

Mexico Housing Authority

828 Garfield, PO Box 484

Mexico, MO 65265

(573) 581-2294 Phone (573) 581-6636 Fax

www.mexicoha.com

Please indicate which program you are applying for: Public Housing _____ Section 8 _____

Federal Law requires the Housing Authority to verify the Social Security number and U.S. Citizenship of all household members. Therefore, we require the applicant to provide the following original or certified documents when their housing assistance application is submitted for processing. Photo copies can be made by MHA staff.

Applications will not be accepted without the following information:

1. **PHOTO IDs** for all adults, 18 years or older, listed on the application. (MUST BE A VALID STATE OR GOVERNMENT ISSUED ID)
2. **SOCIAL SECURITY CARDS** for all individuals listed on the application.
3. **BIRTH CERTIFICATES** for all individuals listed on the application.
4. Employment income (2-4 check stubs)
5. Proof of child support income from child support enforcement agency
6. Food stamps award letter
7. TANF award letter
8. Written verification from anybody who may give and/or pay you money on a regular basis which helps you pay for your everyday expenses
9. Unemployment compensation award letter
10. Social Security or SSI income award letter
11. Retirement pension verification letter
12. Banking statements verification (savings and/or checking)
13. Regular yearly medical expenses
14. Childcare expenses
15. Verification of current residency
16. List of assets you may own and proof of their current market value (stocks, bonds, IRA's, homes, boats, ect)

*******Failure to provide the above information can result in a delay of the processing time of your application and the possibility of your application being denied.**

Thank you for your interest in housing assistance from Mexico Housing Authority. We understand that you are eager to find affordable housing and we understand the urgency of your request. However, please allow **2-4 weeks** to process your application. In order to maintain the privacy of all of our applicants, your placement on the waitlist will only be given out during business hours with a valid photo id. Phone calls **WILL NOT** be accepted.

******After submitting your application please be sure to inform MHA if you have a change in address or phone number. The inability to communicate with you through mail or phone could possibly result in your application being dropped from our waitlist******

THE SECTION BELOW IS FOR OFFICE USE ONLY

Intake person _____ Date _____ Time _____ #of BR _____

Waitlist Preference Information

Mexico Housing Authority uses a waiting list with preferences to determine the order of applicant selection for admission into the Public Housing and the Section 8 programs.

The Mexico Housing Authority preference system consists of the following two preferences (each worth 50 points with a total of 100 point system):

Residency Preference: In order to receive this preference the applicant must be a resident of Audrain County or working in the Audrain County area.

Working Preference: In order to receive this preference the head of household, co-head, or sole member must be employed at least 20 hours per week with verification and a history of 30 days of employment at the time they are pulled from the Waitlist and offered a unit. As required by HUD, families where the head or spouse, or sole member is a person age 62 or older, or is a person with disabilities, they will also be given the benefit of the working preference. [24 CFR 960.206(b)(2)].

Documentation showing proof of residency and the working preference must be received and verified before points will be issued to the applicant.

Applicants with (2) preferences----100 points

Applicants with (1) preference----50 points

Applicants with (0) preferences----0 points

Your placement on the waitlist will be determined by the points that you qualify for along with the date your application was turned into our office.

PLEASE NOTE: YOUR PLACEMENT ON THE WAITLIST MAY POSSIBLY FLUNCTUATE ON A WEEKLY BASIS DUE TO THE PREFERENCE SYSTEM. WE WILL HOUSE THOSE WHO REACH THE TOP OF THE WAITLIST BASED ON THIS SYSTEM FIRST.

FINAL VERIFICATION OF PREFERENCES

Preference information on applicants will be updated once applicants move towards the top of the waitlist in order to determine if applicant still qualifies for the preferences given at the time of application.

I _____ currently claim the following preferences,

Residency Preference _____ Yes _____ No

(If you do not live in Audrain County but work in the area you qualify for this preference)

Working Preference _____ Yes _____ No

(Elderly and/or person with disabilities also qualifies for the working preference)

None of the above preferences apply _____ please check

Are you homeless at this time _____ ????

Applicant Information

Applicant Name	
Maiden or Alias Name	
Social Security #	
Date of Birth	
Mailing Address	
City, State, Zip	
Phone #	
Alternate Phone #	

Co-Applicant Information

Applicant Name	
Maiden or Alias Name	
Social Security #	
Date of Birth	
Mailing Address	
City, State, Zip	
Phone #	
Alternate Phone #	

Beginning with the Head of Household, list each person who will be living with you once you receive assistance. Please print clearly.

Name (Last, First, Middle)	Sex	Relationship	Social Security #	Date of Birth	Birth City & State	Race	Ethnicity Hispanic /Non-Hispanic

List the names of any people that have lived with you during the past 12 months, but are not listed above.

Name	Relationship	Current Address

Current Monthly Expenses

Current Monthly Expense Worksheet Sample: Use the sample worksheet as a guide to complete the monthly income and expense worksheet below.

Current Expense	Amount	Who pays this expense?	Amount Paid	Source of Income
Clothing	\$100	Self	\$100	Wages
Communications (phone)	\$60	My mother	\$60	Mother
Entertainment	\$100	Self	\$100	Wages
Food	\$250	Self	\$250	Food Stamps
Medical	\$60	Self	\$60	Medicaid
Paper Products	\$100	Self	\$100	Wages
Shelter	\$350	My Father	\$350	Father
Tobacco	\$60	Self	\$60	Wages
Transportation	\$25	Self	\$25	Wages
Utilities	\$150	Self	\$150	Wages
Other expenses	\$100	My father	\$100	Father
TOTALS	\$1355		\$1355	

Current Monthly Income and Expense Worksheet: Use the sample worksheet above as a guide to complete the monthly income and expense worksheet below.

Current Expense	Amount	Who pays this expense?	Amount Paid	Source of Income
Clothing				
Communications (Phone)				
Entertainment				
Food				
Medical				
Paper Products				
Shelter				
Tobacco				
Transportation				
Utilities				
Other Expenses				
TOTALS				

Monthly Income

Current Income: List all earned or received by everyone who will be living in your household. This includes money received from any of the following sources.

