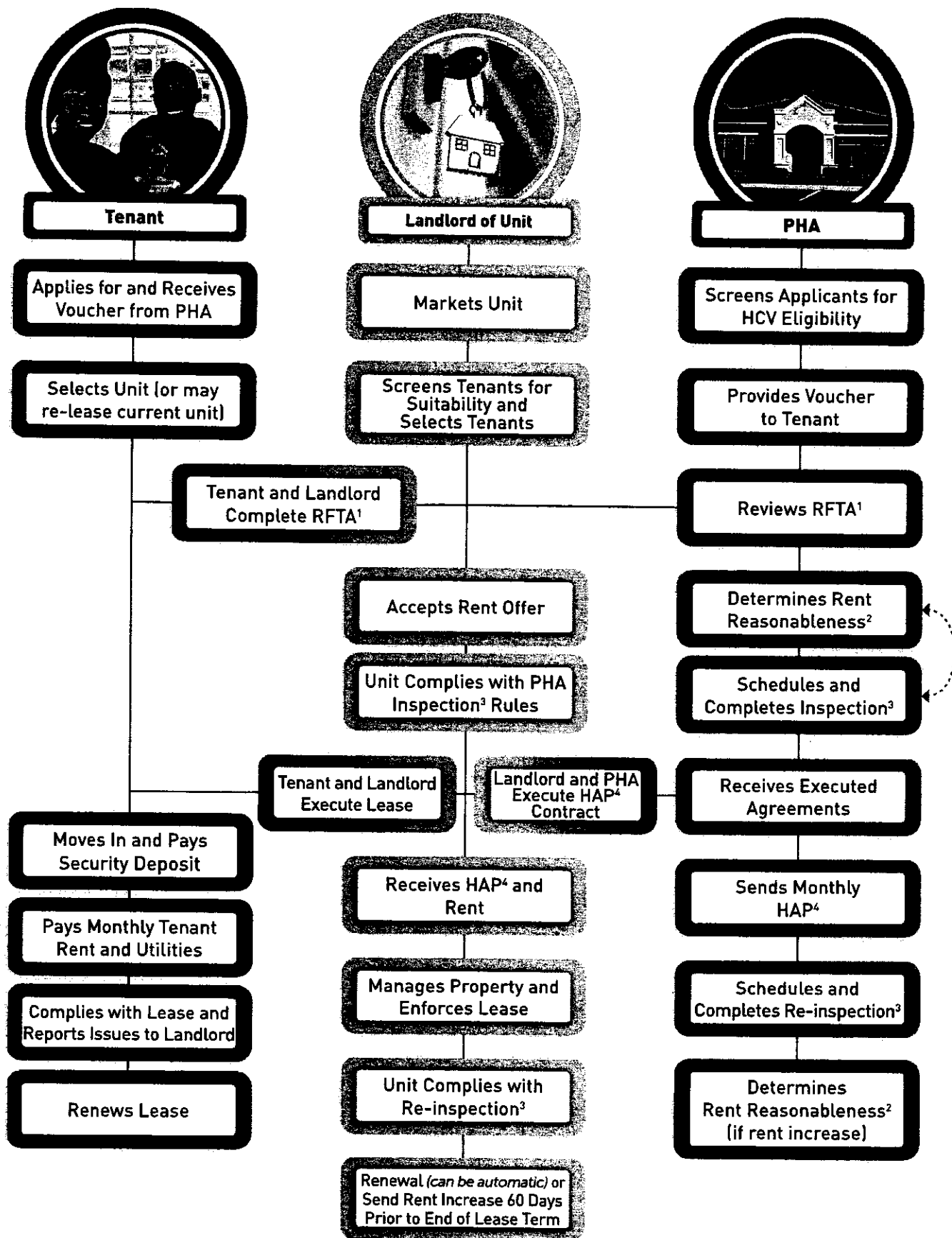
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The Housing Choice Voucher Program is a partnership between the Elkhart Housing Authority, Owners and Participants. This picture identifies our relationships and defines our roles.



Housing Choice Voucher Program

General Lease-Up Process for Landlords, Public Housing Authorities (PHAs) and Tenants



Endnotes

¹ Request for Tenancy Approval (RFTA): Before approving the assisted tenancy and executing the Housing Assistance Payments (HAP) contract, the PHA must ensure that the following program requirements have been met:

- The unit is eligible;
- The unit has been inspected by the PHA and meets Housing Quality Standards (HQS);
- The lease includes the tenancy addendum;
- The rent charged by owner is reasonable; and
- For families receiving HCV program assistance for the first time, and where the gross rent of the unit exceeds the applicable payment standard for the family, the PHA must ensure that the family share does not exceed 40 percent of adjusted monthly income. This cap is referred to as the maximum family share (24 CFR 982.508).

In addition, the PHA must not approve:

- If the PHA has been informed (by HUD or otherwise) that the owner is debarred, suspended, or subject to a limited denial of participation under 2 CFR part 2424.
- If the owner is the parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless the PHA determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities. This restriction against PHA approval of a unit only applies at the time a family initially receives tenant-based assistance for occupancy of a particular unit, but does not apply to PHA approval of a new tenancy with continued tenant-based assistance in the same unit.
- Other reasons as defined in 24 CFR 982.306.

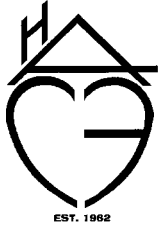
² Rent Reasonableness: HUD regulation 24 CFR 982.507 requires that PHAs perform a rent reasonableness determination before executing a HAP contract and before any increase in rent. The PHA must determine that the proposed rent is reasonable compared to similar units in the marketplace and not higher than those paid by unassisted tenants on the premises.

³ Inspections: PHA must inspect the unit leased to a family prior to the initial of the lease, at least biennially during assisted occupancy (triennially for rural PHAs), and at other times as needed, to determine if the unit meets the HQS.

Some, but not all, PHAs have additional flexibility to approve tenancy and begin paying HAP on a unit that fails to meet the HQS, provided the deficiencies are not life-threatening and/or to approve assisted tenancy of a unit before the PHA conducts the initial HQS inspection if the property has, in the previous 24 months, passed a qualifying alternative inspection. For more information on these provisions see PIH Notice 2017-20.

⁴ Housing Assistance Payment (HAP): is the monthly assistance payment by a PHA, which is defined in 24 CFR 982.4 to include: (1) A payment to the owner for rent to the owner under the family's lease; and (2) An additional payment to the family if the total assistance payment exceeds the rent to owner.

The HAP contract is the housing assistance payments contract between the owner and the PHA.



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:

Amy Gonzalez	Director of HCV Program	ext. 219
Christine Krieger	HCV Senior Specialist	233
Kayevonne Parham	HCV FSS Specialist	218
David "Cole" Hay	HCV Inspector	240
Angela Moisenko	HCV Annual Recertification Specialis	225
Veronica Donaldson	HCV Intake/Interim 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

4 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 FY 2023

Family Size	One	Two	Three	Four	Five	Six	Seven	Eight
Very Low-Income	\$28,000	\$32,000	\$36,000	\$39,950	\$43,150	\$46,350	49,550	\$52,750
Extremely Low-Income	\$16,800	\$19,720	\$24,860	\$30,000	\$35,140	\$40,280	\$45,420	\$50,560

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). If you are a current student in college, see **Appendix P** for HUD’s new Student Rule.



- 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, contact your Housing Specialist. 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 contact your Housing Specialist, 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.
- 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 changes in income, assets and expenses **in writing within 60 days** of the change.
- c) Notify EHA **in writing and within 30 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.
- d) Notify EHA **in writing and within 30 days** when a person who is on the application for assistance moves out.
- e) Families may have a visitor for no more than 30 consecutive days or a total of 90 cumulative calendar days during any 12-month period. Special approval from the HCV office and the landlord is needed if a visitor needs to stay longer 14 consecutive days. Even if HCV approves the guest to stay and the landlord does not, the guest cannot stay.
- f) Absence from the unit for more than five to 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 last annual inspection or initial move in inspection. The inspections occur approximately every 10 months 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.
- c) Any person residing in the assisted unit for more than 60 days in a calendar year will be considered to be living in the assisted unit and must be reported in writing to EHA. Approval MUST be granted by EHA prior to any other person taking residency in the assisted unit.

Increases in family income must be reported to the Elkhart Housing Authority within:

- a) 3 days
- b) 10 days
- c) 14 days
- d) 60 days

Changes to family composition and income can be reported verbally, over the telephone.

- a) True
- b) False

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.)

- 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 voucher is issued for 60 days with one automatic 60 day extension if a Request for Tenancy is not received. A final 30 day extension must be requested in writing with an explanation to what extenuating circumstances resulted in failure to submit a Request for Tenancy Approval.

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 **MUST** report 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.

D. **Recording Contacts with Landlords**

A sheet to record contacts with landlords has been provided for you at the end of this packet. Please feel free to make copies and record your data. This progress report will be required along with a written request for an extension prior to your 60 day expiration.

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 30 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.

Should the participant not find a unit to re-locate in the 30 days and the landlord allows them to continue residency, the Elkhart Housing Authority should receive notice by either the participant or the owner by the 23rd of the month so that the Housing Assistance Payment can be paid to the owner/landlord for the next month. A written notice should be submitted indicating if the 30 day notice has been extended to the end of the following month.

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 age five) 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 12 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

The Elkhart Housing Authority shall grant exceptions from the subsidy standards if the family requests and the Housing Authority determine the exceptions are justified by the relationship, age, sex, health or disability of family members, or other individual circumstances.

The Elkhart Housing Authority will grant an exception upon request as an accommodation for persons with disabilities. Circumstances may dictate a larger size than the subsidy standards permit when persons cannot share a bedroom because of a need, such as a:

Verified medical or health reason; or

Elderly or disabled individuals who may require a live-in attendant.

C. REQUESTS FOR EXCEPTIONS TO THE SUBSIDY STANDARDS

The family may request a larger sized voucher than indicated by the subsidy standards. Such request must be made in writing within 10 working days of the Elkhart Housing Authority's determination of bedroom size. The request must explain the need or justification for a larger bedroom. Documentation verifying the need or justification will be required as appropriate.

The Elkhart Housing Authority will not issue a larger voucher due to additions of family members other than by birth, adoption, marriage or court-awarded custody.

A medical professional must verify requests based on health related reasons.

A single person is not eligible for a larger than a one bedroom unit unless they are an elderly or disabled individual requesting a reasonable accommodation.

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 actual size of the unit the family selects, regardless of the size authorized on the family's voucher.
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:** Payment Standard (PS) minus TTP or Gross Rent minus TTP

Rent to Owner

Total rent paid to the owner. Rent to Owner = Gross Rent - 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.

TFC = Gross Rent - Total Voucher Subsidy

Total Voucher Subsidy is the **lesser of:** Total Voucher Subsidy = Gross Rent - 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

Utility Reimbursement to Family = Total Voucher Subsidy - HAP

Tenant Rent (TR)

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

Tenant Rent = Rent to Owner - HAP

HOW MUCH DOES THIS UNIT COST?

Rent to Owner \$ _____

Utilities not included
List appropriate utility allowances from the utility allowance schedule provided.

Heat \$ _____

Lights \$ _____

Cooking gas/electric \$ _____

Water \$ _____

Appliance \$ _____

Air Conditioning \$ _____

Other \$ _____

Total Utility Allowance \$ _____

Gross Rent \$ _____



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.

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)

Some families may be eligible to move from Elkhart to other jurisdictions throughout the country. Moving to another jurisdiction with assistance is called *portability*.

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 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.

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.

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!*

You will receive the booklet *A Good Place to Live* when you are issued your Housing Choice Voucher. 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 once annually. The tenant and landlord are notified of the date and time. The landlord and tenant may request a copy of the inspection results.
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. HUD BROCHURE ON HOW TO SELECT A UNIT
982.301(b) (9), form HUD - 593 - PIH (9)**

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



**A Good Place
to Live!**

A Good Place to Live

Introduction

Having a good place to live is important. Through your Housing Agency (or HA), the HCV Rental Certificate Program and the Rental 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 housing quality. Under the Rental Certificate Program, the housing generally cannot cost more than the Fair Market Rent. However, under the Rental Voucher Program, a family may choose to rent a more expensive house or apartment and pay the extra amount. Your HA will give you other information about both programs and the way your part of the rent is determined. This booklet is to help you understand what the housing quality standards are and why they are important to you.

Housing Quality Standards

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

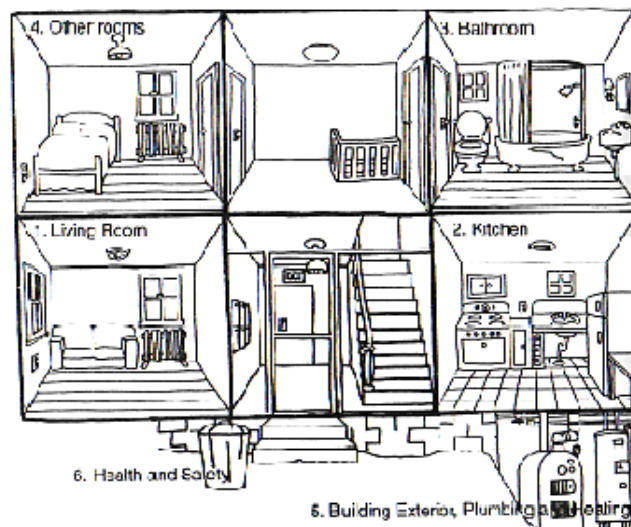
- Things that a home *must* have in order to be approved by the HA, and
- Additional things that you *should* think about for the special needs of your own family. These are items that you can decide.

