Instructions: Print all information as neatly and completely as possible.
***Applications will not be accepted if incomplete including all original documents!**

__FOR OFFICE ONLY___
DAR_____
AR_____
B/R_____P#_____
REVIEWED BY_____

CITY OF LAS VEGAS HOUSING AUTHORITY
APPLICATION FOR HOUSING
(Please Print)

PART I:

Name_____ **Date of Birth**_____ **SS#**_____

What is your status? (Check one)

_____Married _____Single _____Divorced _____Separated
_____Widowed

If you checked Married, what is your spouse's name?_____

What is your race? (Check below)

_____White _____Hispanic _____Black _____Native American _____Asian _____Other

Your Address_____City_____ State_____ Zip_____

Mailing Address(if different from above)_____City_____State_____Zip_____

Phone: Home_____ Work _____Message_____
How long have you lived at this address?_____
Current Landlord's Name_____ Phone_____
How long were you at this address?_____

PART II: (See Green Sheet for required documentation – Marked "A")

List all household members who will be living with you if you receive housing assistance **(Include yourself and your spouse):**

Name	Relationship	Sex	Place of Birth	Date of Birth	SS#	Are you a US Citizen?
1._____	(Self)					Yes No
2._____						Yes No
3._____						Yes No
4._____						Yes No
5._____						Yes No
6._____						Yes No
7._____						Yes No
8._____						Yes No

Instructions: **We require the following information on all household members listed on Part II of your application.**

IDENTIFICATION VERIFICATION
BRING ORIGINALS – COPIES WILL BE MADE

PROOF OF BIRTH

Birth Certificates or Baptismal Certificates are required. Certificates must include date of birth and place of birth.

We will accept a copy of both sides of official documents such as Resident Alien Cards, Temporary Form I-551, Visas and Passports for proof of birth if they state date and place of birth.

If you do not currently have a birth certificate and are unable to get a baptismal certificate, contact our office for the address of the state you were born in. If you born in New Mexico, you can request a copy of your birth certificate from the Vital Statistic Bureau by calling 425-9368 or 827-0121. A fee is required.

SOCIAL SECURITY NUMBERS

Social Security Cards are required for all household members. If this is not available a document with the number printed on it is acceptable. (i.e. Medicaid card, printout from social security, etc.)

If you do not a have Social Security Number you need to request a form from our staff to sign verifying this.

MARRIAGE LICENSE/DIVORCE PAPERS

If you are married or divorced please provide us with copies of these documents.

Are you, your spouse, or any household members disabled/handicapped? (Optional)

Yes_____ No_____ If yes: Name(s)_____

Do you, your spouse, or any household member require a service animal? Tenants have the right to have a service animal due to disability.

Yes_____ No_____
(If yes, THIS WILL REQUIRE A DOCTOR'S REFFERAL).

Do you, your **spouse,** or any household member require a unit that is wheelchair accessible?

Yes _____ No _____
(If yes, the Housing Authority can provide you a roll out trash bin and/or mail box to be placed near your entry door. PLEASE NOTE THIS WILL REQUIRE A DOCTOR'S REFFERAL).

Do you, your spouse, or any household member require a unit that is wheelchair accessible?

Yes_____ No_____

Are you, your spouse, or any household member over the age of 18 full time students?

Yes_____ No_____ If yes: Name(s)_____ _____
School _____ _____

PART III:

How much do you pay per month for each of the following:

Rent_____ Gas_____ Electric_____ Water_____ Phone_____ Childcare_____
Auto_____ Auto Insurance_____ Health Insurance_____ Life Insurance_____
Medical (include prescriptions)_____ Loans_____

PART IV: (See Red Sheet for required documentation – Marked "B")

Income:

Do you, your spouse, or any household member over the age of 18 work?
Yes_____ No_____ If yes: Name_____
Employer_____
Pay per Hour_____ Hours worked per week_____

Name_____
Employer_____
Pay per Hour_____ Hours worked per week_____

Do you, your spouse, or any household member over the age of 18 receive any type of welfare assistance (this includes General Assistance)?
Yes_____ No_____ If yes: Name_____
Monthly Amount_____
Caseworker_____

Name_____
Monthly Amount_____
Caseworker_____

Do you, your spouse, or any household member over the age of 18 receive Child Support?
Yes_____ No_____ If yes: Name_____
Monthly Amount_____