- | | | | |
|---------------------|------------------------|-----------------|----------------------|
| Alimony | Gift Contributions | Social Security | Veterans Benefits |
| Child Support | Rental Property Income | Stock Dividends | Wages |
| Disability Payments | Retirement Benefits | TANF | Workers Compensation |
| Food Stamps | Self Employment | Unemployment | ALL Other Sources |

Complete ALL Sections Below

Current Source of Income	Employer/Source Address & Phone #	Amount Received	How Often

Previous Income: List all employers or sources of income during the past 12 months

Previous Source of Income	Employer/Source Address & Phone #	Amount Received	How Often

Childcare Expenses: List childcare expenses if you are a full or part time student or employed

Expense	Amount Paid	How Often	Name, Address, & Phone # of Source
Childcare			
Childcare Transportation			

Monthly Medical Expenses: List medical expenses if you receive SSDI, SSI or are over 65 years of age

Expense	Amount Paid	How Often	Name, Address, & Phone # of Source
Medical			
Handicap Transportation			

Current Assets: List all assets you currently have, even if your accounts have negative balances

Type of Asset	Account Balance	Interest Rate	Bank Name, Address, & Phone #
Checking			
Savings			
Bonds			
IRAs			
Certificates of Deposit			

Property: List property you currently own, even if you do not live there or if it is in foreclosure

Property Address	Mortgage Amount	Have you sold the property within the last 2 years?	Mortgage Company or Agents Name & Address

Automobiles: List all automobiles you currently own

Titled in the Name of	Make	Model	Year	License Plate #

Five Year Address History

List **all** addresses of where you have lived or used for mailing purposes in the last five years, regardless of who you lived with. Incomplete information will result in the denial of your housing application.

Current address _____

City, State, Zip _____

Landlord/Owner's Name _____

Landlord/Owner's Address _____

Landlord Phone Number _____

Is this a friend or relative? _____ Yes _____ No Relationship _____

Move in Date _____ Move Out Date _____

Was this unit federally funded? _____ Yes _____ No Public Housing or Section 8 _____

Current address _____

City, State, Zip _____

Landlord/Owner's Name _____

Landlord/Owner's Address _____

Landlord Phone Number _____

Is this a friend or relative? _____ Yes _____ No Relationship _____

Move in Date _____ Move Out Date _____

Was this unit federally funded? _____ Yes _____ No Public Housing or Section 8 _____

Current address _____

City, State, Zip _____

Landlord/Owner's Name _____

Landlord/Owner's Address _____

Landlord Phone Number _____

Is this a friend or relative? _____ Yes _____ No Relationship _____

Move in Date _____ Move Out Date _____

Was this unit federally funded? _____ Yes _____ No Public Housing or Section 8 _____

Current address _____

City, State, Zip _____

Landlord/Owner's Name _____

Landlord/Owner's Address _____

Landlord Phone Number _____

Is this a friend or relative? _____ Yes _____ No Relationship _____

Move in Date _____ Move Out Date _____

Was this unit federally funded? _____ Yes _____ No Public Housing or Section 8 _____

Current address _____

City, State, Zip _____

Landlord/Owner's Name _____

Landlord/Owner's Address _____

Landlord Phone Number _____

Is this a friend or relative? _____ Yes _____ No Relationship _____

Move in Date _____ Move Out Date _____

Was this unit federally funded? _____ Yes _____ No Public Housing or Section 8 _____

Current address _____

City, State, Zip _____

Landlord/Owner's Name _____

Landlord/Owner's Address _____

Landlord Phone Number _____

Is this a friend or relative? _____ Yes _____ No Relationship _____

Move in Date _____ Move Out Date _____

Was this unit federally funded? _____ Yes _____ No Public Housing or Section 8 _____

Personal Declaration

1. Are you currently delinquent on your rent? Yes No

2. Have you ever been evicted? Yes No

Date _____ Where _____

Date _____ Where _____

3. Do you anticipate receiving any lump sum payments in the next 12 months? Yes No

If so please explain _____

4. Do you plan on having anyone live with you in your housing unit that is not listed on page 2? Yes No

Please Explain _____

5. Are you married? Yes No

6. If you are married will your spouse be living with you in your housing unit? Yes No

Please Explain _____

7. Have you or any adult member(s) of your household ever used any names or social security numbers other than the one you are currently using? Yes No

Please Explain _____

8. Have you or anyone in your household ever lived in Public Housing, participated in Section 8, or lived in federally funded housing anywhere in the US?

Yes No

Date _____ Where _____

Date _____ Where _____

9. Do you owe Mexico Housing Authority any debt? Yes No

10. Have you ever committed fraud to a federally funded housing program?
_____Yes _____No

Please Explain _____

11. Have you ever been required to repay money for misrepresenting information in any federally assisted housing program?
_____Yes _____No

Date _____ Where _____

12. Have you or anyone in your household been arrested or convicted within the past five (5) years of a felony or misdemeanor in/or outside of the United States?

_____Yes _____No

Date _____ Charges _____

Date _____ Charges _____

13. Have you or anyone in your household been arrested or convicted within the past five (5) years of possession, manufacture, sale, or distribution of a controlled substance (illegal drug)?
_____Yes _____No

Date _____ Charges _____

Date _____ Charges _____

14. If you answered yes to question #13, have you participated in a drug rehabilitation program?
_____Yes _____No

Date _____ Where _____

Date _____ Where _____

15. Please list any pets that you currently own:

a. _____ Breed _____ Male _____ Female _____ Spay/Neutered

b. _____ Breed _____ Male _____ Female _____ Spay/Neutered

c. _____ Breed _____ Male _____ Female _____ Spay/Neutered

Emergency Contact Information

Contact Name _____ Relationship _____

Address _____ Phone _____

If you are determined INELIGIBLE for housing assistance, you will have the right to request an informal hearing. You must request a hearing IN WRITING within ten (10) days of the date of your Notice of Ineligibility. If you do not request a hearing within the ten (10) day period, you WILL NOT be entitled to a hearing at a later date. Your rights at the informal hearing, should you request one, are as follows:

- The right to present oral or written evidence on your behalf
- The right to call witnesses on your behalf
- The right to question witnesses against you
- The right review your file by prior arrangement any time up to thirty minutes before the hearing
- The right to be represented or assisted by an attorney or any other person of your choice
- The right to written notice of the hearing officer's decision within ten (10) working days of the date of the hearing

The right to have the hearing recorded on tape and the right to receive a copy of this tape.