The HCV Rental Certificate Program and the Rental Voucher Program

The HCV Rental Certificate Program and the Rental 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 house or apartment must have. But a home that has all the *must have* standards may still not have everything you need or would like. With the help of the HCV Rental Certificate Program or Rental 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 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. Good luck in finding your good place to live.

A Good Place to Live is divided into six sections and a summary. In each section there is a picture and an explanation of the items that a unit *must have*. There are also suggestions of some things you should think about. At the end of each section, think about whether or not the unit has everything it *must have* and everything you think it *should have*. There is room throughout the booklet and at the end for you to make notes.

1. Living Room
2. Kitchen
3. Bathroom
4. Other Rooms
5. Building Exterior, Plumbing and Heating
6. Health and Safety (in the home, yard and neighborhood)



Read each section carefully. After you find a good 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 HA about what to do, since it may be possible to correct the problems.

The Requirements

Most houses or apartments 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 private use of your family.

Generally there must be one living/sleeping room for every two family members.

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, or 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.

- Count a double outlet socket as one outlet.
- 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 firm support (such as a chain), missing cover plates on switches or outlets, or badly cracked outlets.

Floor

A floor that is in good condition.

- Not acceptable are large cracks or holes, missing or warped floor boards, 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

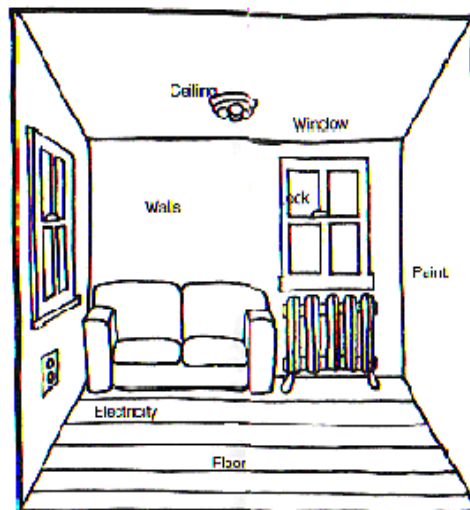
A lock that works on all windows and doors that can be reached from the outside, a common public hallway, a fire escape, porch or other outside place that can be reached from the ground. A window that cannot be opened is acceptable.

Paint

- Minimal peeling or chipping paint if you have children under the age of six and the house or apartments 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 the 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?



NOTES:

2. The 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, or 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 ceiling or wall light fixture that works.

- Count a double outlet socket as one outlet.
- 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, or badly cracked outlets.

Stove and oven

A stove (or range) and oven that works. (This can be supplied by the tenant.) In some cases, a microwave oven may be substituted for a stove (or range) and oven.

Floor

A floor that is in good condition.

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

Preparation Area

Some space to prepare food.

Paint

- Minimal peeling or chipping paint if you have children under the age of six 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, or 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).

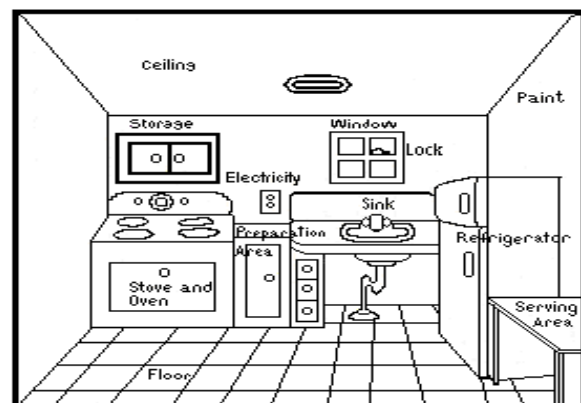
Sink

A sink with hot and cold running water.

A bathroom 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 the sink.
- Other appliances you would like provided.
- Extra outlets.



3. The 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, or 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. A window that cannot be opened is acceptable.

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 floor boards or covering that could cause someone to trip.

Paint

- Minimal peeling or chipping paint if you have children under the age of six 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, or large amounts of loose or falling surface material such as plaster.

Electricity

At least one electric outlet and one permanent ceiling or wall light fixture that works.

- 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, or badly cracked outlets.

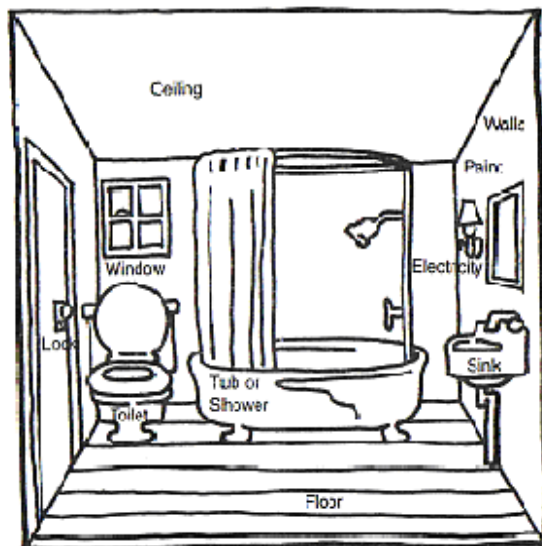
Sink

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.



NOTES:

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, or 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

- Minimal peeling or chipping paint if you have children under the age of six and the house or apartment was built before 1978.

Electricity in Bedrooms

Same requirements as for living room.

Electricity 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 floor boards 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 operable if it was designed to be opened, in every room used for sleeping. Every window must be in good condition.

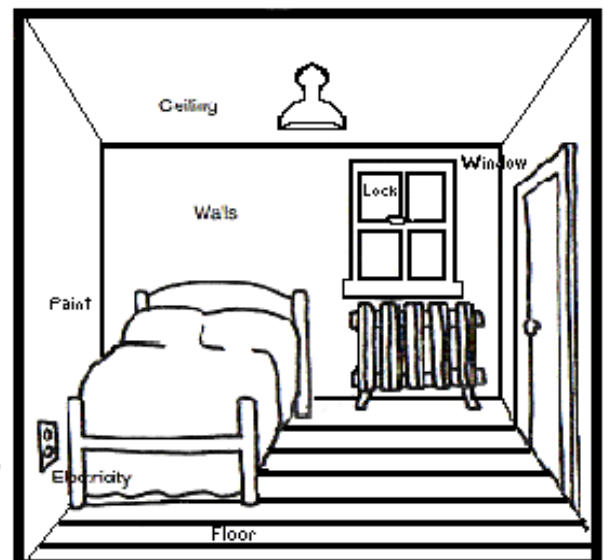
- Not acceptable are windows with badly cracked, broken or missing panes, and windows that do not shut or, when shut, do not keep out the weather.

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 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 paint and wallpaper.
 - Are they worn, faded, or dirty?
- The condition of the floors.
 - Are they scratched and worn?

NOTES:



5. Building Exterior, Plumbing and Heating

The Building Must Have:

Roof

A roof in good condition that does not leak. Gutters and downspouts are not required but, if present, are 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 which 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 supply system. Ask the manager or owner.

Chimneys

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

Paint

Minimal cracking, peeling or chipping paint if you have children under the age of six and the house or apartment was built before 1978.

- This includes exterior walls, stairs, decks, porches, railings, windows, doors, and entrance and hallway to the apartment.

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 or owner.

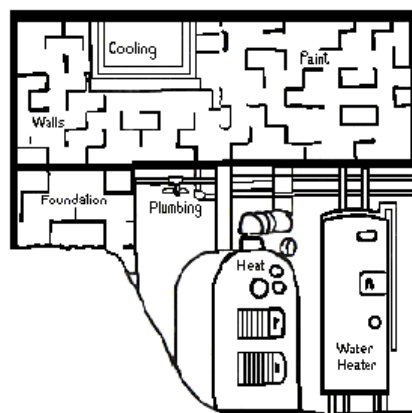
Heat

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, kerosene or gas, and are not vented to a chimney. Space heaters that are vented may be acceptable if they can provide enough heat. Electric heaters are acceptable.

You Should Also Think About:

- How well maintained the exterior of the house or 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 system 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 to 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 paint in these areas.

Pollution

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

Rodents and Vermin

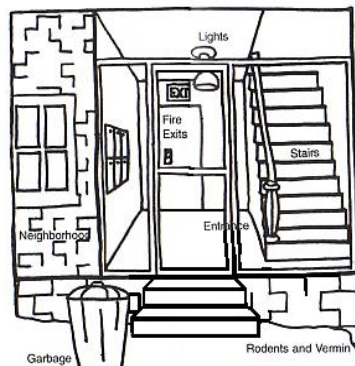
No sign of rats or large numbers of mice or vermin (like roaches).

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 public 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 HA or owner, especially if the housing or apartments is older (built before 1978).



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 HCV Rental Certificate Program and the Rental Voucher Program.
- Additional things that you should think about for the special needs of your family.

You know 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 a 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 HA has received it, an official inspection will take place. The HA will inform both you and the owner of the inspection results.

If the house or apartment passes, a lease can be signed. There may still be some items that you or the HA would like improved. If so, you and your HA 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 apartments fails, you and/or your HA 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 Housing Agency:

- Ensure that all units in the HCV Rental Certificate Program and the Rental 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 tenant or owner of 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 HA 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 HA on initial, annual and complaint inspections, including making necessary repairs.

XIV. PROVIDING INFORMATION TO PROSPECTIVE OWNERS

24 CFR 982.301 (b) (7)

The Elkhart Housing Authority **MUST** give the owner:

1. The family's current address (as shown in our HA records); and
2. 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.



XV. 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.



Fair Housing rules only apply to the disabled and elderly

- a) True
- b) False

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity

Are you a Victim of Housing Discrimination?

Fair Housing is Your Right!

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



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 in certain neighborhoods only
- 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 certain modifications or accommodations for persons with a mental or physical disability, including persons recovering from alcohol and substance abuse, and HIV/AIDS-related illnesses
- Fail to design and construct housing in an accessible manner
- Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with their fair housing rights

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), or
- Handicap (if you or someone close to you has a disability)

<https://portalapps.hud.gov/FHEO903/Form903/Form903Start.action>

If you don't report discrimination,
it can't be stopped!

Housing Discrimination Information Form

- 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.
- You have one year from the date of the alleged act of discrimination to file your complaint.
- After your information is received, we will contact you to discuss the concerns you raise.

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. Use reverse side of this page if you need more space to respond.

Keep this information for your records.

Date you mailed your information to HUD:(mm/dd/yyyy)

Address to which you sent the information:

Street:

City:

State:

Zip Code:

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

Your Name:	Best time to call:	Your Daytime Phone No:
Your Address:		Evening Phone No:
City:	State:	Zip Code:
Who else can we call if we cannot reach you?		
1 Contact's Name:		Daytime Phone No:
Best time to call:		Evening Phone No:
2 Contact's Name:		Daytime Phone No:
Best time to call:		Evening Phone No:
<p>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.</p>		
<p>2. Why do you believe you are being discriminated against?</p> <p>It is a violation of the law to deny you your housing rights for any of the following factors:</p> <ul style="list-style-type: none"> • race • color • religion • sex • national origin • familial status (families with children under 18) • disability. <p>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? Were you harassed because you assisted someone in obtaining their fair housing rights? Briefly explain why you think your housing rights were denied because of any the factors listed above.</p>		

3. **Who** do you believe discriminated against you? Was it a landlord, owner, bank, real estate agent, broker, company, or organization?

Name:

Address:

4. **Where** did the alleged act of discrimination occur? Provide the address. 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?

Address:

City:

State:

Zip Code:

5. **When** did the last act of discrimination occur?

Enter the date (mm/dd/yyyy) _____

Is the alleged discrimination continuous or on going? Yes No

Signature:

Date:(mm/dd/yyyy)

X

Send this form to HUD or to the fair housing agency where the alleged act of discrimination occurred.

If you are unable to complete this form, you may call the office nearest you.

See addresses and telephone numbers listed on the back page.

The information collected here 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 the discrimination where violence is involved; and to State or local fair housing agencies that administer substantially equivalent fair housing laws for complaint processing.

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.

Disclosure of this information is voluntary. Failure to provide some or all of the requested information will result in delay or denial of HUD assistance.

This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Privacy Act Statement 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).

For Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont:

NEW ENGLAND OFFICE
(Marcella_Brown@hud.gov)

Fair Housing Enforcement Center
U.S. Department of Housing and Urban Development
Thomas P. O'Neill, Jr. Federal Building
10 Causeway Street, Room 321
Boston, MA 02222-1092
Telephone (617) 994-8300 or 1-800-827-5005
Fax (617) 565-7313 • TTY (617) 565-5453

For New Jersey and New York

New York/New Jersey Office
(Stanley_Seidenfeld@hud.gov)

Fair Housing Enforcement Center
U.S. Department 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

For Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

MID-ATLANTIC OFFICE
(Wanda_Nieves@hud.gov)

Fair Housing Enforcement Center
U.S. Department of Housing and Urban Development
The Wanamaker Building
100 Penn Square East
Philadelphia, PA 19107-9344
Telephone (215) 656-0662 or 1-888-799-2085
Fax (215) 656-3419 • TTY (215) 656-3450

For Alabama, the Caribbean, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee:

SOUTHEAST/CARIBBEAN OFFICE
(Gregory_L_King@hud.gov)

Fair Housing Enforcement Center
U.S. Department of Housing and Urban Development
Five Points Plaza
40 Marietta Street, 16th Floor
Atlanta, GA 30303-2806
Telephone (404) 331-5140 or 1-800-440-8091
Fax (404) 331-1021 • TTY (404) 730-2654

For Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin:

MIDWEST OFFICE
(Barbara_Knox@hud.gov)

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
Telephone (312) 353-7776 or 1-800-765-9372
Fax (312) 886-2837 • TTY (312) 353-7143

For Arkansas, Louisiana, New Mexico, Oklahoma, and Texas:

SOUTHWEST OFFICE
(Thurman_G_Miles@hud.gov or Garry_L_Sweeney@hud.gov)

Fair Housing Enforcement Center
U.S. Department 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

For Alaska, Idaho, Oregon, and Washington:

For Iowa, Kansas, Missouri and Nebraska:

GREAT PLAINS OFFICE
(Robbie_Herndon@hud.gov)

Fair Housing Enforcement Center
U.S. Department 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 1-800-749-5329
Fax (913) 551-6856 • TTY (913) 551-6972

For Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming:

ROCKY MOUNTAINS OFFICE
(Sharon_L._Santoya@hud.gov)

Fair Housing Enforcement Center
U.S. Department of Housing and Urban Development
833 17th Street
Denver, CO 80202-3690
Telephone (303) 672-5437 or 1-800-877-7353
Fax (303) 672-5026 • TTY (303) 672-5248

For Arizona, California, Hawaii, and Nevada:

PACIFIC/HAWAII OFFICE
(Charles_Hauptman@hud.gov)

Fair Housing Enforcement Center
U.S. Department of Housing and Urban Development
600 Harrison Street, 3rd Floor
San Francisco, CA 94107-1300
Telephone (415) 489-6524 or 1-800-347-3739
Fax (415) 489-6559 • TTY (415) 489-6564

NORTHWEST/ALASKA OFFICE
(Judith_Keeler@hud.gov)

Fair Housing Enforcement Center
U.S. Department 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

If after contacting the local office nearest you, you still have questions – you may contact HUD further at:

U.S. Department 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

REQUIRED CONTENTS OF THE FAMILY BRIEFING



13

REQUIRED CONTENTS OF THE FAMILY BRIEFING

- ❑ A list of landlords known to the PHA who may be willing to lease a unit to the family or other resources known to the PHA that may assist the family in locating a unit
 - Newspapers
 - Organizations
 - Online search tools
 - Social media

14

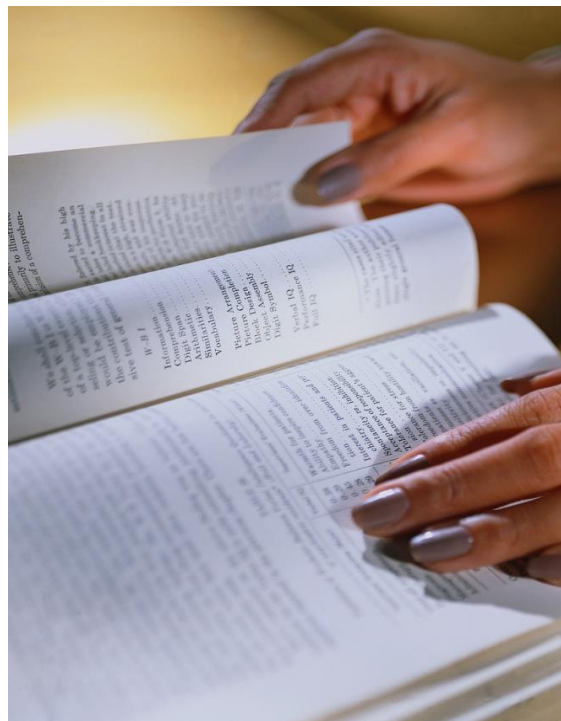
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XVI. LANDLORD REFERRALS

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.



XVII. 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 30 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.

XVIII. 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.

XIX. 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. 218 to be put on the waiting list or to ask more specific questions regarding this program. A program brochure may be requested.

XX. 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. 218

XXI. Additional Forms and Guidance



2021 and 2022 Small DDAs and QCTs

46516

Select a State Select a County

Map Options : [Clear](#) | [Reset](#) | [Full Screen](#)

- QCT Legend: Tract Outline
- SADDA Legend: FMR Boundary
- LIHTC Project
- ZCTA Boundary
- 2022 Qualified Census Tracts
- 2022 Small DDA
- Part DDA
- Non Metro DDA

[Hide the overview](#)

The 2022 Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) are effective January 1, 2022. The 2022 designations use data from the 2010 Decennial census. The designation methodology is explained in the federal Register notice published September 9, 2021

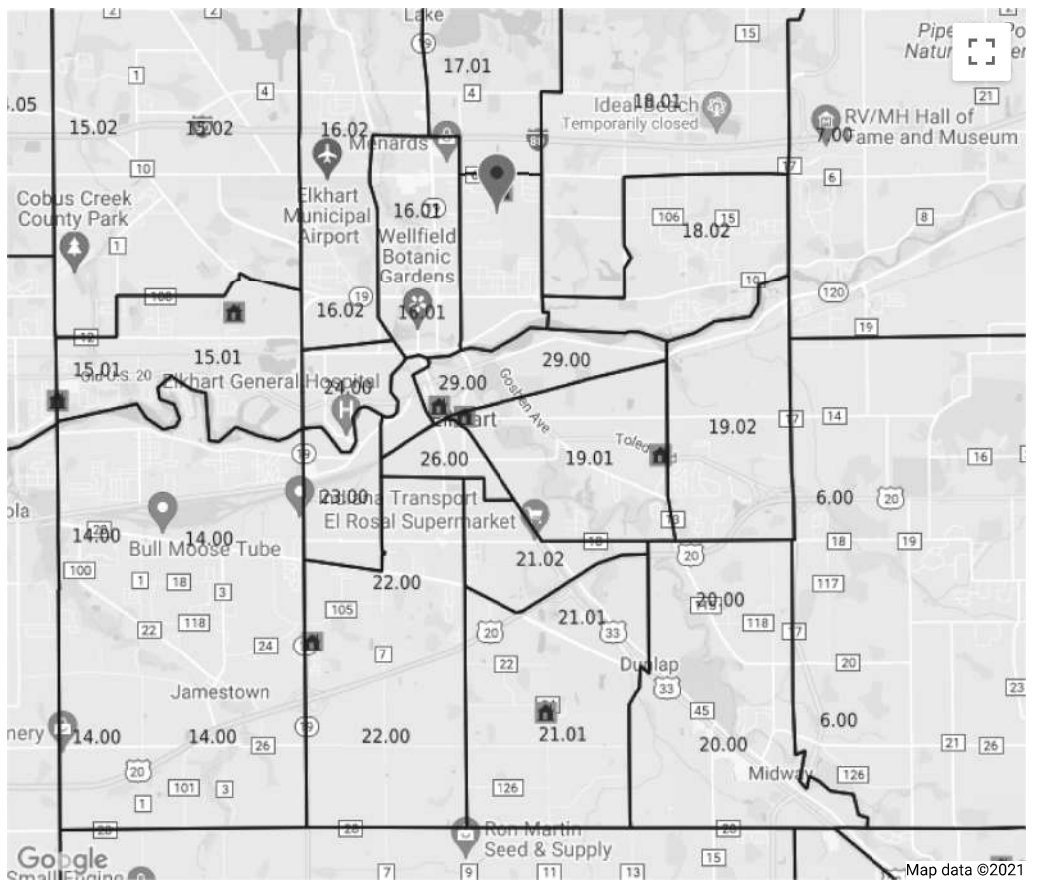
Map Options

- 12 Current Zoom Level
- Show Difficult Development Areas (Zoom 7+)
- Color QCT Qualified Tracts (Zoom 7+)
- Show Tracts Outline (Zoom 11+)
- Show FMR Outlines (Zoom 4+)
- Show LIHTC Projects (Zoom 11+)

[Click here for full screen map](#)

Select Year

- 2022
- 2021



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About PD&R

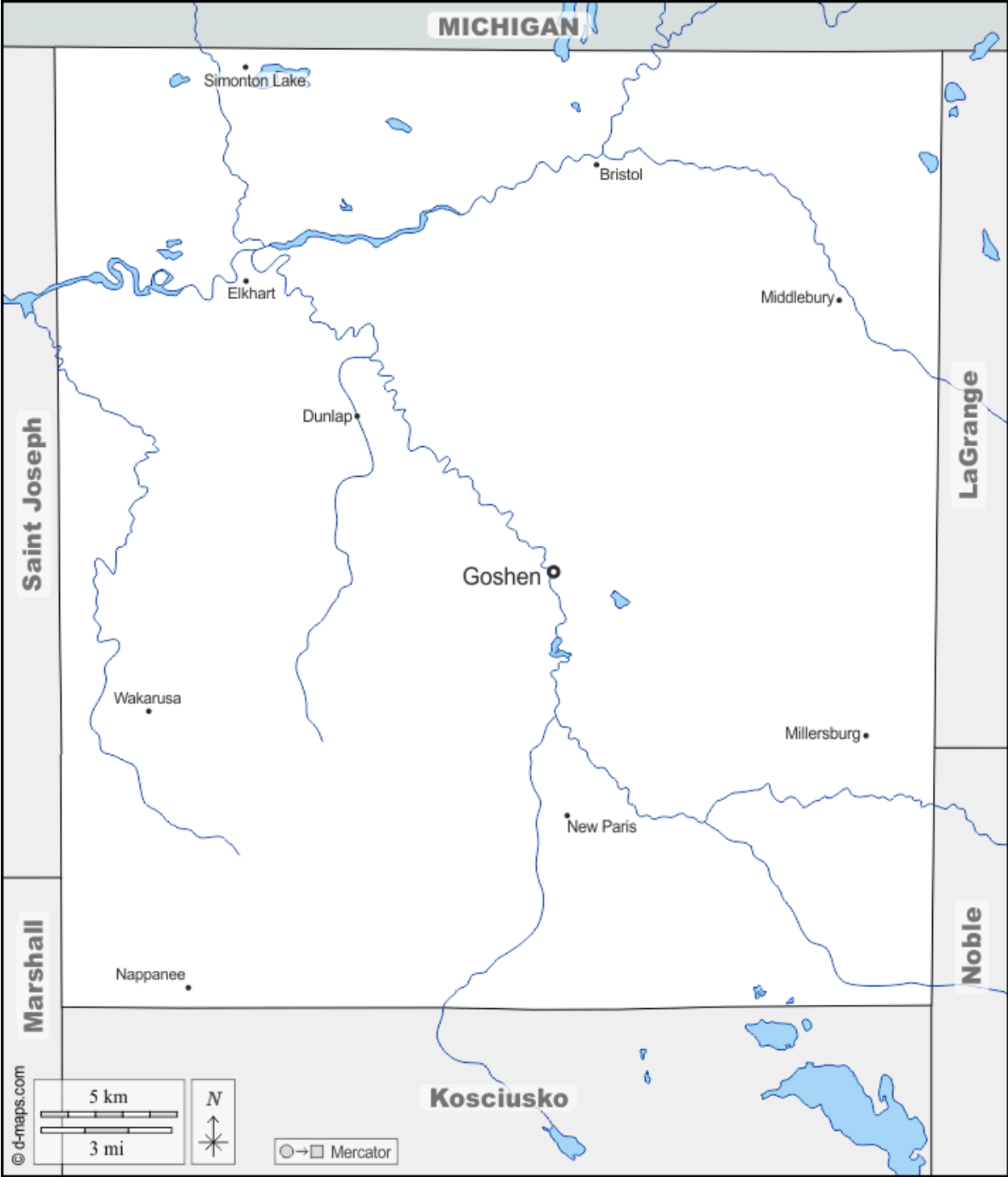
- PD&R Mission
- Organization Chart
- PD&R Events
- HUD Secretary's Awards

Reference

- Contact Us
- eBookstore
- HUDUser Archives
- Webstore

Research

- Case Studies
- Datasets
- Periodicals
- Regulatory Barriers Clearinghouse
- Reports



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



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

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing
OMB Approval No. 2577-0169
Exp. 10/31/2010

1. Section 8 Voucher Program

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

2. Lease

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

3. Use of Contract Unit

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

4. Rent to Owner

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

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

5. Family Payment to Owner

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

6. Other Fees and Charges

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

7. Maintenance, Utilities, and Other Services

- a. **Maintenance**
 - (1) The owner must maintain the unit and premises in accordance with the HQS.
 - (2) Maintenance and replacement (including redecoration) must be in accordance with the

standard practice for the building concerned as established by the owner.

b. **Utilities and appliances**

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

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

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

8. **Termination of Tenancy by Owner**

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

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

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

c. **Criminal activity or alcohol abuse.**

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

is a felony under the laws of the place from which the individual flees, or that, in the case of the State of New Jersey, is a high misdemeanor; or

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

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

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

d. **Other good cause for termination of tenancy**

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

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

- (a) Disturbance of neighbors,
- (b) Destruction of property, or
- (c) Living or housekeeping habits that cause damage to the unit or premises.

