

HOUSING AUTHORITY CITY OF ELKHART

1396 BENHAM AVENUE
Office# (574) 295-8392

Fax# (574) 293-6878
www.ehai.org

ELKHART, INDIANA 46516
TTY# (574) 295-9682

Terry Walker,
Executive Director

Dear Applicant:

The application for public housing is attached. All forms must be filled out completely as they pertain to you; and all required documentation must be provided to submit with your application.

WE DO NOT PROVIDE EMERGENCY HOUSING, but we process all applications as quickly as possible. An application is processed according to the date and time it was received. No incomplete applications will be processed. If you do not hear from us after 30 days of applying, please contact our office to see if your application has been received or is missing information.

Please notify us in writing if any of your contact information or family dynamics change, because any of these things could affect your application.

Respectfully yours,

Public Housing Intake Specialist

Elkhart Housing Authority (574)295-8392, Ext. 214



Equal opportunity for housing and employment

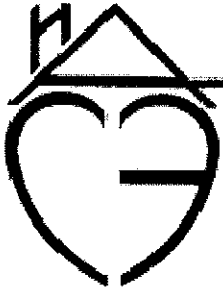


HOUSING AUTHORITY CITY OF ELKHART

1396 BENHAM AVENUE

ELKHART, INDIANA 46516
WWW.EHAI.ORG

(574) 295-8392
 FAX (574) 293-6878



Terry Walker
 Executive Director

Est. 1962

Dear Public Housing Applicant,

According to the family information you submitted to our office on your application, you have been placed on the Low Income Public Housing waiting list. The waiting list does change daily and is currently approximately six to twelve months long. Attached is some information that might be helpful to you, while waiting. We have also outlined the basics of the program process. It is **VITAL** that you maintain current information on file with the Elkhart Housing Authority, so that we are able to reach you throughout the process.

STEP

1	APPLICATION	<ul style="list-style-type: none"> • Make sure the application is filled out completely. • Provide copies of signed SS Cards & Photo ID for each adult with the application (HOH) required at time of application.
2	WAITING LIST	<ul style="list-style-type: none"> • Everyone is placed on the waiting list the day their application is COMPLETE (an incomplete application will NOT be placed on the list – you will be contacted for missing information.) • Make sure we your updated information (phone & address) • Make sure that you comply with requests from the Elkhart Housing Authority, non-compliance may result in withdraw or denial.
3	ORIENTATION	<ul style="list-style-type: none"> • You will be notified (through US MAIL) that your name has reached the top of the Waiting List. (Usually the top 10) • Attend the required orientation (Group/Mass Interview) • Submit ALL required paperwork / documents for processing • Comply with requests from the Elkhart Housing Authority • NOTE: Screening for APPROVAL or DENIAL of placement can take up to 6 weeks to complete – you will NOT be offered housing until the screening process is completed and you are officially Approved or Denied AND a unit is available.
4	APPROVAL/ DENIAL	<ul style="list-style-type: none"> • After the screening process is complete, you will be notified of an APPROVAL or DENIAL, with additional instruction for each status – if housing is available.
5	ASSIGNED/ HOUSED	<ul style="list-style-type: none"> • Contact the specified Housing Manager (from the letter) within 10 business days of the letter for additional instructions.



Equal opportunity for housing and employment



Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete or inaccurate information on your application and re-certification 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 The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or re-certification forms contain false or incomplete information, you may 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 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions If you do not understand something on the application or about the housing program, say so. The Housing staff can answer your question or find out what the answer is.

Completing the Application When you give your answers to application questions, you must include the following information:

Income

- All sources of money you and any adult member of your family receive (wages, welfare payments, alimony, social security, pension, student loans, 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, certificates of deposit, dividends from stocks, etc.);
- Earning from a second job or part-time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by an any adult who will be living in the household with you.
- Any business or asset you sold in the last 2 years for less than its full value.