I am aware that falsification of any information in this application will deem me ineligible for housing assistance.

I am aware that the penalty for committing fraud is a federal felony with a penalty of up to and may include:

- A fine of up to \$10,000
- Imprisonment for up to 5 years
- Eviction from my rental unit
- Requirement to repay all overpaid assistance
- Prohibition from receiving future assistance

WARNING!!!! Section 1001 Title 18 of the U.S. Code provides, among other things, that whoever, knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000, imprisoned for not more than 5 years, or both.

Applicant Signature _____ **Date** _____

Co-Applicant or Other Adult Signature _____ **Date** _____

Section 8 Applicants

1. Section 8 applicants are not allowed to rent from immediate family unless reasonable accommodations are approved by the Mexico Housing Authority for disabled residents.
2. Porting your voucher to another jurisdiction is only allowed at voucher issuance if you were a resident of Audrain County at the time of initial application or after you have been a resident of our jurisdiction for one full year.
3. If you enter into a lease with your landlord prior to receiving your voucher from Mexico Housing Authority, you will be responsible for that rent and we will not subsidize that property until it has been approved for your tenancy.
4. If you enter into a lease with your landlord after you have received a voucher by the Mexico Housing Authority, but before your unit has been inspected and approved, YOUR VOUCHER WILL BE TERMINATED.

Applicant Signature _____ **Date** _____

Co-Applicant or Other Adult Signature _____ **Date** _____

Housing Authority of the City of Mexico, Missouri

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant, for or recipient of, housing assistance must lawfully reside within the United States. Please read the Declaration statement carefully, sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

DECLARATION OF SECTION 214 STATUS

I, _____, certify under penalty or perjury (1), that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box below):

- I am a citizen by birth, a naturalized citizen or a national of the United States
- I have eligible immigration status as checked below
- I have eligible immigration status and I am 62 years of age or older
 - Immigrant status under §§ 101 (a) (15) or 101 (a) (20) of the immigration and nationality act (INA) (3)
 - Permanent residence under § 249 of the INA
 - Refugee, asylum, or conditional entry status under §§ 207, 208, or 203, or the INA (5)
 - Parole status under §§ 212 (d) (5) of the INA (6)
 - Threatened to life or freedom under § 245 A of the INA (8)
 - Amnesty under § 245 A of the INA (8)

Also, I certify to the best of my knowledge, current family members who will be living in the unit, that are listed on page 2 of the application, are lawfully within the United States.

Name _____	<input type="checkbox"/> Citizen by Birth	<input type="checkbox"/> Other _____	Explain _____
Name _____	<input type="checkbox"/> Citizen by Birth	<input type="checkbox"/> Other _____	Explain _____
Name _____	<input type="checkbox"/> Citizen by Birth	<input type="checkbox"/> Other _____	Explain _____
Name _____	<input type="checkbox"/> Citizen by Birth	<input type="checkbox"/> Other _____	Explain _____
Name _____	<input type="checkbox"/> Citizen by Birth	<input type="checkbox"/> Other _____	Explain _____
Name _____	<input type="checkbox"/> Citizen by Birth	<input type="checkbox"/> Other _____	Explain _____
Name _____	<input type="checkbox"/> Citizen by Birth	<input type="checkbox"/> Other _____	Explain _____

Applicant Signature _____ **Date** _____

Release of Information Authorization

Consent

I authorize and direct any federal, state, or local agency, organization, business or individual to release to the Housing Authority of the City of Mexico, Missouri any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8, Moderate Rehabilitation, Public Housing and/or other housing programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD of the PHA to release information from my file about my past and/or present rental history to HUD credit bureaus, collection agencies, state or local welfare agencies or future landlords. This includes records on my payment history and any violations of my lease or PHA policies.

Information Obtained

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status
Employment
Income and Assets

Residences
Medical Care
Child Care

Credit History
Criminal History
Rental Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and participation in a housing assistance program.

Groups or Individuals that may be Consulted

The groups or individuals that may be asked to release information include but are not limited to :

Banks and Credit Unions
Child Care Providers
Credit Bureaus
Credit Providers
Judicial Courts
Law Enforcement Agencies
Medical Providers

Past & Present
Employers
Post Offices
Previous Housing
Agencies
Previous Landlords
Retirement Systems

State Employment Agencies
Schools and Colleges
Social Security Administration
Support & Alimony Providers
Utility Companies
Veteran's Administration
Welfare Agencies

Computer Matching Notice and Consent

I understand and agree that HUD and/or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application and/or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found. I also understand that I have the opportunity to disprove any such adverse information. HUD or the PHA may in the course of its duties, exchange such information with other Federal, State and/or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U. S. Postal Service, the Social Security Administration, State welfare and food stamp agencies.

Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above and that facsimile transmission may be used if necessary. The original of this authorization is on file with the PHA. I understand I have the right to review my file and will be given the opportunity to correct any information that I can prove is incorrect.

Applicant Signature _____
Co-Applicant or Other _____
Adult Member Signature _____

Date _____

Date _____

Request for Criminal/Background Record Check

Please Print Clearly

Applicant name: _____ Male ___ Female ___

Maiden or Alias Name _____ Birthdate _____

Social Security _____

Street Address _____

City, State, Zip _____

Race _____

Applicant Signature _____ Date _____

Applicant name: _____ Male ___ Female ___

Maiden or Alias Name _____ Birthdate _____

Social Security _____

Street Address _____

City, State, Zip _____

Race _____

Co-Applicant/other adult
signature _____ Date _____

I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the Housing Authority of Mexico, Missouri any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8 moderate rehabilitation, Public Housing and/or housing programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

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.

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.	

Signature of Applicant

Date

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

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

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp 1/31/2014

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

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

Mexico Housing Authority
828 Garfield Ave
Mexico, Mo 65265

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 IIUD and the above-named HA to request income information from the sources listed on the form. IIUD and the HIA 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 (IIUD 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.

CRIME-FREE HOUSING POLICY

All persons living in federally assisted housing deserve to live in safe and crime-free neighborhoods, free from violent and drug-related criminal activity and other crimes that threaten their health, safety, and peaceful enjoyment of their dwelling.

