



Housing Authority of Shawano County

Jeff Theis, Executive Director

1259 Engel Drive, Shawano, WI 54166-3748

Phone: 715-526-6960 Fax: 715-526-5779 Emergency: 715-853-6966

www.shawanocountyhousing.com Email: jtheis@shawanonet.net

APPLICATION INSTRUCTIONS:

To assist the Housing Authority in quicker processing of your application, please: be sure to return all pages of the application – if bringing the app back to the office, please make an appointment for the return of the app.

1. **Fill out the application completely**, answering all questions. Especially important is to give your last 6 (six) years of residences for all adults, whether it was w/family/friends/shelter, etc., or a Landlord & include their address/phone. Any other adults that will be living in the household must list their past residences also if different than the head of household applying. Attach a separate sheet if needed. **Be sure to return all pages of the app.**
2. All adults (age 18 & over) must sign at all highlighted locations, even if only one line is shown. Note there are 12 locations to sign. Be sure you read and understand what you are signing.
3. The HUD Debts Owed form #52675 will need to be signed separately by each adult over 18; please make another copy(ies) yourself, or ask us for additional copies to sign for each adult.
4. On the Verification forms – for Utility and Landlord verification forms contained in the packet, do not complete the top portion - you only need sign at the bottom of the page. HASC will complete and send it to all utilities and landlords listed on page 3 of your application.
5. What you must submit with the application (we can make a copy of this info at our office):
 - ☐ driver's licenses or photo ID's of all adults.
 - ☐ social security cards and birth certificates of all members that will be occupying the household.
 - ☐ Proof of any benefits and income including social security/disability benefit award letters, last 2 months' of employment pay stubs, child support report, W-2 report, per cap, cash, self-employment, assistance from family, etc.
 - ☐ Last property tax statement if you own property/land or other assets.
 - ☐ Utility/phone/cable bills statement/receipt showing you are paid current.
 - ☐ Assets: Copy of recent bank statement(s) or 401k/Annuity statements or other assets, etc.
6. Your name will be added to our wait list(s) but your full review of the application and a home visit might not be done until your name comes up on the wait list for possible placement. If denied, you will receive a letter indicating the reason. ***NOTE: No one with a felony/criminal background will be admitted into the program. If you or any person in the household owe back rents or back utilities, you may be denied Public Housing until rents and utilities are paid. Prior evictions may be denied.***

YOUR APPLICATION MAY BE RETURNED IF YOU DO NOT PROVIDE ALL THE INFORMATION

If you have any questions, please contact us at the phone number at the top of the application. Our office hours are 8:30 – 4:30 Monday thru Friday. We also have a 24-hour drop box for your convenience. Thank you for your interest in the Housing Authority of Shawano County!

Jeff Theis

Executive Director

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Sheila Raddant

Public Housing Specialist/Admin. Asst.

scha@shawanonet.net

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RENTAL APPLICATION

Date of Application: _____

(PLEASE CHECK BELOW WHETHER YOU ARE APPLYING FOR A HOUSE OR FOR AN APARTMENT
(Rent in house or apartment is based on 30% of your adjusted gross income. Minimum and flat rate rents may apply.)

☐ RESIDENTIAL HOUSE (a Federal Housing Project for low-income families & individuals)

Security Deposit \$400 (due when house is offered to you)

Number in your family applying for residence: _____ # of bedrooms wanted: _____ (2 to 5 bedrooms)

Please check any of the communities you are interested in for Public Housing.

If you have a location preference – please number 1, 2, 3, etc.

- ☐ Shawano ☐ Bonduel ☐ Tigerton ☐ Leopolis ☐ Wittenberg
☐ Bowler ☐ Mattoon ☐ Birnamwood ☐ Gresham ☐ Morgan Siding ☐ Aniwa

OR

☐ GENERAL OCCUPANCY APARTMENTS (1 or 2 bedroom apartments)

Security Deposit \$250 (due when apt. is offered to you) # in your household: _____ # of bedrooms wanted: _____

Please check any of the communities you are interested in for Public Housing.

If you have a preference – please number 1,2,3, etc. behind location.

- ☐ Birnamwood ☐ Tigerton ☐ Gresham ☐ Bonduel ☐ Shawano-Oak Ridge ☐ Shawano-Waterview
 434 Main St. 124 Spaulding St. 1100 Park St. 100 N. Washington St. 504 Oak St. 325 E. Fifth St.

PERSONAL INFORMATION

Applicant's Full Name: _____

Present Address (mailing) _____

(physical address-if different than mailing) _____

Phone Number: _____ Home: _____ Cell: _____

HOUSEHOLD COMPOSITION

FULL NAMES OF HOUSEHOLD MEMBERS	MIDDLE INITIAL	RELATIONSHIP TO HEAD	SOCIAL SECURITY #	SEX	DATE OF BIRTH	AGE	DISABLED Y/N	RACE	HISPANIC/ NON
1		HEAD OF HOUSEHOLD							
2									
3									
4									
5									
6									
7									

Race codes: (W) White (B) Black/African (I) Indian-American or Alaskan (H) Hawaiian/Pacific Islander (A) Asian

Ethnicity: (H) Hispanic (NH) Non-Hispanic

**If you are pregnant, please include your unborn child on the application as well as the estimated date of birth.

LIST ANY FAMILY MEMBER(S) WHO IS/ARE NOT A U.S. CITIZEN/ALIEN STATUS: _____

LIST ANY HOUSEHOLD MEMBER(S) WHO IS/ARE TEMPORARILY ABSENT FROM THE HOME: _____

HAS ANYONE IN THE HOUSEHOLD USED ANY OTHER NAMES (including other first or last names, maiden name, etc.)? Who, provide name & approximate dates: _____

DO ANY OF THE ABOVE LISTED FAMILY MEMBERS SMOKE? () YES () NO See attached non-smoking Resolutions. All our units are smoke-free.

