

HCV- Housing Choice Voucher Interim Request Notification

General Information

Head Of Household Name:	Social Security:
Address:	Phone Number:



Karen DuBois-Walton
Executive Director

Reason\Type of Interim:

Attached is an Interim Packet that MUST include the following in order to process:

Packet must be completely filled out by the Head of household and all adult Household members.

Decrease

- Attache all document or loss income
- a) If no longer employed, a letter from previous employer
- b) If you are no longer receiving benefits from state or federal agency, the letter of termination is needed
- c) Amount of decrease per month \$ _____

Increase

- Attached all documentation of increase of income:
- a) If you received an increase of wages; a letter from your employer with that amount,
- b) If you are receiving benefits from a state or federal agency; a letter of acceptance if that assistance,
- c) Amount of increase per month \$ _____

Change of Household Composition

- If you are removing a household member, you must provide
- A bill or lease with the individuals address. The household member must also notarize the statement of removal form
- If you are interested in adding a household member because of a birth, adoption or legal custody you must first seek the permission of your landlord in writing and present that to HANH. No one has permission to move in to the unit without approval of a HANH Representative.
- Name of person being added/or removed. _____

The Following Documentation must be provided:

- Birth Certificate
- Social Security Card
- Child Custody Documentation
- Adoption Documentation

Note the Following:

1. All incomplete Interim Request Packets will be returned to you unprocessed.
2. You are allowed only Three (3) Interim Request per Year
3. You are still responsible for your current portion of your rent Until you have received a rent change notice from a HANH representative
4. HANH has 30 days in which to process your interim request.
5. Interim decreases in rent are effective the month following the receipt of the interim packet
6. Interim increases in rent are effective, on the 1st of the month following the 30 days notice to the family
7. If an increase in income is not reported within 30 days, you will be retroactively charged to the date it would have been effective if the information had been provided on a timely basis.

Thank you for your continued cooperation with the Housing Choice Voucher Program.

Service Center Staff

Housing Authority of the City of New Haven's Elm City Communities
360 Orange Street, P.O. Box 1912, New Haven, CT 06511
(203) 498-8800 • TTD (203) 497-8343 • www.newhavenhousing.org

I understand, that to the best of my knowledge and belief,
That the information provided is true, correct, complete, and made in good faith.



Karen DuBois-Walton
Executive Director

I understand that my interim recertification will not go into effect until the Housing Authority of the City of New Haven has received all of the necessary Documents.

I understand that I'm still responsible for my current rent portion until I have received a rent change notice from a HANH Representative.

Head of Household's Signature

Date:

Received by: _____
HANH Representative

Date Stamp: _____

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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)

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(e) 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.

FAMILY INCOME INFORMATION

8. List the source and amount of all income expected for the coming 12 months for all family members age 18 years of age or older, including yourself.

See income source examples below:

Wages from employment - Self-Employment Income - Social Security/Supplemental Security Income/Social Security Disability Income - Welfare - Temporary Assistance to Aid Families (TANF) or General Assistance (SAGA)

Unemployment - Pension - Child Support - Other Non-Wage Source

Family Member Name	Income Source	Amount \$	Frequency – Per ¹
Head Of Household			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly

9. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc? Yes No If yes, describe the type of asset(s) please: _____

What is the market value of all assets? _____

10. Do you own any real estate? Yes No If yes, what is the address? _____

11. Have you sold any real estate in the past two years? Yes No If yes, what was the address? _____

¹ Once all income are known and verified, convert income to an annual figure by multiplying:

Hourly wages by the number of hours worked per year (2,080 for fulltime employment with 40 hours a week and no overtime:

Weekly wages by 52:

Semi-monthly wages (paid twice each month) by 24; and

Bi-weekly wages (paid every other week by) by 26)

FOR FAMILIES WITH EXCEPTIONAL EXPENSES OF \$2,000 OR MORE ANNUALLY

(PLEASE PROVIDE RECEIPTS AT TIME OF INTERVIEW)

12. Is the head of household or spouse age 62 or older or a person with a disability? Yes No

If yes, please answer the following questions. If no, please skip down to question # 16.