Therefore, in consideration of the execution or renewal of the lease of the dwelling unit identified in the lease, the owners and tenants agree as follows:

The tenant, any members of the tenant's household, or any guest or other person under the tenant's control *shall not engage* in the commission of any criminal acts and/or conspiracy or attempt to commit any criminal acts *on or off their leased premises at any time*. Criminal activity threatens everyone regardless of where the crime occurs.

The prohibited criminal acts are outlined below as defined in the Revised Statutes of Missouri (RSMo). Such offenses include but are not limited to the following criminal acts as defined in the aforementioned criminal codes of the State of Missouri:

1. **ALL VIOLENT CRIMINAL ACTIVITY** and crimes of violence including but not limited to the following criminal offenses and/or violations as defined in RSMo Chapter 565 Offenses Against the Person:

- | | | |
|-------------------------|--|--|
| • Murder | • Tampering with a Prescription or a Drug Prescription Order | • Vulnerable Person Abuse |
| • Manslaughter | • Harassment | • Stalking |
| • Unlawful Endangerment | • Kidnapping | • Invasion of Privacy |
| • Assault | • Felonious Restraint | • Violation of the Infant's Protection Act |
| • Domestic Assault | • False Imprisonment | |
| • Elder Abuse | | |

2. **ALL DRUG-RELATED CRIMINAL ACTIVITY**, drug and solvent related offenses and other offenses including but not limited to the following drug and solvent related offenses and/or violations as defined in the RSMo Chapter 195 Drug Regulations and RSMo Chapter 578 Miscellaneous Offenses. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in Section 102 of the Controlled Substance Act 21 & U.S.C. 802).

- | | |
|---|---|
| • Possession of a Controlled Substance | • Delivery or Manufacture of an Imitation Controlled Substance |
| • Unlawful Use of Drug Paraphernalia | • Creation of a Controlled Substance |
| • Distribution, Delivery, Manufacture or Production of a Controlled Substance | • Inhalation or Inducing Others to Inhale Solvent Fumes |
| • Possession of an Imitation Controlled Substance | • Possession of Anhydrous Ammonia |
| • Trafficking Drugs | • Possession, Purchase, Selling or Transferring Solvents to Cause Certain Reactions |
| • Unlawful Endangerment of Property | |
| • Fraudulently Attempting to Obtain a Controlled Substance | |

3. **ALL SEXUAL OFFENSES** and pornography and related offenses including but not limited to the following criminal offenses and/or violations as defined in RSMo Chapter 566 Sexual Offenses, RSMo Chapter 573 Pornography and Related Offenses:

- Forcible Rape
- Attempted Forcible Rape
- Statutory Rape
- Enticement of a Child
- Trafficking for the Purpose of Slavery
- Sexual Exploitation of a Child
- Promoting Child Pornography
- Trafficking for the Purpose of Sexual Exploitation
- Sexual Assault
- Forcible Sodomy
- Statutory Sodomy
- Promoting Obscenity
- Child Molestation
- Deviate Sexual Assault
- Sexual Misconduct
- Sexual Trafficking of a Child
- Promoting Online Sexual Solicitation
- Possession of Child Pornography

4. **ALL CRIMES OF ROBBERY, ARSON, BURGLARY**, and other related offenses including but not limited to the following criminal offenses and/or violations as defined in RSMo Chapter 569 Robbery, Arson, Burglary and Related Offenses:

- Robbery
- Arson
- Knowingly Burning or Exploding
- Reckless Burning or Exploding
- Negligent Burning or Exploding
- Tampering
- Property Damage
- Trespass in the First Degree
- Burglary
- Possession of Burglar's Tools

5. **ALL CRIMES OF FELONY STEALING** and other related criminal offenses including but not limited to the following criminal offenses and/or violations as defined in RSMo Chapter 570 Stealing and Related Offenses:

- Felony Stealing
- Stealing, Third Offense
- Felony Receiving Stolen Property
- Forgery
- Felony Identity Theft
- Trafficking in Stolen Identities

6. **ALL CRIMES OF ARMED CRIMINAL ACTION**, unlawful use of weapons, and other related weapon offenses including but not limited to the following criminal offenses and/or violations as defined in RSMo Chapter 571 Weapons Offenses:

- Armed Criminal Action
- Unlawful Use of Weapons
- Defacing Firearm
- Possession of Firearm Unlawful for Certain Persons
- Unlawful Possession of an Explosive Weapon
- Unlawful Transfer of Weapons
- Transfer of Concealable Firearms
- Possession of a Defaced Firearm

7. **ALL CRIMES AGAINST THE PUBLIC ORDER** including rioting, peace disturbance, unlawful assembly, refusal to disperse, and other offenses including but not limited to the following criminal offenses and/or violations as defined in RSMo Chapter 574 Offenses Against the Public Order:

- Unlawful Assembly
- Rioting
- Promoting Civil Disorder in the First Degree
- Refusal to Disperse
- Money Laundering
- Institutional Vandalism
- Making a Terrorist Threat

8. **ALL CRIMES OF PROSTITUTION** and other related offenses including but not limited to the following criminal offenses and/or violations as defined in RSMo Chapter 576 Prostitution:
- Prostitution
 - Patronizing Prostitution
 - Promoting Prostitution
9. **ALL CRIMES OF DOMESTIC ASSAULT**, violations of protective orders, stalking, abandonment of a child, endangering the welfare of a child, and abuse of a child and other offenses including but not limited to the following criminal and/or violations as defined in RSMo Chapters 455 Abuse-Adults and Children, 565 Offenses Against the Person, and 568 Offenses against the Family:
- Violation of Full or Ex Parte Order of Protection, Abuse or Stalking
 - Promoting or using a Child in a Sexual Performance
 - Domestic Assault
 - Elder Abuse
 - Abandonment of a child
 - Trafficking of Children
 - Harassment
 - Vulnerable Person Abuse
 - Endangering the Welfare of a Child
 - Felonious Restraint
 - Stalking
10. **ALL CRIMINAL GAMBLING ACTIVITY** and other related offenses including but not limited to the following criminal offenses and/or violations as defined in RSMo Chapter 572 Gambling:
- Gambling
 - Promoting Gambling
 - Possession of Gambling Records
11. **ALL CRIMINAL STREET GANG ACTIVITY** and other offenses including but not limited to the following criminal offenses and/or violations as defined in RSMo 578 Miscellaneous Offenses:
- Participating knowingly in criminal street gang activities
 - Crimes committed to promote or assist criminal conduct by gang members
12. **CHRONIC AND PERSISTANT DWI** and all felony offenses of aggravated, chronic, persistent and prior offenders involving drug or alcohol-related intoxication-related traffic offenses as defined in RSMo Chapter 577 Section 577.023.
13. **ANIMAL ABUSE** and all felony offenses involving animal fighting and animal abuse and neglect in RSMo Chapter 578.