INCOME: List all household income and gross monthly amounts (before any deductions) Provide back up with application. ex. check stubs, award letter, monthly statement

<input type="checkbox"/> WAGES	\$ _____	<input type="checkbox"/> SOCIAL SECURITY	\$ _____	<input type="checkbox"/> W2/TANF	\$ _____
<input type="checkbox"/> UNEMPLOYMENT	\$ _____	<input type="checkbox"/> SSI/DISABILITY	\$ _____	<input type="checkbox"/> FAMILY SUPPORT	\$ _____
<input type="checkbox"/> CHILD SUPPORT	\$ _____	<input type="checkbox"/> STATE SSI	\$ _____	<input type="checkbox"/> OTHER (specify)	\$ _____
<input type="checkbox"/> ALIMONY	\$ _____	<input type="checkbox"/> PENSION/VA	\$ _____	<input type="checkbox"/> NO INCOME	

EMPLOYMENT INFORMATION

APPLICANT'S STATUS () Employed Full-Time () Part Time () Unemployed () Retired () Student *Provide 2 month's paystubs.

EMPLOYED BY: _____ How Long? _____ Phone: _____

Employer's Address _____ Fax: _____

Position Held: _____ Supervisor: _____ Income \$ _____ per _____ Hours/wk _____

CO-APPLICANT'S STATUS () Employed Full-Time () Part Time () Unemployed () Retired () Student

EMPLOYED BY: _____ How Long? _____ Phone: _____

Employer's Address _____ Fax: _____

Position Held: _____ Supervisor: _____ Income \$ _____ per _____ Hours/wk _____

LIST ANY FAMILY MEMBER(S) OVER 18, WHO IS A FULL TIME STUDENT: _____

SCHOOL: _____ Expected date of Graduation: _____

Address of school: _____ Phone: _____

****Provide a copy of your current schedule and any copies of any information on grants/financial aid you are receiving.**

ASSETS: List all bank accounts and/or investments. Specify the type of account & where the account is held. Indicate what household member's name the account is in. Attach sheet for additional accounts. Ex: Checking, savings, CD's, annuity, stocks & bonds, whole life insurance, mutual funds, IRA/401K.

Type of account _____	Household member _____
Bank/Agency _____	Phone #: _____

Type of account _____	Household member _____
Bank/Agency _____	Phone #: _____

Type of account _____	Household member _____
Bank/Agency _____	Phone #: _____

Type of account _____	Household member _____
Bank/Agency _____	Phone #: _____

PROPERTY: Do you own any REAL ESTATE? Circle one: YES NO List address: _____
If yes, provide a copy of the prior year's property tax information and any outstanding loan information.

PETS: Pet Security deposit \$250. Limit of 1 pet per household. (see attached pet policy- only small dog, cat, fish or bird allowed)

Do you own any pets? YES NO If yes, what kind? _____
If yes, please attach current records of spay/neuter, shots and licensing.

RESIDENCE HISTORY: List all places RESIDED over the past 6 years for all family adult members. Attach another sheet if necessary. If applicable specify name of person who resided at address. Include all addresses even if not a rental.

PRESENT ADDRESS: _____

PRESENT LANDLORD: _____

Landlord's Address _____ Phone No. _____

Dates of Residency: from: _____ to: _____ Amount of Rent \$ _____ Reason for Moving _____

Are you responsible for any utilities? List name of provider: _____ heat: _____ electric: _____ water/sewer: _____

() Without or About to be Without Housing () Substandard () Other

PREVIOUS ADDRESS _____

PREVIOUS LANDLORD _____

Previous Landlord's Address _____ Phone No. _____

Dates of Residency: from: _____ to: _____ Amount of Rent \$ _____ Reason for Moving _____

Where you responsible for any utilities? List name of provider: _____ heat: _____ electric: _____ water/sewer: _____

PREVIOUS ADDRESS _____

PREVIOUS LANDLORD _____

Previous Landlord's Address _____ Phone No. _____

Dates of Residency: from: _____ to: _____ Amount of Rent \$ _____ Reason for Moving _____

Where you responsible for any utilities? List name of provider: _____ heat: _____ electric: _____ water/sewer: _____

PREVIOUS ADDRESS _____

PREVIOUS LANDLORD _____

Previous Landlord's Address _____ Phone No. _____

Dates of Residency: from: _____ to: _____ Amount of Rent \$ _____ Reason for Moving _____

Where you responsible for any utilities? List name of provider: _____ heat: _____ electric: _____ water/sewer: _____

MISC. HOUSING INFORMATION:

Have any members of your household lived in any other states in the past 6 years? List who, states & dates _____

Have any members of your household ever been evicted? Who/explain: _____ YES NO

Do any members of your household owe any landlords money for unpaid rent, utilities, damage or other terms of the lease? YES NO

Who/Explain: _____ Are payments being made? YES NO

Do any members of your household owe any utility companies for past due bills? YES NO

Who/utility company/amount owed _____ Are payments being made? YES NO

Have any members of your household ever lived in subsidized housing? Who _____ YES NO

Name of Housing, dates, location & phone _____

Have any members of your household ever been convicted of a felony? YES NO

Who/Explain/Dates: _____

Have any members of your household ever been charged with or convicted of any illegal drug possession or activity? YES NO

Who/Explain/Dates: _____

Are any members of your household subject to a lifetime sex offender registration requirement under a state sex offender registration program? Failure to respond to this question may jeopardize approval of this application. If yes, who _____ YES NO

ADDITIONAL INFORMATION

Number of vehicles: _____ Applicant's drivers License # _____ Co-applicants drivers License # _____
make/model: _____ year: _____ Color: _____ License Plate #: _____ State: _____
make/model: _____ year: _____ Color: _____ License Plate #: _____ State: _____

EXPENSES

Do you have un-reimbursed child care expenses for children under 13, so you can work or go to school? YES NO

Name of provider: _____ Phone: _____ FAX: _____

Address: _____

Cost: \$ _____ per _____ Do you receive assistance? From where _____

ELDERLY/DISABLED EXPENSES ONLY:

Do you pay for any of the following? List monthly amount and where it is paid. Attach any information that shows amounts.

