



Housing Authority City of Rochester  
77 Olde Farm Lane Rochester NH 03867 (603)-332-4126  
Stacey Price Executive Director

Instructions for Rochester Housing Authority Public Housing Assistance

- You must provide a valid federal or state picture ID for all family members over 18 years of age
- You must provide a Social Security Card for all members of the household
- You must provide a birth certificate for all members of the household
- You must sign and date all three pages where highlighted; application, contact information and privacy notice, whether you fill them out or not
- Any tenant with a disability has a right to request a reasonable accommodation. If you require such an accommodation please complete the page Reasonable Accommodation Request

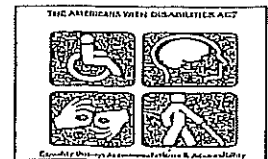
Your application will **not** be accepted without **all** required documents and annual gross income Information filled in on application

When your name reaches the top of the waiting list you will be asked for current information about your income, and assets. You will also complete a Rochester PD and FBI background authorization form.

Once it has been determined you are eligible for assistance the Public Housing or Voucher Program Manager will contact you by phone, email or mail. If you are ineligible you will be notified in writing.

This wait list application does not guarantee housing. It places you on a waiting list. If you move or change your address or add any other applicants, it is your responsibility to notify the Rochester Housing Authority by submitting Changes to my original Application form. One will be included in your notification letter; additional copies can be obtained at our office. The RHA does not do public searches for applicants who have moved and not notified us.

If you need assistance filling out this application call the Rochester Housing Authority at (603)332-4126 to schedule an appointment to receive assistance. Our hours are Monday – Friday 8am-4pm



The RHA is committed to serving all eligible applicants and does not discriminate on the grounds of race, religion, age, color, gender, gender orientation, familial status, marital status, physical or mental disability.



**Housing Authority the City of Rochester**  
77 Olde Farm Lane, Rochester, N.H. 03867 603-332-4126  
Stacey Price Executive Director

**Wait List Application**

To Apply for Housing assistance programs please complete all sections of this application.

→ Choose the program(s) you want to apply for by placing a check in the space next to it.←

Housing Choice Vouch (family, disabled, or 62) \_\_\_\_\_ Linscott PBV (family, 62 or disabled) \_\_\_\_\_ Marshview PBV (62+) \_\_\_\_\_

Elderly-Disabled Housing (62 or disabled) \_\_\_\_\_ Family Housing (Age 18 disabled/non disabled, Families of 1 or more) \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ Annual House Hold Income \$ \_\_\_\_\_

List all members of the household including you; use a separate piece of paper for additional members

Name:First	MI	Last	SS#	Relationship	Sex	DOB	Disabled?(Y)(N)

Use reverse if needed

- Are you a Veteran who can provide a DD214 (YES) (NO) \_
- Is anyone in the household subject to a lifetime sex registration program in any state? (YES) (NO)
- Has anyone on application ever been evicted or terminated from a Federal Housing Agency? (Yes) (No) please explain \_\_\_\_\_
- Does anyone on application owe money to a Federal Housing Agency? (Yes) (No) if yes which agency \_\_\_\_\_

→ Signature \_\_\_\_\_ → Date \_\_\_\_\_

You will receive written confirmation that we received this application. You can mail, email or drop this application to the Rochester Housing Authority Office at 77 Olde Farm Lane in Rochester NH 03867

RECEIVED BY \_\_\_\_\_ DATE & TIME RECEIVED \_\_\_\_\_



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# Housing Authority the City of Rochester NH

77 Olde Farm Lane ~ Rochester, NH. 03867

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



Stacey Price-Executive Director

## Disability and Homelessness Self Reporting Form

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

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

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

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

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

Applicant Signature Here \_\_\_\_\_ 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. 1/31/2014

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

Rochester Housing Authority  
77 Olde Farm Lane  
Rochester NH 03867

Phone 603-332-4126  
Fax 603-332-0039

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

Not Applicable

**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 (1)(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.

## Reasonable Accommodation Request

You have the right to request a reasonable accommodation; accommodations are not reasonable if they impose an undue administrative and financial burden on the public housing program. All requests are handled on an individual basis and are given appropriate consideration. The RHA may not be able to meet the exact request, but may offer alternative options. A request for a reasonable accommodation can be denied if there is no disability related need for the accommodation.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please provide the following information.