The tenant, any member of the tenant's household, or a guest or other person under the tenant's control shall not engage in any act intended to facilitate criminal activity, including violent or drug-related criminal activity, at any location.

The tenant or members of the household will not permit the dwelling unit to be used for or to facilitate criminal activity, including violent or drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest.

VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY. A single violation of any of the provisions of this Crime-Free Lease Addendum shall be deemed a serious violation and a material noncompliance with the lease. It is understood and agreed that a single violation shall be good cause for termination of the lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by preponderance of the evidence.

In case of conflict between the provisions of this Crime-Free Housing Addendum and any other provisions of the lease, the provisions of this addendum shall govern.

This Crime-Free Lease Addendum is incorporated into the attached lease, executed or renewed this day, between Owner and Tenant.

Tenant

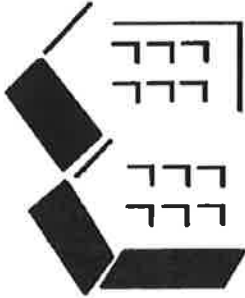
Date

Owner/Landlord

Date



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/ohio/programs/ohio/eiv/cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

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 Carefull

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@hud.oig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Community Service and Self Sufficiency Requirement

The Quality Housing and Work Responsibility Act of 1998 states that every adult resident of public housing contribute eight hours of community service each month, or participate in an economic self-sufficiency program for eight hours each month.

Community service volunteer work and economic self-sufficiency requirements mandate that each nonexempt adult household member (18 years or older) shall either contribute 8 hours per month of community service within his or her community, or participate in an economic self-sufficiency program for 8 hours per month (24 CFR 960.603(a)). The requirements can also be met by a combination of 8 hours of community service and participation in an economic self-sufficiency program. At least 8 hours of activity must be performed each month, unless special circumstances warrant it. The PHA will determine whether to permit a deviation from the schedule (CFR 960.605).

Some of the Eligible Community Service Activities:

1. Public or nonprofit institutions dedicated to seniors, youth, children, residents, citizens, special needs or with missions to enhance the environment, historic resources, cultural identities, neighborhoods, or performing arts.
2. Nonprofit organizations serving PHA residents or their children
3. Programs funded under the Older Americans Act
4. PHA housing to improve grounds, provide gardens, or work through resident organizations to help other residents.
5. Care for the children of other residents so parents may volunteer.
6. Other PHA approved activities

Some of the Eligible Self-Sufficiency Activities:

1. Job readiness or job training
2. Training programs through Career Centers or other training providers
3. Higher education (junior college or college)
4. GED classes
5. Apprenticeships
6. Substance Abuse or mental health counseling
7. Reading, financial and/or computer literacy classes
8. English as a second language and/or English proficiency classes
9. Budgeting or credit counseling
10. Any Activity required by the Department of Public Assistance under Temporary Assistance for Needy Families (TANF).

Exempt Residents:

1. 62 years or older
2. Blind or disabled, or is a primary caretaker of such individual
3. Engaged in one of the following work activities
 - a. Unsubsidized employment

- b. Subsidized private sector employment
 - c. Subsidized public sector employment
 - d. Work experience if sufficient private sector employment is not available
 - e. On the job training
 - f. Job search and job readiness assistance
 - g. Community service programs
 - h. Vocational educational training
 - i. Job skills training directly related to employment
 - j. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency
 - k. Satisfactory attendance at a secondary school or in a course of study leading to a certificate of general equivalency
 - l. The provision of childcare services to an individual who is participating in a community service program
4. Able to meet requirements under a State program funded under Part A of the title IV of the Social Security Act or under any other welfare program of the state in which PHA is located including a State-administered Welfare to Work program.
 5. A member of a family receiving assistance, benefits, or services under a State program funded under a Part A of title IV of the Social Security Act or under any other welfare to work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

Resident Responsibilities:

At lease execution or re-examination, all adult members (18 or older) of a public housing resident family must:

1. Provide documentation that they qualify for an exemption, if they claim to be exempt
2. Sign a certification that they have received and read the policy and understand that if they are not exempt, failure to comply with the community service requirement will result in non-renewal of their lease.

At each annual re-examination, nonexempt families must present documentation of activities performed over the previous 12 months. Documentation must include signatures from persons certifying to the number of hours contributed. If during re-examination a family member is found to be non-compliant, then the member and the head of household sign an agreement with the PHA to make up the deficient hours over the next 12-month period or the lease will be terminated.

When a non-exempt person becomes exempt, it is his or her responsibility to report this to the PHA and provide documentation. When an exempt person becomes non-exempt, it is his or her responsibility to report this to the PHA.

Possible Community Service Agencies

1. Food banks (Help Center)
2. Churches
3. Hospitals
4. Schools
5. Daycare Centers
6. Seconds to Go/Handshop
7. MHA grounds work/trash cleanup (when there is work available)
8. Nursing homes
9. Senior centers
10. Boy and Girl Scout programs
11. 4-H Clubs
12. Big Brothers/Big Sisters
13. Community Cleanup programs
14. Child recreation programs
15. Special Needs programs
16. Senior Meal programs
17. Garden Clubs
18. Resident programs
19. Child care for residents who are working or need to volunteer
20. Housekeeping for elderly or disabled
21. Other--must be approved by MHA management

Notification of Rights under Violence Against Women Act for Section 8 and Public Housing

The Congress of the United States passed the Violence Against Women Act (VAWA) and the Department of Justice Reauthorization Act of 2005, which President Bush signed into law in 2006. This law provides certain rights and protections to Section 8 and Public Housing assisted tenants and members of their households. On March 7, 2013 President Obama signed into law the Violence Against Women Reauthorization Act of 2013 which has implemented several key changes related to these housing protections for victims of domestic violence, dating violence, sexual assault, and/or stalking. As established by law these rights are required to be provided to applicants and tenants of both programs.