Medicare \$ _____ Prescriptions \$ _____ pharmacy _____ Health Insurance \$ _____ provider _____

Doctor \$ _____ location _____; _____ Hospital \$ _____ location _____

Do you have any other medical expenses? list _____

EMERGENCY CONTACTS: Must list (2) and full addresses.

NOTIFY: _____ Relationship: _____ Telephone(s): _____

Address: _____

NOTIFY: _____ Relationship: _____ Telephone(s): _____

Address: _____

Please tell us any other information that might help us evaluate your application.

AUTHORIZATION: Please read carefully prior to signing.

In considering this application, management will rely heavily on the information you have supplied. It is important the information is accurate and complete.

By signing this application, you present and warrant the accuracy of the information and authorize management to verify any references you have listed.

Failure to provide complete and accurate information can result in denial of your application. Application must be signed by all household members over 18 years old at all signature lines in this complete application.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

******* Photocopies of driver's license, social security/alien cards and birth certificates for all household members are required. Please include with your completed application. *******

How did you find out about the Housing Authority of Shawano County? _____

If referred by current resident please provide name _____

TO BE ELIGIBLE FOR ADMISSION AN APPLICANT MUST MEET THE FOLLOWING REQUIREMENTS

- A. To qualify as a family. A family consists of two or more persons who have a family type relationship.
- B. Eligible income for admission shall not exceed the following amounts at the time of admission.

2020	NUMBER OF PERSONS	ADMISSION
	1	\$39,700
	2	\$45,350
	3	\$51,000
	4	\$56,650
	5	\$61,200
	6	\$65,750
	7	\$70,250
	8	\$74,800

4/20/20

OCCUPANCY STANDARDS: Dwelling should be so assigned that, except possibly in case of infants and very young children, it will not be necessary for persons of opposite sex, other than husband and wife, to occupy the same bedroom; dwellings also should be so assigned as not to require use of the living room for sleeping purposes; and in applying the standards indicated here every member of a family regardless of age should be considered as a person. Unborn children will be considered in occupancy standards.

The following standards will determine the number of bedrooms required to accommodate a family of a given size except that such standards may be waived when a vacancy problem exists and it is necessary to achieve or maintain full occupancy by **temporarily** assigning a family to a larger size unit than is required. Such family should be transferred to the proper size unit as soon as one becomes available.

In no event should waiver action be taken to assign smaller units to families than established in the following maximum:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
1	1.....	2
2	2.....	4
3	3.....	6
4	5.....	8
5	7.....	10

PREFERENCE IN THE SELECTION OF TENANTS: Circle the number if you believe you should be given preference

In selecting eligible applicants to fill vacancies the Housing Authority may give consideration to the following factors in the **order shown** on a first come, first served basis with preferences to the following:

- Whether the applicant is a veteran or serviceman or the relation of the applicant to a veteran or serviceman. A veteran is a person who has served in the armed forces of the USA and was discharged or released under conditions other than dishonorable. A serviceman is a person presently serving in the armed forces.
- Disability or handicap.
- Whether the applicant is a displaced family or about to be displaced by urban renewal or other Governmental action.

4. Whether the applicant is a resident of the community.
5. The urgency of housing need. In determining the urgency of need the following will be considered.
 - a. The degree of substandard factors present in the existing housing of the applicant.
 - b. The gross rent being paid by the applicant for present housing as it relates to his annual income.
6. The rent paying ability of the applicant as it relates to the financial need of the Authority.
7. The family size of the applicant as it relates to the units available (does not exceed occupancy standards).

DESIRABILITY: Whether admission to the project would prove detrimental to the project or its residents by **established records** of any of the following:

1. Imperil to health, safety, or morals of neighbors.
2. A record of destruction of property.
3. Disregard for rules of occupancy and rights of others.
4. A record of non-payment of rightful obligations including rent and utilities.
5. A record of disturbance of neighbors.
6. A record of poor living and household habits.
7. A record of criminal austerities which would adversely affect the health, safety, and welfare of other residents.

HOME VISIT

As part of the approval process for your application, a member of the Housing Authority of Shawano County (HASC) staff will conduct a home visit where you are currently living. At the time of your home visit we will inspect your home for cleanliness and how you take care of the home you are living in. We will take photos for your application file. We will also discuss our expectations of you as a future resident and our resident handbook. If your home is found dirty, uncared for or in poor condition you will not be approved for housing with HASC.

Families determined to be ineligible shall be notified immediately of the reason(s). If requested, the applicant shall be granted a hearing regarding his/her ineligible status and the application will be reviewed by the Board or Executive Director.

EXAMINATION OF YOUR ASSETS

The Department of Housing and Urban Development (HUD) requires an examination of your assets at the time of your move in and yearly at your annual review. Your assets will be examined to see if any significant increases or decreases have taken place. If it is determined that an asset has gone through a significant change of \$1,000 or more, we are required by HUD to further investigate this change. (Assets may include bank accounts, cash amounts of \$1,000 or more, whole life insurance policies, annuities, IRA's, 401k's, land, house, travel trailer, classic automobiles, stocks, bonds, rental property, etc.)