Do you, your spouse or any household member receive Social Security, SSI, VA Pension, or any other type of retirement pension?
Yes_____ No_____ If yes: Name_____
Monthly Amount_____
What Type: _____Social Security _____SSI
_____VA Pension _____Retirement Pension

If you, your spouse, or any household members over the age of 18 are students, do you receive any type of grants/loans?
Yes_____ No_____ If yes: Name_____
Type of Grant/Loan_____

Are you, your spouse, or any household member over the age of 18 self-employed?
Yes_____ No_____ If yes: Name_____
Name of Business_____
Type of Business_____
Monthly Income after Expenses_____

Do you, your spouse, or any household member receive unemployment compensation or workman's compensation?
Yes_____ No_____ If yes: Name_____ Monthly Amount_____
Name_____ Monthly Amount_____
Name_____ Monthly Amount_____

Do you or any household members receive tribal per capita payments?
Yes_____ No_____ If yes: Name_____ Monthly Amount_____
Name_____ Monthly Amount_____

PART V: (See Red Sheet for required documentation – Marked "B")

Assets:

Do you, your spouse, or any household members have any savings accounts, bonds, or Certificates of Deposits (CD's)?

Yes_____ No_____ **If yes: Please provide copies of all bank statements for the past 12 months.**

Do you, your spouse, or any household members have a checking account?

Yes_____ No_____ **If yes: Please provide copies of all bank statements for the past 12 months.**

Do you, your spouse, or any household member sold any property in the last two (2) years? If yes:

Explain:_____
_____
_____
_____

Are you, your spouse or any household member currently undergoing foreclosure on a home? If yes:

Explain:_____
_____
_____
_____

PART VI:

General Information:

Have you, your spouse or any household member over the age of 18 ever lived in Public Housing?

Yes ____ No ____ If Yes: Name of Head of Household_____

Name of Agency _____

How long ago_____

Have you, your spouse or any household member over the age of 18 ever been evicted or refused housing here or elsewhere?

Yes ____ No ____ If Yes: Name _____

Name of Agency _____

Date of Eviction _____

Have you, your spouse or any household member over the age of 18 ever been convicted of a crime?

Yes ____ No ____ If Yes: Name _____

Date of conviction: _____ State where conviction occurred: _____

Name _____

Date of conviction: _____ State where conviction occurred: _____

Have you, your spouse or any household member over the age of 18 engaged in the use of illegal drugs?

• *Drug* means a controlled substance as defined in section 102 of the Controlled Substances Act [21 U.S.C. 802]. *Currently engaged in the illegal use of a drug* means a person has engaged in the behavior recently enough to justify a reasonable belief that there is continuing illegal drug use by a household member [24 CFR 960.205(b) (1)].

Yes ____ No ____

Have you, your spouse or any household member over the age of 18 ever lived in another state other than New Mexico please, indicate?

Yes ____ No ____ If Yes: Name the State(s) lived: _____

********** **CERTIFIED STATEMENT** **********

Knowing the penalty for making a false statement under the United States Criminal Code, I herby certify that the above information is a true and full statement.

Section 35 (a) of the U.S. Criminal Code makes it a criminal offense, punishable by a maximum of ten years imprisonment, $10,000 fine or both, to make a false statement of representation to any department of the U.S. as to any matter within their jurisdiction. The information given above was requested by the Housing Authority of this City in its capacity as a government agency.

I understand that filing this application does not guarantee that I will be offered housing assistance.

SIGNED: X_____ **DATE:** _____

SIGNED: X_____ **DATE:** _____

APPLICATION NOT VALID WITHOUT SIGNATURES!

INSTRUCTIONS: The following documentation is required for any sources of income your household receives as listed in Part IV and Part V of your application.

VERIFICATION OF INCOME
(Must be dated within the last 60 days)

If any household members over the age of 18 are working we require a statement from your employer to include your DATE OF HIRE, PAY PER HOUR, AVERAGE HOURS WORKED PER WEEK, overtime, if any, commissions and tips. (NO CHECK STUBS)

If any of your household members receive TANF (welfare), or General Assistance we need a computer printout from your caseworker.

If any of your members receive Child Support, we need a copy of your divorce papers stating the amount of child support that is received. If this is handled by the Child Support Enforcement Bureau we need a computer printout from your caseworker.

If any of your household members receive Social Security, SSI, VA Pension, or retirement pension we need a statement from the agency from whom you receive this income.