If you have questions, please contact John Kennedy at 603-332-4126 or email to [johnk@rhanh.org](mailto:johnk@rhanh.org)

Do you or any other member of your household require an accommodation in your apartment to enable the full utility of that apartment due to a disability? Please circle Yes No

Can you provide third party verification (ie. Doctor's, social worker's or other licensed professional) of that disability if requested? Please circle Yes No

Please describe the accommodation you are requesting in the area below; examples may be a wheel chair ramp, equipment for sight or hearing impairment, no stairs or other physical barriers. You may also request an extra bed room for a live in aid (who can be a family member) if your doctor indicates it is necessary.

When completing this section do not include details about the nature of your disability, include only the accommodations that will help your needs.

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A reasonable accommodation request may be made at any time during the application process, the waiting period or after tenancy begins. It is more convenient for an applicant to make their needs known prior to being housed to avoid any unnecessary delay in the RHA to make the necessary accommodation.

It maybe necessary to sign an authorization, granting the RHA permission, to access information from your health care provider or social worker to verify your request. Applicants who do not wish to provide such authorization may have their accommodation request denied. Exceptions would be when a disability is apparent .

Signature:

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.

**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:

Rochester Housing Authority  
77 Olde Farm Lane  
Rochester, N.H. 03867

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

Signature

Date

Printed Name

# Housing Authority the City of Rochester NH

## Verification of Landlord information

To: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

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

Applicant's NAME \_\_\_\_\_

Address: \_\_\_\_\_

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

### Information Being Requested:

Address of house or apartment this applicant lived in \_\_\_\_\_

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

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

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

Month \_\_\_\_\_ Year \_\_\_\_\_

#### 1. Rent Payment

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

#### 2. Caring for Unit

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

Please describe any damage \_\_\_\_\_

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

#### 3. General Information

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

Landlord Name (print) \_\_\_\_\_ (sign) \_\_\_\_\_ Date \_\_\_\_\_

➤ Applicant Name (print) \_\_\_\_\_ (sign) \_\_\_\_\_ Date \_\_\_\_\_

Release: I hear by authorize the release of the requested information.

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

Thank You John Kennedy \_\_\_\_\_ Application Specialist \_\_\_\_\_ Date \_\_\_\_\_



# Housing Authority the City of Rochester NH

77 Olde Farm Lane ~ Rochester, NH. 03867

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

Stacey Price-Executive Director



## Housing References

- Please complete all areas below. List your current landlord first, then the 2 other most recent addresses and landlords. Failure to provide accurate, verifiable information may result in significant delay in receiving public housing assistance.

Your name (print) \_\_\_\_\_ (sign) \_\_\_\_\_

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

Current Address \_\_\_\_\_

- I have resided here since (month) \_\_\_\_\_ / (year) \_\_\_\_\_
- Landlord's name \_\_\_\_\_ / Landlord's phone number \_\_\_\_\_
- Landlord's address \_\_\_\_\_

1<sup>st</sup> Previous Address \_\_\_\_\_

- I resided here from (month) \_\_\_\_\_ / (year) \_\_\_\_\_ TO (month) \_\_\_\_\_ / (year) \_\_\_\_\_
- Landlord's name \_\_\_\_\_ / Landlord's phone number \_\_\_\_\_
- Landlord's address \_\_\_\_\_

2<sup>nd</sup> Previous Address \_\_\_\_\_

- I resided here from (month) \_\_\_\_\_ / (year) \_\_\_\_\_ TO (month) \_\_\_\_\_ / (year) \_\_\_\_\_
- Landlord's name \_\_\_\_\_ / Landlord's phone number \_\_\_\_\_
- Landlord's address \_\_\_\_\_

3<sup>rd</sup> Previous Address \_\_\_\_\_

- I resided here from (month) \_\_\_\_\_ / (year) \_\_\_\_\_ TO (month) \_\_\_\_\_ / (year) \_\_\_\_\_
- Landlord's name \_\_\_\_\_ / Landlord's phone number \_\_\_\_\_
- Landlord's address \_\_\_\_\_

\* False information discovered after admission to program, can lead to eviction \*



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

↑ Signature of Applicant ↑

↑ Date ↑

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

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



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

#### 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.

**Rochester Housing Authority**

**Notice of Occupancy Rights under the Violence Against Women Act**

**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.<sup>1</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **[HCV – Family – Elderly- Disabled - PBV]** 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 **[HCV –Family –Elderly -Disabled - PBV]**, 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 **[HCV –Family –Elderly -Disabled - PBV]**, 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 **[HCV –Family –Elderly - Disabled - PBV]** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

**Removing the Abuser or Perpetrator from the Household**

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<sup>1</sup> 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.