Protections Against Eviction or Termination of Assistance

1. Under VAWA, if an applicant or participant in the Section 8 or Public Housing program is otherwise eligible, the fact that the applicant or participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking (as these terms are defined in VAWA) is not an appropriate basis for denial of program assistance or for denial of admission.
2. VAWA also states that an incident or incidents of actual or threatened domestic violence, dating violence, sexual assault, or stalking;
 - (a) Will not be considered to be a "serious or repeated" violation of your lease if you are the victim of the incidents of actual or threatened domestic violence, dating violence, sexual assault, or stalking; and
 - (b) Shall not be good cause for terminating your assistance, tenancy, or occupancy rights if you are the victim of such actual or threatened domestic violence, dating violence, sexual assault, or stalking.

This means you may not be evicted, nor may your assistance terminate, based on such an incident or incidents of actual or threatened domestic violence, dating violence, sexual assault, or stalking where you are the victim.

3. In addition, although you may be evicted for certain types of criminal activity as provided in your lease, and the housing authority may terminate your assistance in such cases, VAWA states that you may not be evicted, nor may your program assistance, tenancy, or occupancy rights be terminated, if the criminal activity is:
 - (a) Directly related to domestic violence, dating violence, sexual assault, or stalking; and
 - (b) Engaged in by a member of your household, or any guest, or another person under your control; and
 - (c) You or an affiliated individual is the victim or threatened victim of this criminal activity.

Portability/Transfer to a New Location

Section 8 households in good standing may move to another location after one year of assistance in the Mexico Housing Authority jurisdiction and their assistance will follow them. However, the law does not allow this if the family was in violation of its lease when it moved. VAWA creates an exception where a family has complied with all other Section 8 requirements but moved out in violation of the lease in order to protect the health or safety of an individual who:

- (a) Was or is the victim of domestic violence, dating violence, sexual assault, or stalking, and
- (b) Reasonably believed he or she was imminently threatened by harm from further violence if he or she remained in the assisted dwelling unit.

In these situations, the family will be allowed to port to a new jurisdiction even though it broke the lease by moving out.

VAWA 2013 has required HUD to adopt a model emergency transfer plan for use by PHAs and requires HUD to establish policies and procedures under which victims of abuse requesting an emergency transfer may receive, subject to the availability of tenant protection vouchers, assistance through the tenant-based section 8 program. This plan will take the place of our current port/transfer procedures once it is implemented by HUD.

Certification

If the housing authority, owner, or manager notifies you that it intends to terminate your tenancy or assistance based on the incident or incidents of domestic violence, dating violence, sexual assault, or stalking, and you claim protection against eviction or termination of assistance under VAWA, the housing authority, owner, or manager, as the case may be, may require you to deliver a certification. You must deliver a certification within 14 business days after you receive the request for it. If this is not within the 14 business days you will not have any protection under the VAWA and the agency, owner, or manager may proceed with terminating your tenancy, eviction, and/or terminating your assistance without reference to the VAWA protections.

You may certify by providing one of the following to the housing authority, owner, or manager requesting the certification:

- (a) Completing and delivering a HUD-approved certification form which will be supplied to you by the housing authority, owner, or manager requesting the certification; or
- (b) Providing documentation signed by an employee, agent, or volunteer of a victim service provider, and attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, stalking, or the effects of the abuse;
- (c) Producing and delivering a Federal, State, tribal, territorial, or local police or court record.
- (d) Record of an administrative agency.
- (e) Documentation from a mental health professional.

As established in VAWA 2013 the victim is required to provide the name of the perpetrator on the HUD-50066 form only if the name of the perpetrator is safe to provide and is known to the victim.

Confidentiality

Information you provide to the housing authority, owner, or manager relating to the fact that you or another member of your household is a victim of domestic violence, dating violence, sexual assault, or stalking will be retained by the housing authority in confidence. This information will not be shared or disclosed by the housing authority, owner, or manager without your consent except as necessary in an eviction proceeding or as otherwise required by law.

Limitations

VAWA provides certain limitations and clarifications concerning your rights as described above. In particular, you should know that nothing contained in VAWA:

1. Prevents the housing authority from terminating assistance or the owner or manager from terminating your tenancy and evicting, for any violation not involving domestic violence, dating violence, sexual assault, or stalking, for which VAWA provides the protections described above. However, the housing authority, owner, or manager may not in such cases apply any more demanding standard to you than to other assisted tenants.
2. Prevents the housing authority from terminating assistance, or the owner or manager from terminating tenancy and evicting where the housing authority, owner, or manager can demonstrate "an actual and imminent threat to other tenants or those employed at or providing

the service to the property.' Where such a threat can be demonstrated by the housing authority, owner, or manager, you will not be protected from termination of assistance or termination of tenancy and eviction by VAWA.

3. Limits the ability of the housing authority, owner, or manager to comply with court orders addressing rights of access to or control of the property. This includes civil protection ordered entered for the protection of the victim or relating to distribution or possession of the property.
4. Supercedes any Federal, State, or local law that provides greater protections than VAWA.

Owner or Manager Right to Remove Perpetrator of Domestic Violence

VAWA also creates a new authority under Federal Law that allows an owner or manager of a Section 8 or Public Housing assisted property to evict, remove, or terminate assistance to any individual tenant or lawful occupant of the property who engages in criminal acts of physical violence against family members or others. This may be done without evicting or taking any other action adverse to the other occupants.

VAWA 2013 now expands the protections regarding lease bifurcations mandating that if such bifurcation occurs, and the removed tenant or lawful occupant was the sole tenant eligible to receive assistance under a covered housing program, the PHA shall provide any remaining tenant the opportunity to establish eligibility for the covered housing program. If the remaining tenant cannot establish, the PHA is required to provide the tenant with a reasonable amount of time to find new housing or to establish eligibility under another covered housing program. This provision will be implemented once HUD provides such rulemaking and guidance in which it constitutes a reasonable time for the remaining tenants to find new housing or establish eligibility under another program.

Violence Against Women Act (VAWA) Key Definitions

Domestic Violence: Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim share a child in common, by a person who is cohabitated with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Dating Violence: Violence committed by a person:

- a. Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- b. Where the existence of such a relationship shall be determined based on a consideration of the following factors:
 1. The length of the relationship
 2. The type of relationship
 3. The frequency of interaction between the persons involved in the relationship

Stalking: To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts to place a person in reasonable fear of death, serious bodily injury, or to cause substantial emotional harm to that person, a member of the immediate family of that person, or the spouse or intimate partner of that family.