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

- (a) The tenant's failure to accept the owner's offer of a new lease or revision;
- (b) The owner's desire to use the unit for personal or family use or for a purpose other than use as a residential rental unit; or
- (c) A business or economic reason for termination of the tenancy (such as sale of the property, renovation of the unit, the owner's desire to rent the unit for a higher rent).

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

(5) In the case of an owner who is an immediate successor in interest pursuant to foreclosure during the term of the lease, requiring the tenant to vacate the property prior to sale shall not constitute other good cause, except that the owner may terminate the tenancy effective on the date of transfer of the unit to the owner if the owner: (a) will occupy the unit as a primary residence; and (b) has provided the tenant a notice to vacate at least 90 days before the effective date of such notice. This provision shall not affect any State or local law that provides for longer time periods or addition protections for tenants. **This provision will sunset on December 31, 2012 unless extended by law.**

e. Protections for Victims of Abuse.

- (1) An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease or other “good cause” for termination of the assistance, tenancy, or occupancy rights of such a victim.
- (2) Criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of domestic violence, dating violence, or stalking.
- (3) Notwithstanding any restrictions on admission, occupancy, or terminations of occupancy or assistance, or any Federal, State or local law to the contrary, a PHA, owner or manager may “bifurcate” a lease, or otherwise remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others. This action may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of the violence 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.
- (4) Nothing in this section may be construed to limit the authority of a public housing agency, owner, or manager, when notified, to honor court orders addressing rights of access or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members in cases where a family breaks up.
- (5) Nothing in this section limits any otherwise available authority of an owner or manager to evict or the public housing agency to terminate assistance to a tenant for any violation of a lease not premised on the act or acts of violence in question against the tenant or a member of the tenant’s household, provided that the owner, manager, or public housing agency does not subject an individual who is or has been a victim of domestic violence, dating violence, or stalking to a more demanding standard than other tenants in determining whether to evict or terminate.
- (6) Nothing in this section may be construed to limit the authority of an owner or manager to evict, or the public housing agency to terminate assistance, to any tenant if the owner, manager, or public

housing agency can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant is not evicted or terminated from assistance.

- (7) 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, or stalking.

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

g. 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.

9. Lease: Relation to HAP Contract

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

10. 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.

11. Family Move Out

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

12. 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.

13. 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.

14. 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.

15. 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.

16. Notices

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

17. 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

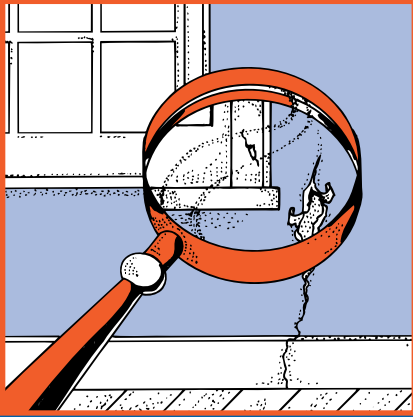
If you think your home has high levels of lead:

- ◆ 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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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:

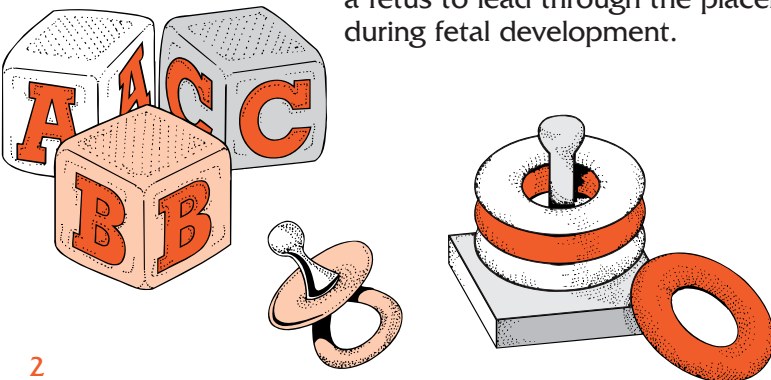
- ◆ Breathe in lead dust (especially during renovations that disturb painted surfaces).
- ◆ Put their hands or other objects covered with lead dust in their mouths.
- ◆ Eat paint chips or soil that contains lead.

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:

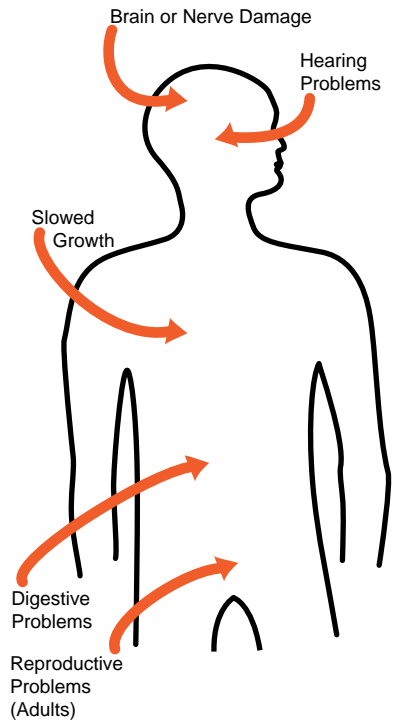
- ◆ Nervous system and kidney damage.
- ◆ Learning disabilities, attention deficit disorder, and decreased intelligence.
- ◆ Speech, language, and behavior problems.
- ◆ Poor muscle coordination.
- ◆ Decreased muscle and bone growth.
- ◆ Hearing damage.

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.

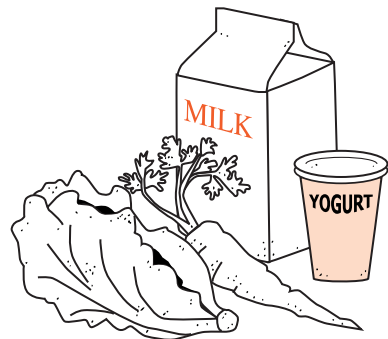
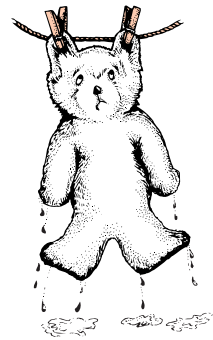
There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency (see bottom of page 11) for more information, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.

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

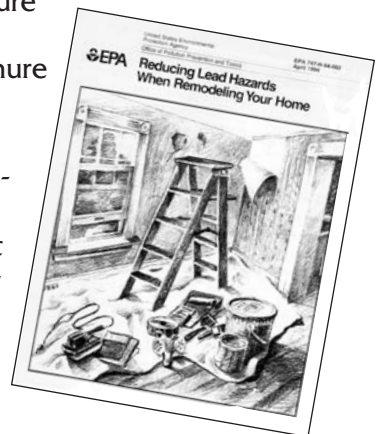
Take precautions before your contractor or you begin remodeling or renovating anything that disturbs painted surfaces (such as scraping off paint or tearing out walls):

- ◆ **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.



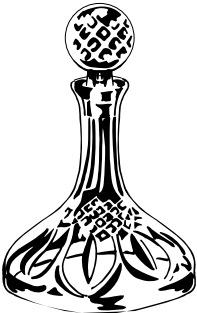
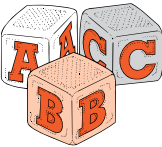
If not conducted properly, certain types of renovations can release lead from paint and dust into the air.



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/**.

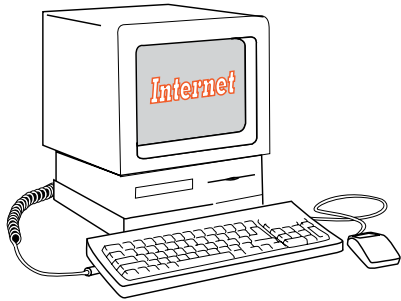


EPA's Safe Drinking Water Hotline

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



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.





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

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: 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



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

Briefing Certification

I, _____ certify that on _____, I attended a briefing with the Elkhart Housing Authority. The purpose of the briefing was to discuss:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Eligibility | <input type="checkbox"/> Annual Reexam | <input type="checkbox"/> Interim Reexam |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Portability | <input type="checkbox"/> Other |

A member of the Elkhart Housing Authority staff provided copies or explained the following listed items. I am aware that the program rules apply to me and all approved members of my household.

- | | | |
|--------------------------|------------------------------|---|
| <input type="checkbox"/> | 24 CFR 982.301 (a) (1) (i) | How the Program Works |
| <input type="checkbox"/> | 24 CFR 982.301 (a) (1) (ii) | Family and Owner Responsibilities |
| <input type="checkbox"/> | 24 CFR 982.301 (a) (1) (iii) | Where the Family May Lease a Unit, Including Renting a Dwelling Unit Inside or Outside the PHA Jurisdiction |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (1) | Term of the Voucher |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (2) | How the PHA Determines the Amount of Housing Assistance Payment for a Family |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (2) (i) | How PHA Determines the Payment Standard |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (2) (ii) | How PHA Determines the Total Tenant Payment |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (3) | How the Maximum Rent is Determined |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (4) | Where the Family May Lease a Unit |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (4) | Portability and Portability Procedures |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (5) | HUD Required Tenancy Addendum |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (6) | How to Request Tenancy Approval |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (7) | Providing Information to Prospective Owners |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (8) | Subsidy Standards |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (9) | HUD Brochure "A Good Place to Live" |
| <input type="checkbox"/> | HUD Notices PIH 96-2, 96-92 | Lead Based Paint Brochure |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (10) | Information on Federal, State and Local Equal Opportunity Laws and Housing Discrimination Complaint Form |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (11) | Landlord Referrals and Search Assistance |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (12) | Accessible Units for the Disabled |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (13) | Family Obligations Under the Program |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (14) | Grounds For Termination of Assistance |
| <input type="checkbox"/> | PIH Notice #2006-23 | Violence Against Women Act |
| <input type="checkbox"/> | 24 CFR 982.301 (b) (15) | Informal Hearing Procedures |

Head of Household Date

Spouse/Adult Date

Briefing Evaluation

Briefing Date: _____ Name (Optional) _____

Please circle a number from one (1) to five (5). One (1) is the lowest rating and five (5) is the highest rating.

- | | | | | | | |
|----|--|---|---|---|---|---|
| 1. | The information presented helpful. | 1 | 2 | 3 | 4 | 5 |
| 2. | The material I received was helpful. | 1 | 2 | 3 | 4 | 5 |
| 3. | The meeting was conducted in a manner that was easy to understand. | 1 | 2 | 3 | 4 | 5 |
| 4. | The speaker was knowledgeable about the program rules and regulations. | 1 | 2 | 3 | 4 | 5 |
| 5. | The speaker allowed time for questions and clarifications. | 1 | 2 | 3 | 4 | 5 |
| 6. | How would you rate the overall presentation? | 1 | 2 | 3 | 4 | 5 |

7. The HCV Briefing could be improved by:

8. During the briefing I learned the following new things:

9. The most difficult thing to understand was:

10. In the next briefing I would like to learn more about:

HOUSING AUTHORITY CITY OF ELKHART

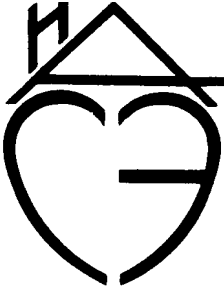
Housing Choice Voucher Program



1396 Benham Avenue
Elkhart, Indiana Phone
574-295-8392
Ms. Angelia
Washington Executive Director

www.ehai.org

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



EST. 1962

Unit Transfer Request Form

HCV participants must be in good standing with the HCV Program and the landlord (balances paid) in order to proceed with a unit transfer.

If you follow the directions and provide ALL of your documentation that is required, you will receive your voucher and Request for Tenancy Approval on a first come, first serve basis. All transfer requests will be processed by date and time submitted. Failure to provide requested documents will delay the unit transfer process. The unit transfer process is as follows:

Steps to attain a Unit Transfer

- ❖ **Fill out this form and complete the attached packet. Attach all necessary documentation and submit the entire packet within 10 business days. When all this information has been received and verified, a Tenant Notice to Vacate and voucher appointment will be mailed.**
- ❖ **When you receive the TNTV you will fill out the top portion of the page giving EHA and your landlord a 30 day notice that you are moving. The landlord will fill out the bottom portion of the TNTV and you will need to bring this to your scheduled appointment time.**
- ❖ **At the scheduled appointment, we will go over the TNTV and discuss the moving process, sign the Unit Transfer papers and you will receive your voucher and Request for Tenancy Approval (RTA). When we receive your RTA, the inspector will qualify the unit and schedule the inspection. Once the unit has passed inspection, occupancy will be approved for the first of the following month.**

Please complete this portion of the interest form:

I _____ wish to request a unit transfer.

