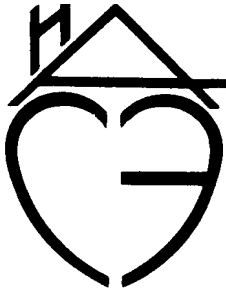


HOUSING AUTHORITY CITY OF ELKHART

Housing Choice Voucher Program



1396 Benham Avenue
Elkhart, Indiana

www.ehai.org

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



Unit Transfer Request

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

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

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

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

Complete this section and print all information except for signature.

Participant Name

Participant Phone Number

Current Address

Participant e-mail address

End date of lease.

Date I would like to be moved by.

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

Participant Signature

Date

Continued on Back

Documentation Required at Unit Transfer

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

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

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

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

SSI/Social Security Benefits: Current award letter.

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

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

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

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

Other: _____

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

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

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

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

Accommodation/Modification:

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

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

Head of Household

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

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

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

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

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

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

Email Address: _____

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

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

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

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

Anticipated Family Composition Changes:

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

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

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

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

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

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

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

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

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

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

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

Savings account?..... Yes No
 Certificate of deposit?..... Yes No

Checking account?..... Yes No
 Money Market account?..... Yes No

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

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

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

Stocks?..... Yes No
 Real Property?..... Yes No
 Pensions?..... Yes No
 Inheritances?..... Yes No
 Any other type of capital investment?..... Yes No

Bonds?..... Yes No
 Trust Funds?..... Yes No
 Individual retirement accounts?..... Yes No
 Life insurance policies?..... Yes No

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

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

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

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

Additional Income Information

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

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

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

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

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



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

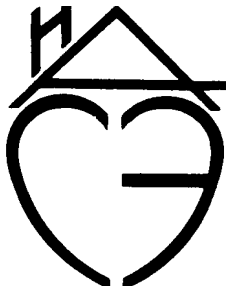
Signature

Date

Printed Name

HOUSING AUTHORITY CITY OF ELKHART

Housing Choice Voucher Program



1396 Benham Avenue
Elkhart, Indiana 46516

www.ehai.org

Phone 574-295-8392

Fax 574-293-0580

TTY 574-295-9682

Ms. Angelia Washington
Executive Director

Date: _____

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

NAME:

DOB:

SS#:

To Whom It May Concern:

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

Thank you, in advance, for your cooperation in this matter. Please call 295-8392 Ext. 233, if you have any questions.

Sincerely,

Chrissy

CC: File

Release of Child Support Information

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

(Client Signature)

(Date)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

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.