13. Does your household have any medical expenses (include insurance, Medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? Yes No

If yes, please describe the type of expense (not your medical condition) and the non-reimbursed amount you spend per month on all medical expenses:

Type of expense: _____

Monthly medical expense: \$ _____

Name, address & phone # of someone who can verify the expense: _____

14. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes No

If yes, describe the expense and monthly amount: _____

Name, address & phone # of someone who can verify the expense: _____

15. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training? Yes No

If yes, name, address and phone # of childcare provider:

Monthly unreimbursed child care cost: \$ _____

16. Is any member of the household 18 or older other than head and spouse a full time student Yes No

If yes, name of the family member and the name, address and telephone number of someone who can verify this information: _____

17. Is the head of household or spouse a person with a disability? Yes No

If yes, name of the family member and the name, address and telephone number of someone who can verify this information: _____

I/We certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/We authorize the release of information to the HANH by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/We understand that any false statement made on this application will cause me/us to be disqualified for admission.

Head Signature

Date

Co-applicant Signature

Date

Sec. 1001 of Title 18 of the United States Code makes it a criminal offense to knowingly make false statements or misrepresent to any Department or Agency of the United States to any matter within its jurisdiction and has established penalty of fines up to \$100,000 and/or imprisonment not to exceed 5 years.

AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose: The Housing Authority of the City of New Haven and the U.S. Department of Housing and Urban Development may use this authorization and the information obtained with it, to administer and enforce rules and regulations governing its housing programs.

Authorization: I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs: Low Income Rental Public Housing; and Section 8 Housing Assistance Payment Program.

I authorize the above named agencies to obtain information about my family, or me which is pertinent to eligibility or participation in assisted housing programs.

Information Covered: Inquiries may be made about: Child Care Expenses, Credit History, Criminal Record, Family Composition, Employment, Income, Pensions, and Assets, Federal, State or Local Benefits, Handicapped Assistance Expenses, Identity and Martial Status, Medical Expenses, Social Security Numbers, Residences and Housing History.

Individuals, Organizations or Agencies that may release information: Any individual, organization or agency including any governmental agency may be asked to release information. For example, information may be requested from: Bank and Other Financial Institution; Employers – Past and Present; Landlords; Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care and Pensions/ Annuities; Schools and Colleges, Shelters, U.S. Social Security Administration, U.S. Department of Veterans Affairs, Unemployment Agencies, Utility Companies and Welfare Agencies.

Computer Matching Notice and Consent: I agree that the above named agencies may conduct computer-matching programs with other governmental agencies including: Federal, State or local agencies. The governmental agencies include: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Department of Defense, U.S. Postal Service, State Employment Security Agencies, State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this Authorization, I also understand that my housing assistance may be denied or terminated.

Head of Household Name

Signature

Date

Other Adult Name

Signature

Date

Other Adult Name

Signature

Date

Tenant Certification for HANH Use Only

Giving True and Complete Information

I\We certify that all the information provided to the Housing Authority of the City of New Haven on household composition, income, net family assets and items for allowance and deductions is accurate and complete to the best of my\ our knowledge and belief.

Income\Family Composition Information

I\We understand that I am to notify my caseworker at the Housing Authority within 14 days of the change in writing, if the current status of my household income changes by two hundred dollars (\$200.00) or more per month and\or if there had been any changes in my family composition household size when a person moves in or out of the unit.

Visitors

Visitors are permitted in a dwelling unit in accordance with HANH's Procedure on Visitors so long as they have no previous history of behavior on HANH premises that would be a lease violation.

At all HANH Properties, a guest may visit for no more than 14 days in any twelve month period.

No Duplicate Residence or Assistance

I\We certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal Housing Assistance while I am in this program. I will not sublease my assisted residence. I understand that I must provide proper notification to the Housing Authority of the City of New Haven of my intent to vacate my subsidized.

Cooperation

I\We know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits or verify my true circumstances. Cooperation includes attending pre-scheduled meeting\inspections and completing and signing needed forms. I understand failure to do may result in delays, termination of tenancy and termination of assistance.

Criminal and Administrative Actions for False Information

I\We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal and\or state law. I also understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

I\We understand that failure to comply with all of the above mentioned on this application will cause me\us to be terminated from the Public Housing Program.

Head of Household Printed Name

Signature

Date

HANH Staff Printed Name

Signature

Date

Sec 1001 of Title 18 of the United States Code makes it a criminal offense to knowingly make false statements or misrepresent to any Department or Agency of the United States to any matter within its Jurisdiction and has established penalty of fines up to \$100,000 and\or imprisonment no to exceed 5 years.

NEW JOB
WITHOUT HIGH RENT INCREASE (MUST ENROLL IN FSS)

LEARN ABOUT THE EARNED INCOME DISREGARD

Federal public housing tenants and only disabled Section 8 participants who have their income increase because of a new job or better wages may qualify for an Earned Income Disregard. This means that, in calculating monthly rent, the Housing Authority would not count increased family income due to wages. Residents/Participants qualify for the Earned Income Disregard if, when they got the new job or their wages went up, they had been:

- Unemployed for a year or more, or earned less than \$3,200 in the past year; or
- In job training or some other economic self – sufficiency program; or
- Getting TANF welfare benefits within the past six months.