Sexual Assault: any involuntary sexual act in which a person is threatened, coerced, or forced to engage against their will, or any non-consensual sexual touching of a person.

Immediate Family Member: a spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or marriage.

Affiliated Individual: an individual such as a spouse, parent, brother, sister, or child of that individual, or an individual to whom that individual stands in loco parentis (in the place of a parent), or any individual, tenant, or lawful occupant living in the household of that individual.

my Social Security



How To Create An Online Account

Step 1

Visit www.socialsecurity.gov/myaccount and select:

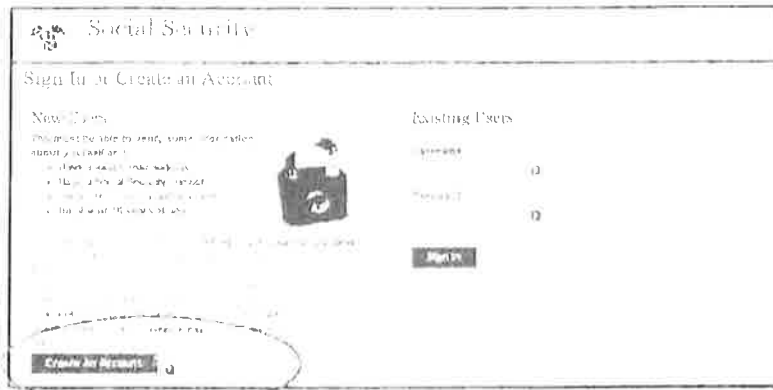


Step 2

Select "Create An Account."

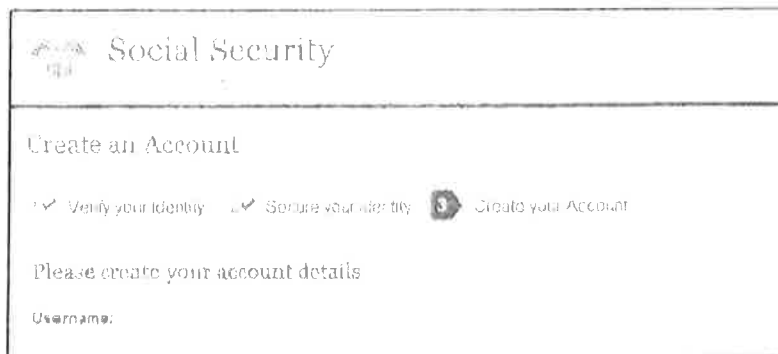
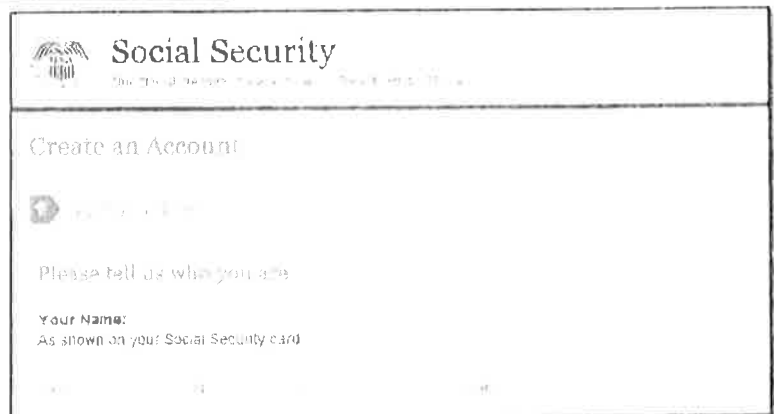
To create a **my Social Security** account, you must be at least 18 years old and have:

- A valid E-mail address;
- A Social Security number; and
- A U.S. mailing address.



Step 3

Provide some personal information to verify your identity.



Step 4

Choose a username and password to create your account.

[over]

After you create a **my Social Security** account, you can access your *Social Security Statement* to check your earnings and get your benefit estimates.

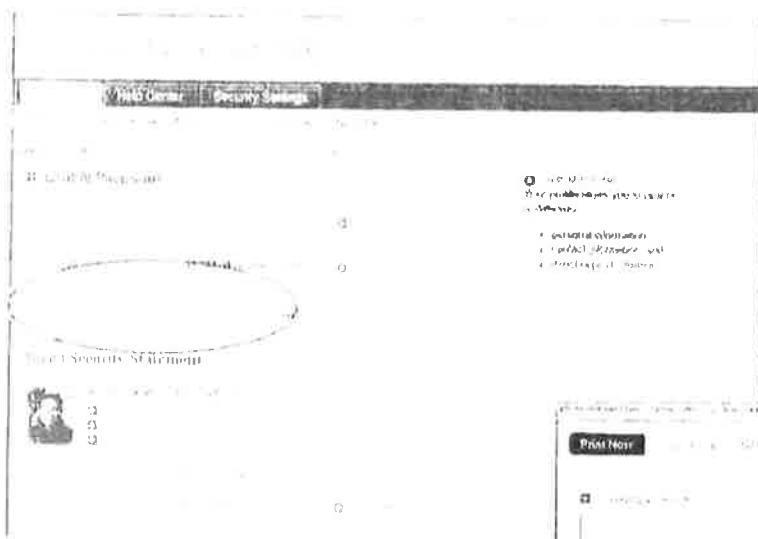
If you receive benefits, you also can:

- Change your address and phone number;
- Start or change your direct deposit; and
- Get your benefit verification letter.

How To Get Your Benefit Verification Letter

You can use your benefit verification letter as proof of your:

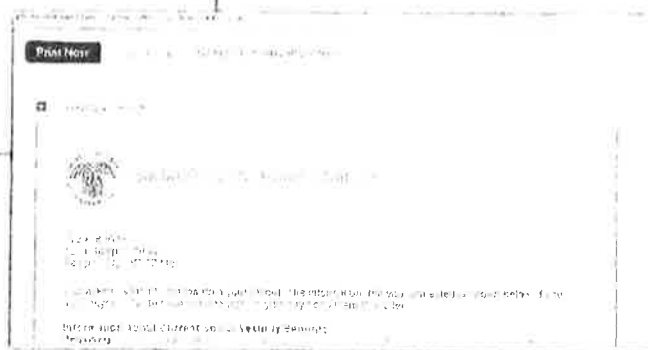
- Income when you apply for a loan or mortgage, assisted housing or other state or local benefits;
- Current Medicare health insurance coverage;
- Retirement or disability status; and
- Age.