My current address is _____.

I would like to be moved by _____.

Participant's Signature

Date

Continued on Back

Documents needed at unit transfer

- ✓ **Public Aid (TANF):** Most recent benefit letter and/or 3 month TANF history report or cancellation letter.
- ✓ **Employment Verification:** Three most recent and consecutive check stubs (last one no more than 30 days from date of your recertification appointment) with year to date earnings.
- ✓ **Unemployment:** Original award letter from Unemployment Compensation and current stub or exhaust letter.
- ✓ **Child Support/Alimony:** Notarized letter from the provider and/or a twelve month printout from child support office.
- ✓ **Pension/Annuity:** Award letter including contact information and copy of current check (last one no more than 60 days from date of annual appointment).
- ✓ **SSI/Social Security Benefits:** Award letter and current statement from the Social Security Administration office.
- ✓ **Bank Accounts/Assets:** (i.e. checking, savings, stocks, bonds, property, IRA's, mutual funds, annuities, trusts, inheritances and settlements) Most Current statement or letter from bank stating current balance on Savings and six month average on Checking Account, with annual interest rate or bank/pass book.
- ✓ **Full Time Student Status:** (for any member of the household 18 years of age or older) 2012 – 2013 Financial Aid Award letter and Tuition Cost.
- ✓ **Financial Aid:** Notification of any grants/scholarships and/or loan awards for the past year or a current award letter.
- ✓ **Medical Deduction:** (At least 62 or a person with disabilities) **12 Month** Patient payment history printout(s) from pharmacy or doctor's office for out of pocket medical expenses for the past year – ending with the month prior to you turning in this form. For example: (I turn this in on July 7, 2013. I would then need to turn in medical dated from July 1, 2012 – June 30, 2013)
- ✓ **Child Care:** Notarized letter and/or company letterhead from provider stating how much paid and timeframe in which child care is provided. Provided documents must include provider information. (Address, phone and Name)

Please note in order to complete your unit transfer in a timely manner all documentation should be dropped off to the Elkhart Housing Authority at the time you return this packet. If you have any questions, please contact Christine Krieger at 574-295-8392 ext. 233.

TENANT NOTICE TO VACATE

Notice must be received by the landlord and Elkhart Housing Authority no later than the 1st day of the month. The *current* unit will be vacated on the last day of the month following at least 30 days notice. The *new* unit will be available on the 1st of the month only. Tenant is responsible for regular tenant responsibilities to the landlord (i.e. rent, maintenance, damages, etc.)

Name _____ Phone # _____

Address _____

Landlord _____

I/ We will be vacating the above unit on the 30th/ 31st of _____

Signature _____

You will receive an appointment time by mail. **To voluntarily withdraw from the Housing Choice Voucher Program, please complete the *Voluntary Withdrawal Form.***

Landlord Section

The Housing Choice Voucher Program recommends that you complete an inspection of the unit. If the unit is not in acceptable condition please provide an itemized list of damages and charges to the tenant and EHA as soon as possible. You may exercise your right to take legal action against the tenant for any violations of the lease. Damages to the unit will not be the responsibility of the Elkhart Housing Authority.

This notice may be extended by submitting, in writing, that both the tenant and landlord agree to continue residency through to the next month. The new move out date would be the end of the next month. This extension should be submitted before the 23rd of the month to ensure Housing Assistance Payments can be made to the landlord/owner for the next month. An extension form can be obtained at the front desk of EHA or by contacting Mitchell Craven at 295-8393, ext. 258.

By signing below, I certify that I have received notice of the tenant's intent to vacate the above unit as of the date listed below. I understand that it is my responsibility to ensure the tenant has moved out of the unit at the end of the month. I understand that the Housing Choice Voucher Program will not pay any additional HAP for partial months.

Landlord Name _____ Phone # _____

Landlord Signature _____ Date _____

Comments _____

OFFICE USE ONLY

Date notice received by Housing Authority _____

Received by (signature) _____

EXTENSION of TENANT NOTICE TO VACATE

THIS EXTENSION SHOULD BE SUBMITTED BEFORE THE 23RD OF THE MONTH TO ENSURE HOUSING ASSISTANCE PAYMENTS CAN BE MADE TO THE LANDLORD/OWNER FOR THE NEXT MONTH.

Name _____ Phone # _____

Address _____

Landlord _____

I/ We have not re-located at this time and will be extending the initial move out date. I/We will now be vacating the above unit on the 30th/ 31st of _____

Signature _____

Landlord Section

The Housing Choice Voucher Program recommends that you complete an inspection of the unit. If the unit is not in acceptable condition please provide an itemized list of damages and charges to the tenant and EHA as soon as possible. You may exercise your right to take legal action against the tenant for any violations of the lease. Damages to the unit will not be the responsibility of the Elkhart Housing Authority.

By signing below, I certify that I have agreed to allow the tenant to continue residency at the above unit for an additional thirty (30) days. I understand that it is my responsibility to ensure the tenant has moved out of the unit at the end of the month. I further understand that the Housing Choice Voucher Program will not pay any additional HAP for partial months.

Landlord Name _____ Phone # _____

Landlord Signature _____ Date _____

Comments _____

OFFICE USE ONLY

Date extension received by Housing Authority _____

Received by (signature) _____

Request for Tenancy Approval Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
(exp. 4/30/2014)

Public reporting burden for this collection of information is estimated to average .08 hours 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, apartment number, city, State & zip code)			
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection	
9. Type of House/Apartment						
<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden / Walkup <input type="checkbox"/> Elevator / High-Rise						
10. If this unit is subsidized, indicate type of subsidy						
<input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Section 236 (Insured or noninsured) <input type="checkbox"/> Section 515 Rural Development						
<input type="checkbox"/> Home <input type="checkbox"/> Tax Credit						
<input type="checkbox"/> Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____						

11. Utilities and Appliances
The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

12. Owner's Certifications.

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.**

	Address and unit number	Date Rented	Rental Amount
1.			
2.			
3.			

b. The owner (including a principal or other interested party) is not the 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 leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

____ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

____ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

____ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

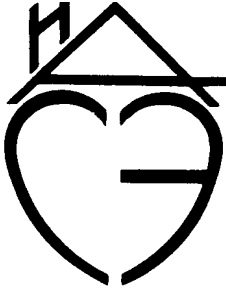
13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

HOUSING AUTHORITY CITY OF ELKHART
Housing Choice Voucher Program



1396 BENHAM AVENUE

ELKHART, INDIANA 46516

(574) 295-8392
FAX (574) 293-0580

Ms. Angelia Washington
Executive Director

EST. 1962

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 withdraw 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.



Equal opportunity for housing and employment

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

Instructions:

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:
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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):
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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		Absent Parent or Ex-Spouse Name:
Please choose relationship Code to Right:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Youth under 18	Address:
	<input type="checkbox"/> Co-Head	<input type="checkbox"/> Live-in Aid	
	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Other Adult	

Household Member 3			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code		Absent Parent or Name:
Please choose relationship Code to Right:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Youth under 18	Address:
	<input type="checkbox"/> Co-Head	<input type="checkbox"/> Live-in Aid	
	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Other Adult	

Household Member 4			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code		Absent Parent or Name:
Please choose relationship Code to Right:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Youth under 18	Address:
	<input type="checkbox"/> Co-Head	<input type="checkbox"/> Live-in Aid	
	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Other Adult	

Household Member 5			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code		Absent Parent or Name:
Please choose relationship Code to Right:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Youth under 18	Address:
	<input type="checkbox"/> Co-Head	<input type="checkbox"/> Live-in Aid	
	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Other Adult	

Household Member 6			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code		Absent Parent or Name:
Please choose relationship Code to Right:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Youth under 18	Address:
	<input type="checkbox"/> Co-Head	<input type="checkbox"/> Live-in Aid	
	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Other Adult	

Household Member 7			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code		Absent Parent or Name:
Please choose relationship Code to Right:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Youth under 18	Address:
	<input type="checkbox"/> Co-Head	<input type="checkbox"/> Live-in Aid	
	<input type="checkbox"/> Foster Child	<input type="checkbox"/> 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:
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, 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)				\$
Child Support (complete if court order exists, even if not received)				\$
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	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 Covert 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:
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:
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.

<p>Do you pay for health insurance (other than Medicare)?</p>	<p>Y / N</p>	<p>If yes, insurance name, address, premium amount:</p>
<p>Are you currently paying for prescription medication?</p>	<p>Y / N</p>	<p>If yes, name and address of pharmacy(s):</p>
<p>Are you currently under the care of a physician or other health care professional?</p>	<p>Y / N</p>	<p>If yes, name and address of health care provider(s):</p>
<p>Do you anticipate any medical expenses from any source other than the medical professionals listed above?</p>	<p>Y / N</p>	<p>If yes, name and address of source of additional medical expense(s):</p>

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. Household)	(Head of Household)	2.	(Social Security Number)
3.	4.	5.	
6.	7.	8.	

HOUSEHOLD INFORMATION

Street Address with Apartment #	City, State	Zip Code
Home Phone	Cell Phone	Other Phone
Email (If Used Regularly)		

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	Date Started	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.

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: _____

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.

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 of the City of Elkhart

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 **Housing Authority of the City of Elkhart** 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 **Housing Authority of the City of Elkhart**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **Housing Authority of the City of Elkhart**, 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 **Housing Authority of the City of Elkhart**, 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

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.

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.

Housing Authority of the City of Elkhart 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.

Housing Authority of the City of Elkhart emergency transfer plan provides further information on emergency transfers, and Housing Authority of the City of Elkhart 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

Housing Authority of the City of Elkhart 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 Housing Authority of the City of Elkhart must be in writing, and Housing Authority of the City of Elkhart 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. Housing Authority of the City of Elkhart 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 Housing Authority of the City of Elkhart as documentation. It is your choice which of the following to submit if Housing Authority of the City of Elkhart 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 Housing Authority of the City of Elkhart 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 Housing Authority of the City of Elkhart has agreed to accept.
- If you fail or refuse to provide one of these documents within the 14 business days, Housing Authority of the City of Elkhart does not have to provide you with the protections contained in this notice.
- If Housing Authority of the City of Elkhart 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), Housing Authority of the City of Elkhart 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, Housing Authority of the City of Elkhart does not have to provide you with the protections contained in this notice.

Confidentiality

Housing Authority of the City of Elkhart 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. Housing Authority of the City of Elkhart must not allow any individual administering assistance or other services on behalf of Housing Authority of the City of Elkhart (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.

Housing Authority of the City of Elkhart must not enter your information into any shared database or disclose your information to any other entity or individual. Housing Authority of the City of Elkhart, however, may disclose the information provided if:

- You give written permission to Housing Authority of the City of Elkhart to release the information on a time limited basis.
- Housing Authority of the City of Elkhart 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 Housing Authority of the City of Elkhart or your landlord to release the information. VAWA does not limit Housing Authority of the City of Elkhart 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, Housing Authority of the City of Elkhart 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 Housing Authority of the City of Elkhart 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, Housing Authority of the City of Elkhart 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 Housing Authority of the City of Elkhart Executive Director or HUD Indianapolis Field Office.

For Additional Information

You may view a copy of HUD's final VAWA rule at www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf.

Additionally, Housing Authority of the City of Elkhart must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **HCV or Public Housing Director at the Housing Authority of the City of Elkhart.**

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).

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 **YWCA of Elkhart County Hotline at 1-866-YES-YWCA.**

Victims of stalking seeking help may contact **Victims Assistance-Prosecuting Attorney's Office at 574-523-2237.**

Attachment: Certification form HUD-5382

**EXHIBIT 16-2: CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING
AND ALTERNATE DOCUMENTATION,
FORM HUD-5382**

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

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

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

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

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

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

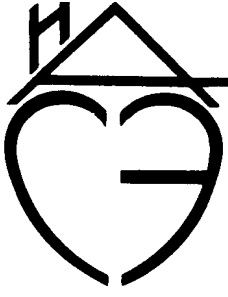
This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

HOUSING AUTHORITY CITY OF ELKHART

Housing Choice Voucher Program



1396 Benham Avenue
Elkhart, Indiana

www.ehai.org

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



Ms. Angelia Washington
Executive Director

Dear Voucher Holder,

This letter is to inform you of a recent policy change regarding voucher extensions. The initial term of a voucher is 60 days. The updated PHA Policy states the following:

The PHA will automatically approve one 60 day extension upon written request from the family. (This extension was applied at initial voucher issuance due to market conditions).

“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:
 1. Serious illness or death in the family.
 2. Other family emergency
 3. Obstacles due to employment
 4. Whether the family has already submitted requests for tenancy approval that were not approved by the PHA
 5. Whether the 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 be in writing and 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 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 extension of the voucher term is not subject to informal or formal review. (24 CFR 982.554© [4]).