If you have disposed of the asset for less than fair market value, the fair market value of the asset will be considered a disposed asset for 2 years. If you are making major purchases or have large expenses that require you to spend your assets, it is recommended you keep your receipts for back up as to how the assets were reduced in value.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



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

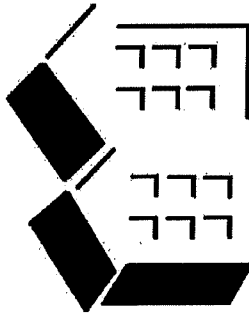
Signature(s) of all adults: _____ Date: _____

form HUD-1141
(12/2005)



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/pih/programs/eiv/eiv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH 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)

Signature(s)
of all adults:

Date:

Date:

February 2010

Notice to all applicants:
Reasonable Accommodations for Applicants with
Disabilities or Handicaps

The Housing Authority of Shawano County (HASC) is a public agency that provides low rent housing to eligible families, elderly families and single people. HASC is not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, disability or handicap. In addition, HASC has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability or handicap.

A reasonable accommodation is some modification or change HASC can make to its apartments/houses or procedures that will assist an otherwise eligible applicant with a disability to take advantage of HASC's programs. Examples of reasonable accommodations would include:

- Making alterations to a HASC unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in apartment or dwelling for a family with a hearing impaired member;
- Permitting a family to have a seeing eye dog to assist a vision-impaired family member in a HASC family development where dogs are not usually seen;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing impaired applicant during the interview, when sufficient notification has been provided the HASC;
- Permitting an outside agency to assist an applicant with a disability to meet the HASC's applicant screening criteria.

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

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

Applicant/Tenant Signature

DATE

Applicant/Tenant Signature

DATE

=HOUSING AUTHORITY OF SHAWANO COUNTY=
JEFF THEIS, EXECUTIVE DIRECTOR
1259 ENGEL DRIVE, SHAWANO, WISCONSIN 54166-3748
TELEPHONE: 715-526-6960 EMERGENCY: 715-853-6966 FAX: 715-526-5779
E – MAIL: scha@shawanonet.net or jtheis@shawanonet.net

Request for Reasonable Accommodation

In accordance with Section 504 of the rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, the Housing Authority of Shawano County is committed to ensuring non-discrimination for qualified individuals.

"A person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment."

Head of Household (Printed): _____ DOB: _____

Name of disabled if other than above: _____

I, the undersigned, do hereby authorize the release of the information requested to Shawano County Housing Authority.

Signature: _____ Date: _____

Description of the accommodations requested:

The above person is an applicant/resident of Public Housing and has expressed a need to a reasonable accommodation. Federal housing regulations require that we verify this information via a third party. The applicant has named you as a person who can verify the need for requested accommodation. Please verify that the applicant/resident is a person with a disability and that it is your professional opinion that the requested accommodation is needed.

Based on the above definition, is the person who is requesting the accommodation disabled? YES NO

In your best professional opinion, does the requested accommodation reasonably relate to their disability? YES NO

If yes, does the person require the requested accommodation to live in their unit or enjoy the program and/or benefits the Housing Authority offers? YES NO

If yes, are there any alternatives that may be equally effective in accommodating their disability? YES NO

If yes, please describe: _____

As a medical professional I believe this is necessary and a reasonable request.

Name (Printed): _____ Agency: _____

Address: _____

Phone: _____ Fax: _____

Signature _____ Date: _____

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 U.S. 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, (LIST ALL FAMILY MEMBERS) _____
_____ certify, under penalty of perjury, [1] that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ 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 evidence of proof of age [2]; 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 [3]; or
- ☐ Permanent residence under 249 of INA [4]; or
- ☐ Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA [5]; or
- ☐ Parole status under 212(d) (f) of the INA [6]; or
- ☐ Threat to life or freedom under 243(h) of the INA [7]; or
- ☐ Amnesty under 245 of the INA. [8]

(Signature of Family Member)

(Date)

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

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

(See reverse side for footnotes and instructions)

[1] 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.

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

[2] **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.

[3] **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.

[4] **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*].

[5] **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*].

[6] **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*].

[7] **Threat to life or freedom under 243(h) 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/r freedom*].

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

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. A 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" or "check" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "check" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child.

=HOUSING AUTHORITY OF SHAWANO COUNTY=

JEFF THEIS, EXECUTIVE DIRECTOR
1259 ENGEL DRIVE
SHAWANO, WISCONSIN 54166-3748
TELEPHONE: 715-526-6960 EMERGENCY: 715-853-6966
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E – MAIL: scha@shawanonet.net or jtheis@shawanonet.net

CLERK OF COURT RECORD VERIFICATION

Our tenant selection policy allows us to verify certain information about family members living in or applying for admission. The Housing Authority of Shawano County wishes to avoid admitting a family whose members are involved in criminal activity which would adversely affect the health, safety or welfare of other tenants and/or neighbors. To comply with this requirement, we ask your cooperation in supplying information on the criminal records (if any) of the persons listed below for the past THREE years, however, your full record will be reviewed.

Your prompt completion of this information will be appreciated. If you have any questions, feel free to contact this office at the number printed above.