If you qualify for the Earned Income Disregard, the Housing Authority will not raise your rent because of increased family income due to wages. Non – wage income, such as child support or public benefits, is not eligible for the disregard.

The Earned Income Disregard is good for **24 months**. It goes in steps:

1. For the first 12 months, all increased income due to wages will be disregarded (not counted toward your rent).
2. For the next 12 months, the Housing Authority will disregard 50% of the increased income due to wages. If you stop working, you can stop the clock on the 24 – month period and restart it when you go back to work. However, you have only 4 years from the time you first qualify for an Earned Income Disregard to use up your 24 months of benefits.

Child Care Costs May Also Lower Your Rent. The money you pay for childcare may be deducted from your income when HANH calculates your rent. You do not have to be eligible for the Earned Income Disregard to get a child care deduction. This deduction is available to all working families and those enrolled in education and training programs.

How Do I Get The Earned Income Disregard Or Child Care Deduction?

The Housing Authority should determine your eligibility for an Earned Income Disregard and the amount of any childcare deduction whenever you report income from employment. You should bring in proof of your employment and wages and (for the child care deduction) proof of your child care costs. If you still disagree, ask for a grievance hearing (in writing).

I have received and read the flier titled "NEW JOB" regarding Earned Income Disregard and

_____ I do not feel that I am entitled to the Earned Income Disregard

_____ I feel that I am entitled to the Earned Income Disregard

Resident/Participant Signature

Tenant Social Security #

Date

YOUR RIGHT TO REQUEST ACCOMMODATIONS OF DISABILITY

Persons with disabilities have the right to request reasonable accommodations

Federal laws provide specific rights and protections to ensure equal opportunity for persons with disabilities. HANH will make reasonable accommodations in our rules, policies, practices, or services, including modifications to our public housing apartments, when such accommodations are necessary to afford a person with disabilities equal opportunity to use and enjoy their housing, or to equally participate in or access HANH's housing programs and services.

How to request an accommodation of disability

HANH's "Request for Accommodation of Disability" form provides the necessary information and authorizations. HANH's reasonable accommodation forms are available at all HANH offices. HANH will provide assistance if needed to help you complete these forms.

You should receive a written response to your request within 30 days. If HANH is not able to make a decision on your request within that time period, or if HANH requires further verification, HANH will notify you in writing.

HANH will require verification of your request

HANH requires the following verifications of requests for accommodations of disability by a physician or other licensed practitioner that you have authorized for this purpose.

- Verification that the person is a qualifying person with disabilities.
- Verification that there is a direct relationship between the nature of the person's disabilities and the accommodation requested.
- Verification that the accommodation is necessary for the person to have equal opportunity to use and enjoy their HANH housing, or to equally participate in or access HANH's housing programs and services.

HANH has established a "Verification of Accommodation Request" form that your doctor or licensed practitioner should use to provide verification. This form is available at all HANH offices. Approval of reasonable accommodation requests will depend upon verification of the specific standards that are specified in the "Verification of Accommodation Request" form. You may submit doctor's letters, but please note that doctor's letters often do not include the specific verifications required for reasonable accommodations and, in most cases, will require additional verification of the standards provided in the "Verification of Accommodation Request" form.

HANH's Reasonable Accommodation Coordinator

If you have questions or would like additional information about accommodation request, you may contact HANH's Reasonable Accommodation Coordinator:

Teena Bourdeaux
360 Orange Street
New Haven, CT 06511
Phone: (203) 498-8800 Ext 1507
Fax: (203) 497-8728
Email: tbourdeaux@hanh-ct.org

Application – Exemption from Minimum Rent of \$50

For Households that are currently paying the Minimum Rent of \$50.00:

Households with an annual income below \$2,500 annually shall pay the minimum rent of \$50.00. All families placed on minimum rent must be informed of the Exemption from Minimum Rent and the ability to have Minimum Rent waived. All residents on minimum rent with the exception of elderly and person with disabilities must be referred to the Family Self Sufficiency Program.

If a family is unable to pay the minimum rent because of a financial hardship the family may be eligible for a temporary or long term waiver from paying Minimum Rent. Minimum Rent can be waived once during a twelve month period. This limitation does not apply to Elderly and Disabled families. Families may receive this exemption more than once during a twelve month period if at least one adult is engaged in the Family Self Sufficiency Program. HANH will suspend the minimum rent requirement for 90 days effective as of the first of the next month after the date this application is received.