Sincerely,
Housing Choice Voucher Staff

SOCIAL SERVICE AGENCIES

2-1-1 UNITED WAY HOTLINE

2-1-1 is a social services referral hotline offered through united way

ADULT AND CHILD PROTECTIVE SERVICES

- CAPS (Child and Parent Svcs.) 1000 W. Hively Ave., Elkhart, 46516
 - 574-295-2277 www.capselkhart.org
- Council on Aging 131 Taylor St., Elkhart, 46516
 - 574-295-1820 info@elkhartcoa.org
- Real Services 500 N. Nappanee St., Ste 4A, Elkhart, 46514
 - 574-322-4185 info@realservices.org
- State Hotline: For adult protective services - 800-992-6978

ASSESSMENT/TRAINING

- ADEC 19670 St. Rd. 120, Bristol, 46507
 - 574-848-7451 info@adecinc.com
- Corvillia 430 Waterfall Dr., Elkhart, 46516
 - 574-289-9779 info@corvillia.org
- Goodwill Industries 3808 Mishawaka Rd., Elkhart, 46517
 - 574-968-5018 www.goodwill.org
- Soup Of Success (Church Comm. Svcs.) 907 Oakland Ave., Elkhart, 46516
 - 574-296-6603 www.churchcommunityservices.org/soupofsuccess
- Vocational Rehabilitation 1659 Mishawaka St., Elkhart, 46514
 - 574-262-2086 www.in.gov
- Work One 430 Waterfall Dr., Elkhart, 46516
 - 574-295-0105 www.gotoworkone.com

CHILDREN AND FAMILIES

- Boys and Girls Club 102 W. Lincoln Ave., Ste. 240 , Goshen, 46526
 - 574-534-5933 www.bgca.com
- Brightpoint (Childcare) 2020 Industrial Pkwy., Elkhart, 46516
 - 260-423-3546 mybrightpoint.org
- Healthy Beginnings 1400 Hudson St., Elkhart, 46516
 - 574-522-0104 www.elkhartcounty.org/healthybeginnings
- Healthy Families 1000 W. Hively Ave., Elkhart, 46516
 - 574-295-3277 www.capselkhart.org
- Headstart 2720 California Rd., Elkhart, 46514
 - 574-393-5864
- RETA 116 W. Jackson Blvd., Elkhart, 46516
 - 574-522-3888 www.retaforlife.com
- WIC 1400 Hudson St., Elkhart, 46516
 - 574-522-0104 www.elkhartcounty.org
- Women's Care Center 229 W. Marion St., Elkhart, 46516
 - 574-296-6603 www.womenscarecenter.org

EDUCATION

ADULT

- Community Education 2424 California Rd., Elkhart, 46514
 - 574-262-5678 ecsadulted@gmail.com
- The Excel Center 2626 Prairie St., Elkhart, 46516
 - 574-206-4880 www.excelcenter.org
- Horizon Education Alliance 1396 Benham Ave., Ste. A, Elkhart, 46516
 - 574-294-5471 www.heaindiana.org
- IUSB 1700 Mishawaka Ave., South Bend, 46615
 - 574-520-4872 www.iusb.edu
- Ivy Tech 1318 S. 6th St., Elkhart, 46516
 - 574-389-7732 www.ivytech.edu

CHILDREN

- Concord Comm. Schools 59040 Minuteman Way, Elkhart, 46517
 - 574-875-5161 information@concord.k12.in.us
- Elkhart Area Career Center 2424 California Rd., Elkhart, 46514
 - 574-262-5650 www.myeacc.org
- Elkhart Comm. Schools 2424 California Rd., Elkhart, 46514
 - 574-262-5500 www.elkhart.K12.in.us
- Head start 2720 California Rd., Elkhart, 46514
 - 574-393-5864

EMPLOYMENT AGENCIES

- Adecco Staffing – 1001 Parkway Ave., Elkhart, 46516
 - 574-293-6820 www.adecousa.com
- Forge Industrial Staffing – 2525 W. Lexington Ave., Elkhart, 46514
 - 574-293-5900 www.forgestaff.com
- LTI Staffing Service – 1759 E. Bristol St., Elkhart, 46514
 - 574-218-7000 www.indeed.com
- Pro Resources – 1727 Cassopolis St., Elkhart, 46514
 - 574-262-8204 www.proresources.com
- Spherion – 5230 Beck Dr., Elkhart, 46516
 - 574-971-4690 www.spherion.com
- Specialized Staffing Solutions – 1416 Cassopolis St. Ste. B, Elkhart, 46514
 - 574-206-9922 www.specializedstaffing.com
- Workbox Staffing – 23786 East Old US 20, Unit A2, Elkhart, 46516
 - 574-522-8100 www.workboxstaffing.com
- Work One 430 Waterfall Dr., Elkhart, 46516
 - 574-295-0105 www.gotoworkone.com

FINANCIAL ASSISTANCE (UTILITIES, HOUSING ETC.)

- American Red Cross 721 Riverview Ave., Elkhart, 46516
 - 574-293-6519 www.redcross.org
- Church Comm. Svcs. 907 Oakland Ave., Elkhart, 46516
 - 574-295-3673 www.churchcommunityservices.org

- First Presbyterian Church 200 E. Beardsley Ave., Elkhart, 46514
 - 574-264-3109 www.presby.net
- Salvation Army 300 N. Main St., Elkhart, 46516
 - 574-970-0088 www.centralusa.salvationarmy.org/Elkhart
- Township Trustees
 - Baugo Township – 574-293-5873 Baugotruster@gmail.com
 - Benton Township – 574-202-3293 bentontrustee@gmail.com
 - Cleveland Township – 574-343-2548 Clevelandtwp@comcast.net
 - Concord Township– 574-293-6889 Concordtrustee@gmail.com
 - Elkhart Township – 574-533-2066 ccheek@maplenet.net

FOOD/FOOD BANKS

- Bristol Comm. Food Pantry – 101 W. Vistula, Bristol, 46507
 - 574-304-7402 www.fbcelkhart.org/bristolpantry
- Church Community Services – 907 Oakland Ave, Elkhart, 46517
 - 574-295-3673 www.churchcommunityservices.org
- Church Without Walls – 731 Wagner Ave., Elkhart, 46516
 - 574-293-0776 www.faithstreet.com/churchwithouwalls
- Elkhart County Division of Family and Children – 225 E. Jackson St., Elkhart, 46516
 - 800-403-0864 www.secure.in.gov
- The Faith Mission (provides meals) 801 Benham Ave., Elkhart, 46516
 - 574-293-3406 www.thefaithmission.org
- Food Bank of Northern Indiana – 702 Chapin St., South Bend, 46601
 - 574-232-9986 www.feedindiana.org
- Guidance Ministries (provides meals) 216 N. 2nd St., Elkhart, 46516
 - 574-296-7192 www.guidanceministries.com
- Meals on Wheels (provides meals to elderly) 600 East Blvd., Elkhart 46514
 - 574-523-3399 www.realservices.org
- Mustard Seed Pantry – 29064 C.R. 16, Elkhart, 46516
 - 574-361-6319 www.foodpantries.org/mustardseedpantry
- Open Gate Food Pantry – 137 Division St., Elkhart, 46516
 - 574-522-8250 www.foodpantries.org/opengatefoodpantry
- The Salvation Army (provides meals) 300 N. Main St., Elkhart, 46516
 - 574-970-0088 www.centralusa.salvationarmy.org/Elkhart
- Shepard’s Cove Food Pantry – 1010 E. Mishawaka Rd., Elkhart, 46517
 - 574-293-5963 www.elkhartcove.com
- St. John’s Episcopal Food Pantry – 226 W. Lexington Ave., Elkhart, 46516
 - 574-295-1725 www.stjohnselkhart.org
- The Window (provides meals) 223 S. Main St., Goshen 46526
 - 574-533-9680 www.thewindowofgoshen.com

HOMELESSNESS/SHELTER

- American Red Cross 721 Riverview Ave., Elkhart, 46516
 - 574-293-6519 www.redcross.org
- YWCA Women’s Dom. Violence Shelter 132 State St., Elkhart, 46516
 - 574-294-1811 www.ifitelkhart.webs.com www.YWCANCin.org
- Elkhart Housing Authority 1396 Benham Ave, Elkhart 46516

- 584-295-8392 www.ehai.org
- Faith Mission 801 Benham Ave., Elkhart, IN 46516
 - 574-293-3406 www.faithmission.org
- Fair Housing 201 S. Second St., Elkhart, 46516
 - 574-294-5471 www.elkhartindiana.org
- Goshen Interfaith 105 S. Third St., Goshen, 46526
 - 574-534-2300 www.eastgoshenmc.org
- Guidance Ministries 216 N. 2nd. St., Elkhart, 46516
 - 574-296-7192 www.guidaneministries.com

HOMEOWNERSHIP PREPARATION

- La Casa Goshen 202 N. Cottage Ave., Goshen, 46528
 - 574-533-4450 www.lacasainc.net
- Habitat for Humanity 2526 Peddler's Village Rd., Goshen, 46526
 - 574-533-6109 www.habitattec.com

LEGAL SERVICES

- Elkhart Legal Aid Services - 574-294-2658 www.elkhartlegalaid.org
- Center for Legal Justice – 574-333-2037 www.centerforlegaljustice.net
- Indiana Legal Service – 844-243-8570 www.legalaidnow.com
- The Volunteer Lawyer Network – 574-277-0075 www.volunteerlawyernetwork.net

MEDICAL/DENTAL/PRESCRIPTIONS

- AIDS Ministries 616 S. Main St., Elkhart, 46516
 - 574-293-9743 www.aidsministries.org
- American Red Cross 721 Riverview Ave., Elkhart, 46516
 - 574-293-6519 www.redcross.org
- Center for Healing Hope 902 S. Main St., Elkhart, 46516
 - 574-534-4744 www.chhclinics.org
- Elkhart County Health Dept. 608 Oakland Ave., Elkhart, 46516
 - 574-523-2283 www.health.elkhartcounty.com
- Findhelp.org www.findhelp.org
- Goshen Dental Center 4024 Elkhart Rd., Ste. 15, Goshen, 46526
 - 574-538-2011 www.dentalcenter-in.com
- Heart City Health 236 Simpson Ave., Elkhart, 46516
 - 574-294-5471 www.heaindiana.org
- Northern Indiana Hispanic Health Coalition (NIHHC) 444 N. Nappanee St., Elkhart, 46514
 - 574-522-0966 www.nihhc.com
- Minority Health Coalition 312 Wagner Ave. Ste. A, Elkhart, 46516
 - 574-522-0128 www.mhcec.org

MENTAL HEALTH

- Heart City Health 236 Simpson Ave., Elkhart, 46516
 - 574-294-5471 www.heaindiana.org
- Oaklawn 2600 Oakland Ave., Elkhart, 46516
 - 574-533-1234 www.oaklawn.org
- Ryan's Place 118 S. Main St., Goshen, 46526

- 574-535-1000 www.ryansplace.org

GENERAL/OTHER

- Assurance Wireless Lifeline Assistance (Government Phone)
 - 888-898-4888 www.assurancewireless.com
- Elkhart County Health Department 608 Oakland Ave., Elkhart, 46516
 - 574-523-2283 www.elkhartcounty.com
- Elkhart County Victim's Assistance 301 S. Main St., Elkhart, 46516
 - 574-523-2237 www.elkhartcountyprosecutor.com
- Elkhart License Branch 3237 Northview Dr., Elkhart, 46514
 - 888-692-6841 www.in.gov
- Safe Link Wireless (Government phone)
 - 800-723-3546 www.safelinkwireless.com
- Division of Family Resources 225 E. Jackson Blvd., Elkhart, 46516
 - 800-403-0864 www.in.gov
- Social Security Office 231 Waterfall Dr., Elkhart, 46516
 - 800-772-1213 www.ssoffice.location.com

TRANSPORTATION

- Council on Aging 131 Taylor St., Elkhart, 46516
 - 574-295-1820 info@elkhartcoa.org
- Elkhart Taxi Services 746 Marina Ave., Elkhart, 46516
 - 574-206-4245 www.elkharttaxiservice.com
- Interurban Trolley (MACOG) 227 W. Jefferson Blvd. Rm. 1120, South Bend, 46601
 - 574-674-8894 www.macog.com
- Real Services 500 N. Nappanee St., Elkhart, 46514
 - 574-322-4185 info@realservices.com

SOCIAL SERVICE AGENCIES

2-1-1 UNITED WAY HOTLINE

2-1-1 is a social services referral hotline offered through united way

ADULT AND CHILD PROTECTIVE SERVICES

- CAPS (Child and Parent Svcs.) 1000 W. Hively Ave., Elkhart, 46516
 - 574-295-2277 www.capselkhart.org
- Council on Aging 131 Taylor St., Elkhart, 46516
 - 574-295-1820 info@elkhartcoa.org
- Real Services 500 N. Nappanee St., Ste 4A, Elkhart, 46514
 - 574-322-4185 info@realservices.org
- State Hotline: For adult protective services - 800-992-6978