Using the numbers below, please indicate whether any family members have been arrested for or convicted of any crimes relating to the following:

- | | |
|---------------------------------|--------------------------------------|
| 1. Homicide/Murder | 8. Drug Trafficking/Use/Possession |
| 2. Rape or Child Molesting | 9. Child Abuse/Domestic Violence |
| 3. Burglary/Robbery/Larceny | 10. Public Intox./Drunk & Disorderly |
| 4. Threats or Harassment | 11. Receiving Stolen Goods |
| 5. Destruct. of Prop./Vandalism | 12. Fraud/Worthless Checks |
| 6. Assault or Fighting | 13. Prostitution |
| 7. Disorderly Conduct | 14. Other (explain) |

<u>Name (age 18+)</u>	<u>DOB</u>	<u>SS #</u>	<u>Crime(s)#</u>	<u>Status/Disposition</u>
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APPLICANT'S RELEASE

I/We hereby authorize the release of the information requested on this form letter.

_____ Applicant's Printed Name	_____ Applicant's Signature	_____ Date
_____ Applicant's Printed Name	_____ Applicant's Signature	_____ Date
_____ Applicant's Printed Name	_____ Applicant's Signature	_____ Date

=HOUSING AUTHORITY OF SHAWANO COUNTY=

JEFF THEIS, EXECUTIVE DIRECTOR

1259 ENGEL DRIVE

SHAWANO, WISCONSIN 54166-3748

TELEPHONE: 715-526-6960 EMERGENCY: 715-853-6966 FAX: 715-526-5779

E – MAIL: scha@shawanonet.net or jtheis@shawanonet.net

*(ONLY SIGN THIS FORM BELOW – we will complete the top portion based on your residences page
& we will send it to the appropriate utility(ies))*

Date: _____

Name of Utility Supplier: _____

Address of Utility Supplier: _____

UTILITY VERIFICATION FORM

Name of Applicant: _____

Current Address: _____

Former Address: _____

Utility Supplier: The following individual(s) have applied to us for housing and, subsequently, has signed the attached authorization for you to release the following information. Would you please take a few moments to respond accordingly and then return this form to us as soon as possible?

Utilities Provided: _____ Electricity _____ Gas _____ Water _____ Other _____

Dates of Applicant's Service: From _____ To _____

A. Average amount of monthly bill: _____ \$ _____

B. Does (did) applicant pay on time? Yes _____ No _____

C. Has (had) he/she ever paid late? Yes _____ No _____

How late? _____

How often? _____

D. Have (had) you ever begun/completed disconnection for non-payment? Yes _____ No _____

E. Does this applicant owe any delinquent charges now? Yes _____ No _____

If delinquent, what is the amount they owe? \$ _____

F. At what other addresses has this applicant had utility service and dates of service?

G. Has any equipment belonging to the utility company been damaged at this unit?

Yes _____ No _____

H. Will (did) you keep the applicant's utility deposit? Yes _____ No _____

I. Can this applicant get utility service turned on in his/her name in the future?

Yes _____ No _____

Signature of Utility Company Representative _____

Date _____

Telephone Number: _____

APPLICANT RELEASE: I/we, _____
(Applicant's Signature(s) – all adults over 18)

authorize the release of above information requested. Date: _____ (8/13/19)

=HOUSING AUTHORITY OF SHAWANO COUNTY=

JEFF THEIS, EXECUTIVE DIRECTOR

1259 ENGEL DRIVE

SHAWANO, WISCONSIN 54166-3748

Telephone: 715-526-6960 Emergency: 715-853-6966 Fax: 715-526-5779

E – MAIL: scha@shawanonet.net or jtheis@shawanonet.net

ONLY SIGN THIS FORM AT THE 2ND PAGE – we will complete the top portion based on your residences page & we will send it to the appropriate landlord(s) to complete.

Date: _____

Name of Landlord: _____

Address of Landlord: _____

LANDLORD VERIFICATION FORM (Past or Present)

Dear Landlord:

The following individual(s) have applied to us for housing and has, subsequently, signed the attached authorization for you to release the following information. Would you please take a few moments to respond accordingly and then return this form to us as soon as possible?

Name of Applicant: _____

Current Address: _____

Former Address: _____

Applicant: Please sign release on bottom of form – Remainder to be completed by Landlord ONLY.

Landlord: Are you a relative or friend of the applicant? If so, please describe relationship:

____ Current Landlord ____ Previous Landlord ____ Other ____

Dates of Applicant's Tenancy: From _____ to _____

Does/Did the Applicant have a lease? Yes ____ No ____

1. Rent Payment:

A. Amount of monthly rent: \$ _____

B. Does (did) applicant pay rent on time? Yes ____ No ____

C. Has (had) he/she ever paid late? Yes ____ No ____

How late? _____

How often? _____

D. Have/had you ever begun/completed eviction proceedings on him/her? Yes ____ No ____

If so, explain _____

E. Do you provide any of the utilities for the unit? Yes ____ No ____

F. Have tenant-paid utilities ever been disconnected? Yes ____ No ____

2. Caring for the Unit:

A. Does (did) the applicant keep the unit clean, safe and sanitary? Yes ____ No ____

B. If tenant was responsible for the lawn/yard upkeep, was it kept up good (mowed often, weeds pulled, personal property picked up, etc?) Yes ____ No ____ N/A ____

B. Has (had) the applicant damaged the unit? Yes _____ No _____

Describe: _____

Cost to repair? _____

How often? _____

C. Has (had) the applicant paid for the damage(s)? Yes _____ No _____

D. Does the applicant have a balance on their account? Yes _____ No _____

If yes how much & are they making payments? _____

E. Will (did) you keep any security deposit? Yes _____ No _____

F. Was appropriate notice given when moving out? Yes _____ No _____

G. Did the tenant have bed bugs, lice, or other parasite infestation? Yes _____ No _____

H. Did the applicant's housekeeping contribute to infestation? Yes _____ No _____

3. General:

A. Is (was) the applicant listed on the lease for the unit? Yes _____ No _____

B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? Yes _____ No _____

C. Has (had) the applicant, family members, or guests damaged or vandalized the common area(s)? Yes _____ No _____

Describe: _____

D. Does (did) the applicant, family members or guests create any physical hazards to the project or other residents? Yes _____ No _____