Family/Household Members

- 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 the Housing staff. In addition, HUD may do computer matches of the income your report with various Federal, State or private agencies to verify that it is correct.
-

Re-Certifications

You must provide updated information at least once a year. You must report any changes in income or family/household composition immediately. AGENCY does re-certifications on an annual basis. You must report on re-certification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
 - Any family/household member who has moved in or out.
 - All assets that you or your family/household members own and any asset 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 a SHP Housing Program application.
 - Do not pay any money to move up on the waiting list.
 - Do not pay for anything not covered by your lease.
 - Do not pay more rent. Your share of the rent is determined by the Housing staff. If your landlord requests more rent, contact the Housing staff immediately.
 - Get a receipt for any money you pay.
 - Get a written explanation if you are required to pay any money other than rent. Check with the Housing staff before you pay any extra money to your landlord.
-

Reporting Fraud

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 Housing staff or call the HUD Hotline at (202) 472-4200.

Signature of Applicant

Date



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

Please tell us how you heard about us.....

Newspaper _____

Flyer _____

Church _____

Agencies _____ the name of the agency _____

Phonebook _____

Radio _____

Television _____

Relative _____

Friend _____

Tenant _____

Office use only	
Date	Received _____
Time	Received _____

*Thank you for taking time to complete this questionnaire
The Public Housing Department.*

Elkhart Housing Authority
1396 Benham Ave.
Elkhart, In 46516

EHA
Preliminary Application

Phone: 574-295-8392
Fax: 574-293-6878
TTY: 574-295-9682

<i>Who is the Head of Household (Use Legal Name)?:</i> Last: _____ First: _____ M.I.: _____			<i>Sex: (M/F):</i> _____		<i>SSN: (#)</i> _____		
<i>Maiden Name:</i> _____ <i>Have you been known by any other name?</i> _____							
<i>DOB:</i> _____		<i>Age:</i> _____		<i>Race(circle one):</i> White African American American Indian/Alaska Native Asian/Pacific Islander			
<i>Contact Information: FULL address including City State & Zip Code</i> Current Address: _____ Mailing Address (if different): _____ Home Phone: _____ Cell Phone: _____						<i>Ethnicity (Circle One):</i> Hispanic Non-Hispanic	
<i>Income Information:</i> Source of Income (i.e., Employer, SSA, etc): _____ Monthly Income: \$ _____ Employer Phone # (if applicable): _____						<i>Emergency Contact:</i> Name: _____ Address: _____ Phone: _____ Cell: _____	
<i>Family Composition: List ALL people who will be living in the unit with you. You DO NOT need to include yourself.</i>							
Legal Name	Sex (M/F)	Relationship to Head***	SSN (#)	DOB	Age	Occupation/ School Name	Gross Monthly Income
<i>***For household members 18 years and older, please indicate Relationship to Head as Spouse, Co-Head or Other Adult. Co-Head is as equally responsible for all payments due to EHA as the Head: Other Adult is not responsible for payments to EHA.</i>							
Have you or anyone in your household been evicted from Public or Assisted Housing for drug-related or criminal act in the last five (5) years? Yes No			Do you or anyone in your household owe money to a Public or Assisted Housing Authority or Section 8 Program? Yes No		Do you require any modifications or accommodations in order to fully utilize the unit or the program? Yes No		

I/We certify that the information given to Elkhart Housing Authority on household composition, rental history and gross family income /assets is accurate and complete to the best of my/our knowledge and belief. I/We understand that 19 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.

Head of Household Signature

Date

Spouse, Co-Head or Other Adult Signature

Date

Other Adult Signature

Date



HOUSING AUTHORITY CITY OF ELKHART

1396 Benham Avenue

Elkhart, Indiana 46516
www.ehai.org

Phone: (574) 295-8392
Fax: (574) 293-6878
TTY: (574) 295-9682

STATEMENT OF WAITING LIST PLACEMENT PREFERENCE

The Elkhart Housing Authority occupancy standards have established that a minimum of (1) person and a maximum of (2) people can occupy each bedroom of a unit.

Therefore your household may qualify for more than one unit size. On the chart below, locate the number of people on your application and check your PREFERRED bedroom size for which you QUALIFY (you may not select those boxes that have an "X" through them). You may choose one and an alternate.