ASSESSMENT/TRAINING

- ADEC 19670 St. Rd. 120, Bristol, 46507
 - 574-848-7451 info@adecinc.com
- Corvillia 430 Waterfall Dr., Elkhart, 46516
 - 574-289-9779 info@corvillia.org
- Goodwill Industries 3808 Mishawaka Rd., Elkhart, 46517
 - 574-968-5018 www.goodwill.org
- Soup Of Success (Church Comm. Svcs.) 907 Oakland Ave., Elkhart, 46516
 - 574-296-6603 www.churchcommunityservices.org/soupofsuccess
- Vocational Rehabilitation 1659 Mishawaka St., Elkhart, 46514
 - 574-262-2086 www.in.gov
- Work One 430 Waterfall Dr., Elkhart, 46516
 - 574-295-0105 www.gotoworkone.com

CHILDREN AND FAMILIES

- Boys and Girls Club 102 W. Lincoln Ave., Ste. 240 , Goshen, 46526
 - 574-534-5933 www.bgca.com
- Brightpoint (Childcare) 2020 Industrial Pkwy., Elkhart, 46516
 - 260-423-3546 mybrightpoint.org
- Healthy Beginnings 1400 Hudson St., Elkhart, 46516
 - 574-522-0104 www.elkhartcounty.org/healthybeginnings
- Healthy Families 1000 W. Hively Ave., Elkhart, 46516
 - 574-295-3277 www.capselkhart.org
- Headstart 2720 California Rd., Elkhart, 46514
 - 574-393-5864
- RETA 116 W. Jackson Blvd., Elkhart, 46516
 - 574-522-3888 www.retaforlife.com
- WIC 1400 Hudson St., Elkhart, 46516
 - 574-522-0104 www.elkhartcounty.org
- Women's Care Center 229 W. Marion St., Elkhart, 46516
 - 574-296-6603 www.womenscarecenter.org

EDUCATION

ADULT

- Community Education 2424 California Rd., Elkhart, 46514
 - 574-262-5678 ecsadulter@gmail.com
- The Excel Center 2626 Prairie St., Elkhart, 46516
 - 574-206-4880 www.excelcenter.org
- Horizon Education Alliance 1396 Benham Ave., Ste. A, Elkhart, 46516
 - 574-294-5471 www.heaindiana.org
- IUSB 1700 Mishawaka Ave., South Bend, 46615
 - 574-520-4872 www.iusb.edu
- Ivy Tech 1318 S. 6th St., Elkhart, 46516
 - 574-389-7732 www.ivytech.edu

CHILDREN

- Concord Comm. Schools 59040 Minuteman Way, Elkhart, 46517
 - 574-875-5161 information@concord.k12.in.us
- Elkhart Area Career Center 2424 California Rd., Elkhart, 46514
 - 574-262-5650 www.myeacc.org
- Elkhart Comm. Schools 2424 California Rd., Elkhart, 46514
 - 574-262-5500 www.elkhart.K12.in.us
- Head start 2720 California Rd., Elkhart, 46514
 - 574-393-5864

EMPLOYMENT AGENCIES

- Adecco Staffing – 1001 Parkway Ave., Elkhart, 46516
 - 574-293-6820 www.adecousa.com
- Forge Industrial Staffing – 2525 W. Lexington Ave., Elkhart, 46514
 - 574-293-5900 www.forgestaff.com
- LTI Staffing Service – 1759 E. Bristol St., Elkhart, 46514
 - 574-218-7000 www.indeed.com
- Pro Resources – 1727 Cassopolis St., Elkhart, 46514
 - 574-262-8204 www.proresources.com
- Spherion – 5230 Beck Dr., Elkhart, 46516
 - 574-971-4690 www.spherion.com
- Specialized Staffing Solutions – 1416 Cassopolis St. Ste. B, Elkhart, 46514
 - 574-206-9922 www.specializedstaffing.com
- Workbox Staffing – 23786 East Old US 20, Unit A2, Elkhart, 46516
 - 574-522-8100 www.workboxstaffing.com
- Work One 430 Waterfall Dr., Elkhart, 46516
 - 574-295-0105 www.gotoworkone.com

FINANCIAL ASSISTANCE (UTILITIES, HOUSING ETC.)

- American Red Cross 721 Riverview Ave., Elkhart, 46516
 - 574-293-6519 www.redcross.org
- Church Comm. Svcs. 907 Oakland Ave., Elkhart, 46516
 - 574-295-3673 www.churchcommunityservices.org

- First Presbyterian Church 200 E. Beardsley Ave., Elkhart, 46514
 - 574-264-3109 www.presby.net
- Salvation Army 300 N. Main St., Elkhart, 46516
 - 574-970-0088 www.centralusa.salvationarmy.org/Elkhart
- Township Trustees
 - Baugo Township – 574-293-5873 Baugotruster@gmail.com
 - Benton Township – 574-202-3293 bentontrustee@gmail.com
 - Cleveland Township – 574-343-2548 Clevelandtwp@comcast.net
 - Concord Township– 574-293-6889 Concordtrustee@gmail.com
 - Elkhart Township – 574-533-2066 ccheek@maplenet.net

FOOD/FOOD BANKS

- Bristol Comm. Food Pantry – 101 W. Vistula, Bristol, 46507
 - 574-304-7402 www.fbcelkhart.org/bristolpantry
- Church Community Services – 907 Oakland Ave, Elkhart, 46517
 - 574-295-3673 www.churchcommunityservices.org
- Church Without Walls – 731 Wagner Ave., Elkhart, 46516
 - 574-293-0776 www.faithstreet.com/churchwithouwalls
- Elkhart County Division of Family and Children – 225 E. Jackson St., Elkhart, 46516
 - 800-403-0864 www.secure.in.gov
- The Faith Mission (provides meals) 801 Benham Ave., Elkhart, 46516
 - 574-293-3406 www.thefaithmission.org
- Food Bank of Northern Indiana – 702 Chapin St., South Bend, 46601
 - 574-232-9986 www.feedindiana.org
- Guidance Ministries (provides meals) 216 N. 2nd St., Elkhart, 46516
 - 574-296-7192 www.guidanceministries.com
- Meals on Wheels (provides meals to elderly) 600 East Blvd., Elkhart 46514
 - 574-523-3399 www.realservices.org
- Mustard Seed Pantry – 29064 C.R. 16, Elkhart, 46516
 - 574-361-6319 www.foodpantries.org/mustardseedpantry
- Open Gate Food Pantry – 137 Division St., Elkhart, 46516
 - 574-522-8250 www.foodpantries.org/opengatefoodpantry
- The Salvation Army (provides meals) 300 N. Main St., Elkhart, 46516
 - 574-970-0088 www.centralusa.salvationarmy.org/Elkhart
- Shepard’s Cove Food Pantry – 1010 E. Mishawaka Rd., Elkhart, 46517
 - 574-293-5963 www.elkhartcove.com
- St. John’s Episcopal Food Pantry – 226 W. Lexington Ave., Elkhart, 46516
 - 574-295-1725 www.stjohnselkhart.org
- The Window (provides meals) 223 S. Main St., Goshen 46526
 - 574-533-9680 www.thewindowofgoshen.com

HOMELESSNESS/SHELTER

- American Red Cross 721 Riverview Ave., Elkhart, 46516
 - 574-293-6519 www.redcross.org
- YWCA Women’s Dom. Violence Shelter 132 State St., Elkhart, 46516
 - 574-294-1811 www.ifitelkhart.webs.com www.YWCANCin.org
- Elkhart Housing Authority 1396 Benham Ave, Elkhart 46516

- 584-295-8392 www.ehai.org
- Faith Mission 801 Benham Ave., Elkhart, IN 46516
 - 574-293-3406 www.faithmission.org
- Fair Housing 201 S. Second St., Elkhart, 46516
 - 574-294-5471 www.elkhartindiana.org
- Goshen Interfaith 105 S. Third St., Goshen, 46526
 - 574-534-2300 www.eastgoshenmc.org
- Guidance Ministries 216 N. 2nd. St., Elkhart, 46516
 - 574-296-7192 www.guidaneministries.com

HOMEOWNERSHIP PREPARATION

- La Casa Goshen 202 N. Cottage Ave., Goshen, 46528
 - 574-533-4450 www.lacasainc.net
- Habitat for Humanity 2526 Peddler's Village Rd., Goshen, 46526
 - 574-533-6109 www.habitattec.com

LEGAL SERVICES

- Elkhart Legal Aid Services - 574-294-2658 www.elkhartlegalaids.org
- Center for Legal Justice – 574-333-2037 www.centerforlegaljustice.net
- Indiana Legal Service – 844-243-8570 www.legalaidsnow.com
- The Volunteer Lawyer Network – 574-277-0075 www.volunteerlawyernetwork.net

MEDICAL/DENTAL/PRESCRIPTIONS

- AIDS Ministries 616 S. Main St., Elkhart, 46516
 - 574-293-9743 www.aidsministries.org
- American Red Cross 721 Riverview Ave., Elkhart, 46516
 - 574-293-6519 www.redcross.org
- Center for Healing Hope 902 S. Main St., Elkhart, 46516
 - 574-534-4744 www.chhclinics.org
- Elkhart County Health Dept. 608 Oakland Ave., Elkhart, 46516
 - 574-523-2283 www.health.elkhartcounty.com
- Findhelp.org www.findhelp.org
- Goshen Dental Center 4024 Elkhart Rd., Ste. 15, Goshen, 46526
 - 574-538-2011 www.dentalcenter-in.com
- Heart City Health 236 Simpson Ave., Elkhart, 46516
 - 574-294-5471 www.heaindiana.org
- Northern Indiana Hispanic Health Coalition (NIHHC) 444 N. Nappanee St., Elkhart, 46514
 - 574-522-0966 www.nihhc.com
- Minority Health Coalition 312 Wagner Ave. Ste. A, Elkhart, 46516
 - 574-522-0128 www.mhcec.org

MENTAL HEALTH

- Heart City Health 236 Simpson Ave., Elkhart, 46516
 - 574-294-5471 www.heaindiana.org
- Oaklawn 2600 Oakland Ave., Elkhart, 46516
 - 574-533-1234 www.oaklawn.org
- Ryan's Place 118 S. Main St., Goshen, 46526

- 574-535-1000 www.ryansplace.org

GENERAL/OTHER

- Assurance Wireless Lifeline Assistance (Government Phone)
 - 888-898-4888 www.assurancewireless.com
- Elkhart County Health Department 608 Oakland Ave., Elkhart, 46516
 - 574-523-2283 www.elkhartcounty.com
- Elkhart County Victim's Assistance 301 S. Main St., Elkhart, 46516
 - 574-523-2237 www.elkhartcountyprosecutor.com
- Elkhart License Branch 3237 Northview Dr., Elkhart, 46514
 - 888-692-6841 www.in.gov
- Safe Link Wireless (Government phone)
 - 800-723-3546 www.safelinkwireless.com
- Division of Family Resources 225 E. Jackson Blvd., Elkhart, 46516
 - 800-403-0864 www.in.gov
- Social Security Office 231 Waterfall Dr., Elkhart, 46516
 - 800-772-1213 www.ssofficelocation.com
- Consumer Financial Protection Bureau
 - www.consumerfinance.gov/complaint

TRANSPORTATION

- Council on Aging 131 Taylor St., Elkhart, 46516
 - 574-295-1820 info@elkhartcoa.org
- Elkhart Taxi Services 746 Marina Ave., Elkhart, 46516
 - 574-206-4245 www.elkharttaxiservice.com
- Interurban Trolley (MACOG) 227 W. Jefferson Blvd. Rm. 1120, South Bend, 46601
 - 574-674-8894 www.macog.com
- Real Services 500 N. Nappanee St., Elkhart, 46514
 - 574-322-4185 info@realservices.com



HOUSING STABILITY PROGRAM APPLICATION

FOR RENTAL ASSISTANCE THROUGH THE IERA PORTALS



Real Services, Inc.
1151 S. Michigan St.
P.O. Box 1835
South Bend, IN 46634
Phone: 574.233.8205
Toll Free: 800.552.2916
Fax: 574.284.2642

Alzheimer's &
Dementia Services
922 E. Colfax Ave.
South Bend, IN 46617
574.232.4121
Help: 888.303.0180
Fax: 574.232.4235

Community Services
574.284.2060

Energy Assistance
574.232.6501
800.225.3367
Fax: 574.236.4891

Meals on Wheels
Nutrition Services
574.256.1649

Case Management
and Pre-Admission
Screening Offices
Elkhart Co.
574.206.1551
Kosciusko Co.
574.269.1173
LaPorte Co.
219.324.4199
Marshall Co.
574.936.3175
St. Joseph Co.
574.284.2644
800.552.7928 (Indiana)

www.realservices.org

Applications will not be considered complete without ALL required documentation. We will only contact applicants who submit a complete application. Incomplete applications will only be kept for 7 days after which applicants must completely reapply if they are still requiring assistance.

Dear Housing Stability Applicant,

Please complete the included application for Rental Assistance and attach all required documentation.

- Photo ID for all Adult household members over the age of 18
- Lease or Rental Agreement, all pages with signatures
- CSBG Tracker Intake Form (attached)
- Completed application
- Income self-attestation form with PROOF if applicable ****must be completed in ink**
- Four weeks of paystubs for any household member currently working
- Copies of most recent utility bills (if applicable)

This assistance is for arrears months and three months forward. After you have received the three months forward there is **NO GUARANTEE** that you can receive additional assistance beyond that.