Describe: _____

E. Does (did) the applicant, family members, or guests interfere with the rights and quiet enjoyment of other tenants? Yes _____ No _____

Describe: _____

F. Have the applicant, family members, or guests engaged in any criminal activity, including drug-related criminal activity, in the unit or building? Yes _____ No _____

Describe: _____

G. Has (had) the applicant given you any false information? Yes _____ No _____

Describe: _____

H. Has (had) the applicant, family members or guest acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? Yes _____ No _____

Describe: _____

I. Would you re-admit this applicant? Yes _____ No _____

If not, why? _____

Signature of Landlord Date

(Name of authorized project staff: telephone verification) Date

APPLICANT RELEASE: I/we, _____,
(Applicant's Signature(s) – all adults over 18)

hereby authorize the release of the above requested information. Date _____

RESOLUTION NO. 03-02

Extracted from the minutes of a regular meeting of the Commissioners of the Housing Authority of the County of Shawano, Shawano, Wisconsin, May 27, 2003.

WHEREAS, the Commissioners of the Housing Authority of Shawano County deem it necessary, at this time, to implement a **Non-Smoking Policy at its Six Elderly Buildings**, i.e., Hillside Apartments in Bonduel, Waterview and Oakridge Apartments in Shawano, Towerview Apartments in Gresham, Riverview Apartments in Tigerton, and Mapleview Apartments in Birnamwood.

WHEREAS, smoking in Apartment sites causes problems, such as increased risks of fires, increased turnover as nonsmoking residents seeking fresh air move out, higher turnover costs to clean units occupied by smokers, and due to the health risks associated with second-hand smoke;

WHEREAS, it can cost up to twice as much to prepare a unit when a smoker moves out;

WHEREAS, the cost of insurance may be reduced by banning smoking;

WHEREAS, the Authority could avoid any future lawsuits by banning smoking;

WHEREAS, this Resolution declares **smoking is prohibited** anywhere in your unit, your Building, including common areas, or within 50 feet of the building;

WHEREAS, residents are responsible for ensuring that their family members, guests, and invitees also comply with this Resolution;

WHEREAS, this prohibits any new residents from smoking in the above mentioned areas;

WHEREAS, this prohibits any existing smoking residents from smoking in the above mentioned areas effective March 01, 2004;

WHEREAS, existing nonsmoking residents will have to tolerate their neighbor's (resident only) smoking until March 01, 2004;

WHEREAS, failure to comply with this Resolution is a lease violation and will result in termination of your lease within 28 days of Notice of Termination;

WHEREAS, this Resolution is now added to your current lease as a clause;

NOW THEREFORE BE IT RESOLVED the Commissioners of the Housing Authority of Shawano County adopt this Resolution as a change to its Dwelling Lease for the Public Housing Program.

MOTION BY: COMMISSITIONER GRILL

SECONDED BY: COMMISSIONER JOHNSON

AYES: 4

NAYES: 0

ADOPTED: MAY 27, 2003

RESOLUTION 11-07

Extracted from the minutes of a regular meeting of the Commissioners of the Housing Authority of the County of Shawano, Shawano, Wisconsin, September 16, 2011.

WHEREAS, the Commissioners of the Housing Authority of Shawano County deem it necessary, at this time, to implement a **Nonsmoking Policy at its 83 scattered site, single family homes/garages** in Shawano County;

WHEREAS, smoking in home sites causes many problems, such as increased risks of fires, it costs as much to turnaround a “smoking” unit as it does to turnaround a heavily damaged unit—mostly in excess labor and amenity replacement—carpets, verticals, flooring, cover plates, switches, outlets, washing of walls/ceilings and appliances numerous times, stain blocker primer, then finish coat of paint, fixtures are yellowed, home “reeks” of smoke odor;

WHEREAS, the cost of insurance may be reduced by banning smoking;

WHEREAS, the Authority could avoid any future lawsuits by banning smoking;

WHEREAS, this Resolution shall take effect immediately;

WHEREAS, residents are responsible for ensuring their family members, guests, and invitees also comply with this Resolution;

WHEREAS, failure to comply with this resolution is a lease violation and will result in termination of your lease within 28 days of Notice of Termination;

WHEREAS, this Resolution is now added to your current lease as a clause;

NOW, THEREFORE, BE IT RESOLVED, EFFECTIVE IMMEDIATELY, the Commissioners of the Housing Authority of Shawano County adopt this Resolution as a change to its Dwelling Lease for the Public Housing Program.

Motion by: Commissioner - Stern

Seconded by: Commissioner - Davis

Ayes: 5 Nays: 0

Adopted: September 16, 2011

RESOLUTION 00-2
(Community Service)

WHEREAS, the time of renewal implements changes to the Admission Occupancy Requirements for Public Housing Programs made by the Quality Housing and Work Responsibility Act of 1998;

WHEREAS, effective date of this Resolution will be January 1, 2001;

WHEREAS, this Resolution defines when residents must perform community service activities or self-efficiency work activities;

WHEREAS, Community Service is defined as the performance of voluntary work or duties that are of public benefit, and that serve to improve the quality of life, enhance residents self-sufficiency, or increase residents self-responsibility in the community;

WHEREAS, Community Service is not employment, and may not include political activities;

WHEREAS, the obligation of each adult resident must perform this community service requirement;

WHEREAS, exempt individuals are as follows:

An adult who:

1. is 62 years or older;
2. is a blind or disabled individual, as defined under 216 (i.) (1) or 1614 of the Social Security Act and who certifies that because of this disability, she or he is unable to comply with the service divisions or is a primary care taker of such individual;
3. is engaged in work activities of 30 hours a week or more;
4. meets the requirements for being exempted from having to engage in a work activity under the State program funded under Part A of Title IV of the Social Security Act;
5. is a member of a family receiving assistance, benefits or services under a State program funded under Part A of Title IV of the Social Security Act;
6. is a full time student of a higher education.