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

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

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

### **Moving to Another Unit**

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

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

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

you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

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

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

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

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

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

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

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

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

### **Confidentiality**

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

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

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

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

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

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

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

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

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

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

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at [www.hudsfinalvawarule.com](http://www.hudsfinalvawarule.com).

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

For questions regarding VAWA, please contact -

**Manchester Field Office**  
Norris Cotton Federal Building  
275 Chestnut Street  
4th Floor  
Manchester, NH 03101-2487

GREGORY G. CARSON, ESQ.  
Field Office Director

(603) 666-7510

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

**[www.sassnh.org](http://www.sassnh.org) – or call the 24 hour hotline – 888-747-7070**

**Attachment:** Certification form HUD-5382

## STRAFFORD

### Sexual Harassment & Rape Prevention Program (SHARPP)

University of New Hampshire

2 Pettee Brook, Wolff House

Durham, NH 03824

Hotline: 603-862-SAFE (7233) or 888-271-SAFE (7233)

Phone: (603) 862-3494

Fax: 603-862-2996

Web: <http://www.unh.edu/sharpp>

The mission of the Sexual Harassment & Rape Prevention Program is to eliminate sexual and intimate partner violence. SHARPP's mission is accomplished in two parts: by providing free and confidential advocacy and direct services to all survivors and their allies; and by offering culturally competent awareness and prevention programs to the University of New Hampshire community. SHARPP's direct services include a 24-hour crisis line, emergency medical accompaniment, criminal justice advocacy and information, University judicial support, academic intervention, Title IX support and referrals. SHARPP also provides crisis services and support for those who are close to the survivor, including roommates, parents, friends, family members, and faculty and staff.

### HAVEN - Rochester office

150 Wakefield Street, Suite 16

Rochester, NH 03867

Hotline: 1-603-994-SAFE (7233)

Phone: 603-330-0215

Web: <http://www.havennh.org>

Email: [info@havennh.org](mailto:info@havennh.org)

SASS and A Safe Place have officially merged the two organizations (into HAVEN) to better serve our communities throughout Southeastern New Hampshire and those women, men and children affected by domestic and sexual violence, serving Rockingham and Strafford Counties. Our services include: 24-hour confidential crisis hotline; 24-hour accompaniment services to hospital emergency rooms, police stations, Child Advocacy Centers and courts; Referrals and information on safety planning, emergency, temporary and permanent restraining orders; Therapist referrals; Safe shelter for women and their children; Support groups for survivors and those impacted by domestic and sexual violence; K-12 violence prevention education programs, Safe Kids Strong Teens; Community presentations.

**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.

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**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.

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

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at [www.hudsfinalvawarule.com](http://www.hudsfinalvawarule.com).

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

For questions regarding VAWA, please contact -

**Manchester Field Office**  
Norris Cotton Federal Building  
275 Chestnut Street  
4th Floor  
Manchester, NH 03101-2487

GREGORY G. CARSON, ESQ.  
Field Office Director

(603) 666-7510

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

**[www.sassnh.org](http://www.sassnh.org) – or call the 24 hour hotline – 888-747-7070**

**Attachment:** Certification form HUD-5382

## Application Check List

- Have you answered every question on the application?  
Must be done to be accepted
- Are all pages requiring signatures signed?  
All must be signed to be accepted
- Have you assigned a contact person if desired?  
Not required, but extremely beneficial if we cannot locate you when needed
- Have you asked for a reasonable accommodation if necessary?  
Do you require a unit with either ADA physical requirements, or are you deaf or blind?  
Please be sure to complete the page describing what your individual needs are such as, no stairs, need of a ramp, or sight and sound alarms.
- Have you provided your previous residence history?  
Application will be returned without this information. Do not leave the page blank.
- Is corresponding Identification enclosed for all household members over 18?  
Mandatory, if identification is missing for everyone over 18 the application will be returned.  
Acceptable identification would be a passport, a military ID card or a state driver license or ID card only.
- Are social security cards and birth certificates for all household members enclosed?  
Mandatory, if any are missing for any family member, the application will be returned
- Is documentation of monthly or annual income indicated on the application?  
If there is income, is proof of income enclosed?  
Required: even if \$0

If you have questions, call and ask how to complete the application. 603-332-4126

If you need help completing the application, please call for help. 603-332-4126

DO NOT submit an application that is not completed and checked off this list, it will be returned to you.

Mail or Return to:

Housing Authority City of Rochester

77 Olde Farm Lane

Rochester NH 03867