Please send your application for assistance and the requested documents to housingstability@realservices.org or fax to **888-398-5815** Attn: **Housing Stability**

You may drop off applications at our office at 2625 S Michigan St. right next to Bob Millers.

AREA 2 AGENCY ON AGING: Elkhart, Kosciusko, LaPorte, Marshall and St. Joseph Counties
COMMUNITY ACTION AGENCY: Elkhart, Fulton, Kosciusko, Marshall and St. Joseph Counties
ALZHEIMER'S & DEMENTIA SERVICES: Elkhart, Jasper, Kosciusko, Lake, LaPorte, Marshall, Newton, Porter, Pulaski, St. Joseph and Starke Counties

INCOME ELIGIBILITY

FY2022 Income Limits (effective for determinations made on or after 4/18/22)

Fiscal Year 2022 80% Low-Income Limit (LIL)							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$45,950	\$52,500	\$59,050	\$65,600	\$70,850	\$76,100	\$81,350	\$86,600

CATEGORICAL ELIGIBILITY FOR INCOME ATTESTATION PROOF

If a member of the tenant's household is receiving a benefit from one of the following programs* the household is deemed income qualified:

- **SNAP** (Supplemental Nutrition Assistance Program),
- **HIP** (Healthy Indiana Plan),
- **SSI** (Supplemental Security Income),
- **TANF** (Temporary Assistance for Needy Families),
- **WIC** (Women, Infants, & Children, families of six or fewer), or
- **Housing Choice Voucher**
- **Residing in a Public Housing Unit**
- **LIHEAP Recipient**

**A benefit determination letter or proof of current eligibility is required to substantiate current program participation and must include the applicant's name, the name of the program, amount, and be dated after January 2020.*



Housing Stability Application for IERA Portal

Applicant Name: _____

Email address _____

Are you requesting assistance for your primary residence? YES NO

Do you own or rent your home? OWN RENT

Have you experienced a negative financial impact due to COVID-19 between April 1, 2020 until now? YES NO

Are you a part of the state eviction diversion program or eviction case field in your county of residence? YES NO If yes what is the case #? _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

If COVID has impacted your financial situation please select from the options below:

- Reduction of hours/work due to COVID 19
- Loss of job due to COVID 19
- Increased medical expenses due to COVID 19
- Increased childcare expenses due to COVID 19
- Left a job to care for a child while schools or daycares were closed due to COVID 19
- Not impacted by COVID 19

When were you first financially impacted by COVID 19? _____

You may provide further details on your situation below

What is your current monthly rental amount?

I certify that I have a housing risk because (please check all that apply)

- I have fallen behind on rent payments
- I have received an eviction notice or notice to vacate
- I have received a disconnect notice on my utilities
- I pay more than 30% of my household income on rent alone.
- None of the above apply to me

How Many bedrooms are in your home? _____

What is your current monthly rent amount? _____

How many months are you behind on your rent? _____

Have you received rental assistance in the past?

- Yes I have received ongoing federal assistance- Secion 8, Housing Choice Voucher, USDA rural development, HUD, public housing federal assistance
- Yes I have received short term COVID 19 rental assistance
- No I have not received any rental assistance

How many adults (over the age of 18) are a part of the household?

Please list below their names and birthdates

How many children are a part of the household? _____

What type of income do the adults in your household receive? Please check ALL that apply

- Paycheck from current job

- Unemployment
- Workmans compensation
- Child support
- Alimony/spousal support
- Pension (retirement income, 401K, IRA)
- Disability
- Other income not listed above (self employment, business income, rental income from real or personal property, reoccurring gift income ect.)
- No one in my household has any income

Please provide the total dollar amount of monthly income you receive from wages earned (all of the boxes you checked above) _____

Phone number _____

Landlord's Name _____

Landlord's Email _____

Landlord's phone number _____

Do you need assistance with utilities or home energy costs that are NOT included in your monthly rental payment. We can only assist with utilities that are **past due** on the date of application. _____

Which Utilities do you need assistance with?

- Gas
- Electric
- water

****To qualify for utility assistance the utilities MUST be in the name of one of the applicants on the lease and cannot be included in your rent.*****

Gender

- Male
- Female
- Choose not to answer/unknown

Ethnicity

- Hispanic
- Non-hispanic
- Choose not to answer/unknown

Race

- American Indian/Alaska Native

- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Other
- Multi-race
- Choose not to answer/Unknown

Is there any other information you feel is important regarding your situation. You may attach supporting documentation you feel may help explain your situation regarding your need for rental assistance.

We hereby apply for REAL Services' Housing Stability Program.

We certify that all information given in this application and all information furnished in support of the application is true and complete to the best of our knowledge. Penalty for false or fraudulent statement U.S.C. Title 18, Section 1001 provides: "whoever in any matter within jurisdiction of any department of agency of the United States knowingly and willfully falsifies or makes false fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined no more than \$10,000.000, or imprisoned not more than five (5) years or both".

I understand that if all documentation is not provided when turned in I will not receive a call and will have 7 days to submit remaining information before my application is destroyed.

Applicant: _____ Date: _____

Personally Identifiable information received by REAL Services as part of your application will be used for the following purposes: (1) determining eligibility for this program or other programs, (2) determining the veracity and/or accuracy of any statements made by an applicant, (3) administering this program, (4) communicating with other administrators of other public programs to confirm no duplication of benefits, and (5) monitoring, evaluating, and investigations related to this program. Personally Identifiable Information will be kept confidential and will be disclosed only as described herein and as allowed by State and federal law to the extent necessary and to achieve these purposes.

Self-Attestation Form

Applicant Name: _____

Address: _____

To qualify for Housing Stability Funds, each household must meet the following 3 criteria: 1- Pandemic Impact, 2- Housing Instability, and 3- Low Income. Please read and INITIAL each box. Digital and Electronic signatures will not be accepted.

Initials: **1. Pandemic Impact** – loss or reduction in income or other financial hardship during the pandemic (On or after April 1, 2020)

Check the item(s) below that apply to your household:

- Job loss, furlough, or reduction of hours,
- One or more individuals within the household has qualified for unemployment benefits,
- Income reduction (hours or salary),
- Increased medical bills,
- Increased Child Care Expenses,
- Staying home with a child or dependent due to a school or daycare closing.

Initials: **2. Housing Instability** - risk of losing housing or becoming homeless

Check the item(s) below that apply to your household:

- Notice of delinquent rent or Eviction notice,
- Notice of past due utility or utility shut-off, or
- Housing cost burden (>30%).

Applicant certification/agreement:

I certify under the penalties of perjury and fraud the information provided on this form is accurate, true, and complete. I understand that these statements may need to be verified, and hereby give my consent to IHCDA to contact any person or entities necessary to verify these statements. I am a resident of Indiana. I hereby release IHCDA from any liability whatsoever resulting from providing me this assistance. I also acknowledge that if I misrepresent or fail to disclose any information requested on this form, I may become ineligible from receiving assistance, and/or may be required to repay any assistance and/or benefits that I have received. In addition, I understand that IERA assistance is funded with federal funding from the US Department of Treasury: therefore, if I make any false, fictitious, or fraudulent statements, or submissions in connection with this form, I may be subject to fines, imprisonment, debarment from participating another federal programs or awards, and/or any other remedy, available under federal law.

Fraud Warning: 18 U.S.C.1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined or imprisoned or both in accordance with federal law.

Acknowledgment: Provide your signature below to agree to the statement above, and to certify the accuracy of the answers and documentation provided by you on this form.

*Applicant Signature: _____ *Date: _____

(Form continued on back)

Initials: **3. Income Qualified** - must have a total gross household income that is not more than 80% of the Area Median Income (AMI)

Listed below are Qualifiers of Categorical Eligibility. Check **one** of the following programs that apply to your household:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | SNAP (Supplemental Nutrition Assistance Program), |
| <input type="checkbox"/> | HIP (Healthy Indiana Plan), |
| <input type="checkbox"/> | SSI (Supplemental Security Income), |
| <input type="checkbox"/> | TANF (Temporary Assistance for Needy Families), |
| <input type="checkbox"/> | WIC (Women, Infants, & Children, families of six or fewer), |
| <input type="checkbox"/> | HCV (Housing Choice Voucher), |
| <input type="checkbox"/> | PHA (Residing in a Public Housing Unit), |
| <input type="checkbox"/> | LIHEAP Recipient (Low Income Home Energy Assistance Program), |
| <input type="checkbox"/> | LIHWAP Recipient (Low Income Household Water Assistance Program). |

*Please provide a legible copy of your **Household's Categorical Eligibility** document OR proof of participation, and **sign** below.

*Applicant Signature: _____ *Date: _____

US Dept of Treasury ERA webpage: <https://home.treasury.gov/policy-issues/cares/emergency-rental-assistance-program>

Agency Staff Use only below this line.

Staff Initials: I have reviewed the Applicant (or Household's) Categorical Eligibility document or other proof of participation in those programs. A copy of the document will be attached with this completed and signed form.

Agency Staff Acknowledgment: Provide your signature below to agree to the following statement: I certify under the penalties of perjury and fraud I have reviewed the Applicant's supporting documentation for Categorical Eligibility or other proof of participation in said programs, and verify the information provided is accurate.

Fraud Warning: 18 U.S.C.1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined or imprisoned or both in accordance with federal law.

*Agency Staff Signature: _____ *Date: _____

IHCDA Staff Use only below this line.

*IHCDA Staff Signature: _____ *Date: _____

[] Pre-Enrolled

Exhibit 3

Case Mgr/Agency **CSBG-HS**

[] Re-Enrollment/ Update

CSBG Tracker Intake Form

(Highlight Changes)

Last Name: _____ First Name: _____ DOB: ____/____/____

Address: _____ City/ State/ Zip Code: _____

County (circle one): St. Joe/ Elkhart/ Marshall/ Fulton/ Kosci. Email: _____

Phone : Cell _____ Work _____ **Client Number** _____

Intake Date: ____/____/____ Enrollment Date: ____/____/____

Is client **currently enrolled** in any post secondary classes/ training? [] College [] Training

Where? _____ Start date ____/____/____

Household Demographics

Household Type: Single Person Two Adults – No Children Single Parent – Female Single Parent – Male
 2 Parent House Non-Related Adults with Children Multigenerational Home Other Unknown/Not Reported

Housing: Own Rent Other Perm. Housing Homeless Other Unknown/Not Reported

HOUSEHOLD INCOME (MONTHLY GROSS)

Employment (list name of household member)		Other Income Sources				Non Cash Benefits	
	\$	SS - Retirement Income	\$	TANF Benefits	\$	SNAP Benefits	\$
	\$	SSI	\$	Pension	\$	WIC	<input type="checkbox"/>
	\$	SSDI	\$	Child Support	\$	EAP- Energy Assistance Program	<input type="checkbox"/>
	\$	VA Service-Connected Disability Comp.	\$	Alimony/ Spousal Support	\$	Housing Choice Voucher	<input type="checkbox"/>
	\$	VA Non Service Connected Pension	\$	Unemployment	\$	Public Housing	<input type="checkbox"/>
	\$	Private Disability	\$	EITC	\$	Perm Supportive Housing	<input type="checkbox"/>
	\$	Worker's Compensation	\$	Other	\$	HUD- VASH	<input type="checkbox"/>
				Unknown/Not Reported	\$	Affordable Care Act Subsidy	<input type="checkbox"/>
					\$	Child Care Voucher	<input type="checkbox"/>
					\$	Other	<input type="checkbox"/>
					\$	Unknown/Not Reported	<input type="checkbox"/>
Total Employment Income		\$					
Total Other Income		\$					
Grand Total		\$					

Individual / Family Characteristics

- Include all household members, **beginning with client.**

Name	DOB	Gender	Ed Level	Disabling Condition	Health Insurance	Hispanic	Non-Hispanic	Race	Vet	Active Military	Work Status
Client				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Household Members				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Gender	Education Level	Health Insurance	Race	Work Status
F - Female M - Male O - Other U - Unknown	0 - 8 - grades 0 - 8 9 - 12 - grades 9 - 12 HS - HS graduate/ HS Equivalent PHS - Graduate & some post secondary Grad - 2 or 4 year college graduate PGrad - Graduate of other post secondary school/training U - Unknown	MA - Medicaid MK - Medicare CHIP HIP MHC - Military Health Care DP - Direct Purchase EB - Employment Based U - Unknown UN - Uninsured (2 may be entered)	AI - American Indian/ Alaska Native A - Asian B - Black/ African American NH - Native Hawaiian / Pacific Islander W - White O - Other M - Multi-Race U - Unknown	FT - Employed Full Time PT - Employed Part Time M - Migrant/ Seasonal Farm Worker UST - Unemployed (short term <6mo) ULT - Unemployed (long term >6mo) NLF - Unemployed (not in labor force) R - Retired U - Unknown

Number of Youth age 14-24 who are not working or attending school _____

Certification: I certify this information to be true and correct to the best of my knowledge. I authorize this Agency to contact any and all income sources to verify eligibility for services. I understand this statement and realize all information is confidential.

Applicant's Signature

_____/_____/_____
Date

Agency Representative

_____/_____/_____
Date