WHEREAS, this service requirement except for any family member who is an exempt individual each adult resident of public housing must:

1. contribute 8 hours per month of community service (not including political activities); or
2. participate in an economic self-sufficiency program for 8 hours per month; or
3. perform 8 hours per month of combined activities as described in paragraphs 1 and 2 above;

WHEREAS, the lease shall specify that it shall renew automatically for all purposes unless the family fails to comply with the service requirement;

WHEREAS, violation of this service requirement is grounds for non-renewal of the lease at the end of the twelve month lease term, but not for termination of tenancy during the course of the twelve month lease term;

WHEREAS, the Housing Authority of Shawano County will develop a policy for the administering of this community service requirement for its public housing residents;

WHEREAS, the administration of qualified community service for residents of the Housing Authority of Shawano County will be channeled through its resident organization;

WHEREAS, the Housing Authority of Shawano County (HASC) will determine which family members are subject to or exempt from this service requirement identifying those on our Family Report (50058);

WHEREAS, HASC will track on a continuous basis any changes to exempt or not exempt status of family members;

WHEREAS, HASC will provide the family a written description of this service requirement, and of the process for proclaiming status as an exempt person and for HASC verification of such status;

WHEREAS, HASC will notify the family of its determination identifying the family members who are subject to the service requirement;

WHEREAS, HASC must review family compliance of this service requirement, and must verify such compliance annually at least 30 days before the end of the 12 month lease term;

WHEREAS, HASC must retain reasonable documentation of service requirement performance or exemption in the resident's folder;

WHEREAS, HASC will assure resident compliance through the process as stated in Statute 960.607 of the code of Federal Regulations;

THEREFORE BE IT RESOLVED the Commissioners of HASC adopt this Resolution to changes of its Admission and Occupancy Requirements of its Public Housing Program.

MOTION BY: Commissioner George Grill

SECONDED BY: Commissioner Frank Wozniak

ADOPTED: 6 ayes DATE: September 27, 2000

4/1/09

HOUSING AUTHORITY OF SHAWANO COUNTY
1259 ENGEL DRIVE
SHAWANO, WI 54166-3748

RESOLUTION NO. 89 – **PET POLICY**

WHEREAS, the Department of Housing & Urban Development pursuant to HUD Notice H-84-10, issued 2-28-84, it is stated that “Section 227 of the Housing & Urban-Rural Recovery Act 01 1983, effective November 30, 1983, provides for the ownership of pets in Federally assisted rental housing built exclusively for occupancy by the elderly and handicapped;

WHEREAS, under the new law tenants of such housing are permitted to own common household pets;

WHEREAS, the law forbids owners, managers, and Housing Authorities to discriminate against persons in connection with admission to or continued occupancy of such housing because of pet ownership;”

WHEREAS, there is recognition that pets may be of emotional, mental, and physical significance in some owners’ lives, but in a multi-family residential building, consideration must be given also to the factors of health, safety, security, and peaceful enjoyment of all the residents in a project followed by issues of practicality for service to the pets and to the building property and site;

WHEREAS, Hillside, Waterview, Oakridge, Towerview, Riverview, and Mapleview, also know as Project WI 139-1, 2 are designated elderly/handicapped projects;

NOW, THEREFORE, BE IT RESOLVED the following paragraphs shall govern the possession of pets for the elderly/handicapped projects of the Housing Authority of the County of Shawano.

1. Pets permitted include: dogs, household cats, birds, and fish.
2. Both the Pet Policy and the ownership shall be subject to an Annual Pet Review to be conducted concurrently with the Annual Rent Review of the Project.
3. The Occupant of the apartment where the animal is fed and sheltered shall be defined as the owner, and shall be responsible for the requirements of this policy of the Authority. This shall not be construed to mean allowance for the care of a pet which is owned by a non-resident of the Projects.
4. Pet ownership shall be limited to one appropriate household pet.
5. All animals shall be deemed at large and a nuisance when they are outside an owner’s apartment, and are not on a leash accompanied by an adult. The pet shall not be staked in the yard of the project site.

6. The following requirements are to be met prior to the acquisition of permission for the possession of a pet.

A. A Security Deposit of \$250.00 in addition to the usual building Security Deposit shall be paid in full. (See amended Resolution 94-2 attached.) The pet deposit is required for any pets.

B. Evidence must be documented of a liability insurance policy in which terms must be included which release the Housing Authority from any legal obligations and liability damages. (See amended Resolution 94-2 attached.)

C. Any owner will be subject to a screening process which will include, but is not limited to, the suitability of the animal for the Project and the financial ability and health resources of the owner to care for the pet. Owner shall have a "signed" sponsor (along with address and phone number), and a veterinarian sponsor to be responsible for the animal in event of disability or absence of the owner, with any attendant expense to be chargeable to the owner. The Housing Authority reserves the right to check all references available including the Police Department and the Shawano County Humane Society.

D. Any dog or cat over five months of age shall be licensed. Dogs and cats must wear a license. Notwithstanding, any animal that is a known biter or attacker shall not be permitted.