A family is automatically exempt from Minimum Rent for 90 days when the following occurs:

1. When the family has lost eligibility or is awaiting eligibility determination from a Federal, State or local assistance.
2. When the family would be evicted because it is unable to pay the minimum rent.
3. When the income of the family has decreased because of changing circumstances, including loss of employment, death, or other event.
4. Other circumstances determined by HANH to be reasons to waive the minimum rent requirement.

While the request for exemption from Minimum Rent is reviewed, HANH will not pursue eviction for non-payment of rent.

For Long Term exemption from minimum rent (more than 90 days), the minimum rent is suspended immediately until the Hardship Committee meets to determine whether the hardship is temporary or long term and implements a recommendation.

If the exemption from the minimum rent of \$50 is determined to be temporary you will have the right to enter into a reasonable repayment agreement with HANH for the amount of the minimum rent that was suspended.

Any family that is unable to attend the meeting due to a disability may request a Reasonable Accommodation. Please contact Teena Bordeaux at 203-498-8800 X1507.

Application – Exemption from Minimum Rent

Please check either Yes or No

- € Yes, I want to apply for Exemption from Minimum Rent.
- € No, I do not want to apply for Exemption from Minimum Rent.

Please fill in below:

Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Signature: _____ **Date:** _____

Reason:

Name of HANH Representative

NO-INCOME AFFIDAVIT



Karen DuBois-Walton
Executive Director

Date: _____ Recert Month: _____

Head of Household Name: _____

Applicant/Tenant Name: _____ SSN: _____

Address: _____

You are either an applicant for, or participant in, a federally funded housing assistance program. Please provide the information requested and return to our office personally or via mail in the enclosed self-addressed stamped envelope as quickly as possible to avoid delay of your benefits in the housing Choice Voucher Program (Section 8).

If you have any questions, please call _____ at (203) 498-8800, Ext _____

PLEASE NOTE: THIS FORM MUST BE NOTARIZED

I, _____, hereby swear and affirm that I do **NOT** have any income. This includes but is not limited to income from any of the following:

1. Wages, Public Assistance (TANF, GR, etc.), Social Security, SSI, etc.;
2. Child Support, Alimony, or regular monetary gifts from family or friends, etc.;
3. Assets (homes, stocks, etc.; may be inherited property);
4. Interest Income from Savings, Checking, Christmas Club and other bank accounts, IRA's, Certificates of Deposit, Money market Funds, Credit Unions, etc.;
5. U. S. Saving Bonds, Stocks or Bonds of any kind;
6. Pensions, Annuities, Retirement Funds, etc. (this includes benefits you may receive from being a beneficiary of a life insurance or retirement plan);
7. Whole Life Insurance;
8. Real Estate Property, Earned Income Tax Credit, etc.;
9. Burial Plots; and/or
10. **ANY OTHER INCOME** (includes tips, property sold, babysitting, etc.).

Applicant/Participant Signature: _____ Date _____

Subscribed and sworn to before me, a Notary Public, in and for County of _____

_____ and State of Connecticut, on

this _____ day of _____, 20_____.

AFFIX SEAL HERE

Notary Public Signature _____

My Commission Expires _____

Housing Authority of the City of New Haven's Elm City Communities
360 Orange Street, P.O. Box 1912, New Haven, CT 06511
(203) 498-8800 • TTD (203) 497-8343 • www.newhavenhousing.org

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.

Section 8 HCV Program Withdrawal Request Notice



Karen DuBois-Walton
Executive Director

I, _____ wish to withdraw my name from section 8 HCV

Program belonging to Head of Household _____

I am currently living at _____.

I would like this notice to be done immediately, Attached please find my execute lease (Which includes landlords name and contract number), Utility bill, or other to verify my new address.

Signature

Date

State of Connecticut

County of _____ ss. Town\City _____

On this the _____ Day of _____, 20____,

Notary Public

_____ This named individual personally

Appeared to me the person whose name subscribed to the within
Instrument and acknowledge that (he, She) executed the same for the purpose therein contained.

In Witness whereof I hereunto set my hand

Signature of Notary Public

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Date Commission Expires



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

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

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

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

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

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

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

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice:</i></p>	
	<p>Signature</p>	<p>Date</p>
	<p>Printed Name</p>	

DECLARATION OF SECTION 214 STATUS

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 be lawfully within the United States. Please read the Declaration statement carefully and 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.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Warning: 18 U.S.C. 1001 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 manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.