To get your benefit verification letter:

- Sign into your account; and
- Select "Get a Benefit Verification Letter."

Your letter will be displayed and you may print it or save it for later use.



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Information For Advocates, Social Service Agencies, And Other Third Parties

The Fastest Way To Verify Social Security And Supplemental Security Income Benefits



If your clients need proof of their Social Security or Supplemental Security Income benefits, let them know that they can get a benefit verification letter online instantly through a **my Social Security** account.

You can serve your clients faster because they no longer have to wait for a letter to be mailed to them. They can get the up-to-date information they need online, perhaps even from a computer in your office.

With **my Social Security** those who receive benefits can easily view, print, or save an official letter that includes proof of their:

- Benefit amount and type;
- Medicare start date and withholding amount; and
- Age.

Please do not send your clients to a Social Security office for a benefit verification letter. Offices no longer provide these letters onsite. Instead, send your clients to ***www.socialsecurity.gov/myaccount***.

The fact sheet, *How To Create An Online Account* (Publication No. 05-10540), provides step-by-step instructions and explains how to get a benefit verification letter.

If your clients are unable to go online, they can call our toll-free number, **1-800-772-1213** (TTY **1-800-325-0778**).



my Social Security

YOUR ONLINE ACCOUNT ... YOUR CONTROL ...

www.socialsecurity.gov/myaccount

(over)

Sample Online Benefit Verification Letter



Social Security Administration

1001 Broadway, NJ 07003
1-800-795-6887, TDD 1-800-325-0771

0123456789
1001 Broadway, NJ 07003
1001 Broadway, NJ 07003

You asked us for information from your account. The information that you requested is shown below. If you want to update or change this information, you can do so on our website.

Information About Current Social Security Benefits

Beginning December 2012, the total monthly Social Security benefit before any deductions is \$223.90.
We deduct \$0.00 for medical insurance premiums each month.

Therefore, monthly Social Security payments is \$223.90.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on the first Wednesday of each month.

Information About Past Social Security Benefits

From December 2011 to November 2012, the total monthly Social Security benefit before any deductions is \$220.00.

We deducted \$0.00 for medical insurance premiums each month.

Therefore, monthly Social Security payments is \$220.00.

(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Date of Birth Information

The date of birth recorded on our records is MM/DD/YYYY.

If You Have Any Questions

If you have any questions, the only toll-free number is 1-800-795-6887, and your local Social Security office is 800-660-9789. We can answer most questions over the phone. You can also write or visit my Social Security office. The office that serves you is located at:

SOCIAL SECURITY
123 MAIN STREET
MARTIN TOWN, USA 11111

For more information, please visit our website at www.ssa.gov. Our website helps us answer your questions.

Social Security Administration

my Social Security

YOUR ONLINE ACCOUNT ... YOUR CONTROL ...

www.socialsecurity.gov/myaccount

Documentation Needed

In order to process a request for VAWA, a HUD-approved certification form, a written verification of the abuse signed by a third party, or evidence such as police reports and/or court records including the name of the abuser will be required. If this is not provided within 14 business days after the written request is received your request may be denied.

Confidentiality

Any information provided to MHA based on the VAWA will not be shared within any database nor provided to any related entity, except when disclosure is requested or consented by individual in writing, required for use in a eviction proceeding against abuser, or is otherwise applicable by law.

If you are in immediate danger CALL 911. Victims of domestic violence, dating violence, or stalking can get help by calling the National Domestic Violence Hotline at 1-800-799-SAFE. If you are a victim of domestic violence please contact MHA immediately in order to protect your housing assistance.

Mexico Housing Authority

828 Garfield
PO Box 484
Mexico, Missouri 65265
Phone: 573-581-2294
Fax: 573-581-6636

VAWA

Violence Against Women Act

MEXICO HOUSING AUTHORITY

*Federal Violence Against Women Act
12/26/10 and VAWA Reauthorization Act
2013*



What programs are covered by VAWA?

VAWA protects individuals in the following programs:

- Public Housing
- Section 8-Project based and HCV
- USDA Rural Housing Properties
- LIHTC properties
- McKinney-Vento Homeless programs
- HOME Investment Partnerships
- Section 221 (d) (3) BMIR
- Section 236 Rental Program
- HOPWA supportive housing for the elderly
- Section 811 supportive housing for persons with disabilities

Who is protected?

Applicants, tenants, and other individuals within the household (other than the abuser) that are in one of the covered housing programs listed are protected.

Regardless of sex, sexual orientation, or gender identity VAWA covers victims of domestic violence, dating violence, sexual assault, and stalking.

Applicants

An applicant cannot be denied admission to any of the covered programs based solely on criminal activity related directly to domestic violence, dating violence, sexual assault or stalking if they otherwise qualify for assistance based on the admission guidelines of Mexico Housing Authority.

Public Housing

MHA may not remove or terminate assistance based solely on a threat or incident of domestic violence, dating violence, or stalking. A transfer to another unit may be necessary to continue assistance without the threat of the abuser. If the abuser is on the lease the assistance to the abuser may be terminated, allowing other household members to remain in the dwelling unit and to continue to receive housing assistance.

VAWA does not prevent MHA from terminating assistance for repeated lease violations, other criminal activity or good cause. When continuous threats effect other tenants and employees, or other people providing service to the property, MHA may evict if other reasonable steps such as banning the abuser from the property, contacting law enforcement, and pursuing other opportunities are not effective.

Section 8 (HCVP)

Victims of domestic violence, dating violence, sexual assault, or stalking that are participants of the Section 8 program may move even if a lease has not ended as long as they are able to verify that move is necessary to protect the health or safety of a family member who has been a victim of such abuse and believes that they will be threatened with imminent harm if they remain in the unit. The family will not be relieved of any financial obligations under the original lease.

If the victim chooses not to move the abuser will be removed from the lease. The abuser must be removed from the original voucher and will not receive a new voucher.

MHA, the owner, and the landlord have the right to evict and terminate assistance for serious or repeated violations related to criminal activity or for good cause.