E. The Housing Authority of Shawano County shall be provided with a description of the pet, name, weight, and any distinguishing marks.

F. Dogs must be spayed and neutered not later than eight months of age; cats at six months – verification of this must be provided to the Housing Authority of Shawano County Shawano County.

G. A veterinarian's certification of vaccination against rabies and immunizations against other diseases shall be filed along with a statement as to an animal's general clean bill of health and evidence that it is receiving proper care. This certification shall be renewed annually. An animal must wear a rabies tag.

H. HASC highly recommends cats be declawed on front paws to avoid damages to the unit. If cats are not declawed, their nails must be clipped periodically and/or cat nail caps worn, a scratching post(s) must be used, and additional periodic walk-thru inspections may be done to check for damages from the claws. Any cat damages will be repaired and must be paid for immediately. Dogs' nails should be clipped periodically.
(Item H revised 10/1/17)

I. Dogs may not weigh over 15 pounds.

J Dogs and cats must be over 6 months of age.

7. When a pet has been approved, and the owner has brought it to the Project, these additional rules shall be observed.

A. The owner of every pet shall have responsibility for carrying a "pooper scooper" and picking up feces, vomit, fur balls, etc. left by the pet on Project property, and disposing of it in an appropriate receptacle.

B. No guests may bring pets onto the premises. Tenants cannot "pet sit."

C. Pets shall be prohibited from the public lounge and restrooms; from the community room; and from the laundry room. They will be permitted in the corridors only if accompanied by an adult and restrained by a leash.

D. If a pet in an apartment creates a sanitation problem the Health Officers may be called, and may order removal.

E. Owners shall be subject to complaints from surrounding tenants. Three warnings of violation of procedures within a twelve month period shall be grounds for the Housing Authority to order removal of the pet and/or to order eviction proceedings against its owner.

F. Owners shall recognize that all animal bites must be reported to the Police Department within twenty-four hours of occurrence; and that if a dog or cat bites a person, it must be isolated at a veterinarian's office for ten days for rabies observation at owner's expense plus costs for professional service and for room and board.

8. These rules will be rigidly enforced by the Housing Authority of Shawano County.

9. The Housing Authority of Shawano County reserves the right to amend these policies at any time.

That the provisions of this Resolution shall be effective immediately upon passage.

Motion by Commissioner Frank Buettner, seconded by Commissioner Rueben Johnson, to adopt this Resolution this 21st day of November, 1984.

AYES: 3
NAYES: 0

Chairwoman, Wilma D. Zernicke
Ex. Director, John A. Wartman

RESOLUTION 94-2

WHEREAS, the Housing Authority of Shawano County reserves the **right to amend the Pet Policy at any time**;

WHEREAS, Part 6, A & B need to be amended at this time;

NOW, THEREFORE, BE IT RESOLVED these two paragraphs to be amended as follows:

6. (A) A Security Deposit of \$250.00 in addition to the usual building Security Deposit shall be paid in full. Should this pet deposit be a financial hardship for the resident, resident may pay in (3) three monthly installments.

6. (B) Every resident, regardless if pets are involved, shall be encouraged to carry renters insurance.

That the provisions of this Resolution shall be effective immediately upon passage.

Motion by Commissioner Johnson, seconded by Commissioner Stern to adopt this Resolution this 1st day of February, 1994.

AYES: 4
NAYES: 0

Wilma D. Zernicke, Chairperson
John A. Wartman, Executive Director

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____
6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____
8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:

Housing Authority of Shawano County
1259 Engel Drive
Shawano, WI 54166

Phone (715) 526-6960

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

Signature

Date

Printed Name

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. 7/31/2017

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

Housing Authority of Shawano County
Jeff Theis, Executive Director
1259 Engel Drive
Shawano, WI 54166-3748
Jeff Theis 07/25/2019

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

X X

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

= HOUSING AUTHORITY OF SHAWANO COUNTY =

JEFF THEIS, EXECUTIVE DIRECTOR

1259 ENGEL DRIVE

SHAWANO, WISCONSIN 54166-3748

TELEPHONE: 715-526-6960 FAX: 715-526-5779

E – MAIL: scha@shawanonet.net or jtheis@shawanonet.net

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Low-Income Public Housing. 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) or the Housing Authority of Shawano County in administering and enforcing program rules and policies. I also consent for the Housing Authority of Shawano County to release information from my file about rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

INFORMATION COVERED:

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 |
| • Medical or Child Care Allowances | • Credit and Criminal Activity |
| • Residences and Rental Activity | • Courts and Post Offices |

GROUP OR INDIVIDUAL THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | |
|--|--|
| • Past and Present Employers | • Welfare Agencies |
| • Schools and Colleges | • State Unemployment Agencies |
| • Law Enforcement Agencies | • Social Security Administration |
| • Chiropractic/Optical/Dental Providers | • Support and Alimony Providers |
| • Medical and Child Care Providers | • Veterans Administration |
| • Retirement Systems and Pensions | • Banks and other Financial Institutions |
| • Credit Providers and Credit Bureaus | • Mental Health Services |
| • Utility Companies | • Health & Life Insurance Providers |
| • Previous Landlords/Public Housing Agencies | • Pharmacy/Prescription Drug Expenses |

CONDITIONS:

I agree that a photocopy/fax/scan-email of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office, and will stay in effect for 15 months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect. I understand that failure to sign this authorization form may be grounds for housing assistance to be denied, delayed or terminated.

SIGNATURE AND PRINTED NAME OF HEAD OF HOUSEHOLD

DATE

SIGNATURE AND PRINTED NAME OF OTHER ADULT HOUSEHOLD MEMBER(S)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

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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.