Head of Household Name: _____

Number of Household Members										
Bdrm Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	9 Person	10 Person
1 BR			X	X	X	X	X	X	X	X
2 BR	X					X	X	X	X	X
3 BR	X	X					X	X	X	X
4 BR	X	X	X						X	X
5 BR	X	X	X	X						

By my signature below, I attest that I understand that in accordance with BHA's Transfer Policy, once I am housed, I may request a transfer to a different size unit as long as my family qualifies for the unit according to the BHA occupancy standards. I further understand that all requests for transfer are subject to approval by management.

Signature

Date

ELKHART HOUSING AUTHORITY

Updated Applicant's Self Certification of a Local Preference

NAME: _____ SOCIAL SECURITY NUMBER: _____

I hereby certify that I am: (Check preferences that apply to you)

IMPORTANT NOTICE: You MUST provide proof for all the preferences that apply to you at the time you complete and turn in your application to our office.

- () 1. Adult household member working in Elkhart County 20 points
(Paycheck stub within the past 30 days required for credit)
- () 2. Head of households residing in Elkhart County (Copy of local lease, valid state ID 40 points
Or, a copy of other LOCAL assistance programs you are
Enrolled in (food stamps, school registration).
- () 3. Adult Head of household participating in a job training program 20 points
(Letter from Director/Staff on organization letterhead required for credit)
- () 4. Victims of domestic violence 40 points
(Police Report/Restraining Order/or notice from Women's Shelter stating Domestic
Violence.)
One of the first 3 forms AND the completed VAWA form is required for credit)
- () 5. Adult Head of household who are (please check one of the following ONLY 40 points
If applicable)
 - () Near Elderly – 50 years old or older
 - () Elderly – 62 years old or older
 - () Disabled or handicapped AND receiving Social Security Benefits
(Copy of SS letter stating amount of benefit required for credit)
- () 6. A Veteran who has served in the Armed Forces 40 points
(Copy of DD214, Discharge paperwork or military ID required for credit.)
- () 7. Living in substandard housing (Deemed to be in unsafe condition 20 points
Determined by (The Elkhart CITY CODE ENFORCEMENT.)
(Notice from law enforcement to landlord of violation–photos helpful but not required
For credit.)

IMPORTANT NOTICE: You MUST Provide Proof for all the above preferences that apply to you at the time you complete and turn in your application to our office.

I understand that before I am offered assistance based on any of the above listed preferences, the Elkhart Housing Authority Management must verify all statements that I have checked. I further understand that if at the time my name reaches the top of the waiting list and that I no longer have a Local Preference, I could be placed back on the waiting list.

Applicant Signature: _____ Date: _____



Equal opportunity for housing and employment



Notice to all Applicants:

Reasonable Accommodations for Applicants with Disabilities

The Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, disabled families, and single people. PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, PHA has a legal obligation to provide "reasonable accommodation" to applicants if they or any family members have a disability. A reasonable accommodation is a structural change a PHA can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to make effective use of a PHA's programs. Examples of reasonable accommodations would include:

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meeting with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want reasonable accommodation, you may request it any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the Housing Authority, that is your right.

Request for a Reasonable Accommodation

Name: _____ TDD/Phone _____

Address _____

City _____ Zip Code _____

1. The following member of my house has a disability as defined below:

(A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or regarded as having such an impairment)

Name: _____ Relationship to you: _____

2. As a result of this disability, I am requesting the following specific accommodation:

(Check one or more boxes below)

A change in my apartment or other part of the housing development *(Please Specify):*

A change in the following rule, policy, or procedure *(Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met) (Please specify):*

Other *(For example, a change in the way the housing authority communicates with you). (Please specify):*

3. The request for reasonable accommodation is necessary so that I (or my family) can *(Please specify):* _____

4. I authorized the housing authority to verify that I (or my family member) have a disability and have the need for the specific accommodation I have requested. In order to verify this information, the housing authority may contact the following licensed professional: *(NOTE: You may also bring this form directly back to the housing authority)*

Name: _____

Title of professional or expert: _____

Agency, Facility or Institution (if any) Address: _____

Telephone: _____

I understand that the information obtained by the housing authority will be kept completely confidential and used solely to make a determination on my accommodation request.

Please Call Housing Authority representative, at 574-295-8392 if you have questions.

Signature _____ Date _____

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

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

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

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

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.