If any of your members receive any education grants or loans, we need a statement from the financial counselor to include the amount of the grant/loan and any expenses (i.e. tuition, books/supplies, transportation etc.) If you do work study, we need a statement to include pay and hours.

If any of your household members are self employed, we need copies of Income Tax Records.

If any of your household members receive unemployment compensation or workman's compensation, we need a statement from the agency from whom you receive this income.

If any of your household members receive tribal per capita payments, we need a copy of the Annual Declaration of Per Capita Distributions provided to you by your tribal council.

ASSET INCOME

If any of your household members have a savings account, checking account, Certificate of Deposit (CD), bonds, etc., we need a statement from the financial institution including the amount you have in any accounts(s) and the amount of interest accrued on any account(s).

If any of your household members own or are buying property, we will need a current appraisal and any liability you have on this property at time of assistance/certification. If you receive rent for this property, we need a copy of the lease, or a notarized statement stating how much you receive monthly.

If you have sold property in the last two years, we need copies of all transactions regarding the sale.

Housing Authority

LANDLORD VERIFICATION FORM

Name of Applicant:_____

Current Address:_____

Name of 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 l late? ☐ YES ☐ NO

How late?_____How often?_____

D. Have (had) you ever begun/completed eviction for non-payment? ☐ YES ☐ NO

E. Was a Court judgment rendered in your favor for eviction for non-payment? ☐ YES ☐ NO

F. Do you provide any of the utilities for the unit? ☐ YES ☐ NO

G. 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. Has (had) the applicant damaged the unit? ☐ YES ☐ NO

Describe:_____

Cost to repair? $_____How often?_____

C. Has (had) the applicant paid for the damage? ☐ YES ☐ NO

D. Will (did) you keep any security deposit? ☐ YES ☐ NO

E. Does (did) the applicant have problems with insect/rodent infestation? ☐ YES ☐ NO

F. Does (did) the applicant's housekeeping contribute to infestation? ☐ YES ☐ NO

G. Did the applicant make any alterations to the unit without your permission? ☐ 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

Describe:_____

C. Has (had) the applicant, family members or guests damaged or vandalized the common areas? ☐ YES ☐ NO

If Yes, Describe:_____

D. Does (did) the applicant, family members or guests create any physical hazards to the project or other residents? ☐ YES ☐ NO

If yes, Describe:_____

E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? ☐ YES ☐ NO

If yes, Describe:_____

F. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity? ☐ YES ☐ NO

If yes, Describe:_____

G. Has (had) the applicant given you any false information? ☐ YES ☐ NO

If yes, Describe:_____

G. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? ☐ YES ☐ NO

If yes, Describe:_____

I. Would you rent to this applicant again? ☐ YES ☐ NO

If not, why?_____

Signature of Landlord _____Date_____

(Name of authorized project staff: telephone verification)_____Date_____

Applicant Release

I, _____hereby authorize the release of the requested information.

Signature _____Date

APPLICATION FOR HOUSING

IF YOU NEED ASSISTANCE TO COMPLETE THIS APPLICATION, PLEASE NOTIFY HOUSING STAFF WHO WILL PROVIDE INTERPRETATION SERVICES.

SOLICITUD DE VIVIENDA SI NECESITA AYUDA PARA COMPLETAR ESTA SOLICITUD, NOTIFIQUE AL PERSONAL DE VIVIENDA QUE PROPORCIONARÁ SERVICIOS DE INTERPRETACIÓN.

Áp dụng cho nhà ở

NẾU BẠN CẦN HỖ TRỢ CHO COMPLETE ÁP DỤNG NÀY, XIN THÔNG BÁO CHO NHÂN VIÊN NHÀ Ở WHO SẼ CUNG CẤP DỊCH VỤ GIẢI THÍCH.

CITY OF LAS VEGAS
2400 SAGEBRUSH• LAS VEGAS, NM 87701• 505-425-9463 (FAX) 505-425-7204

CITY OF LAS VEGAS HOUSING AUTHORITY

_____

Attention: _____

_____

Date: _____

Dear Madam or Sir:

We require verification of Income for all members of families applying for or living in Federal Assisted Housing. Will you please provide the information requested below that applies to your agency and fax back to (505)425-7204 us at your earliest convenience. We will keep this information in strict confidence and use it only to determine eligibility for Housing special rental rate.

Sincerely,

City of Las Vegas Housing Authority Staff

I Authorization of Release to: **The City of Las Vegas Housing Authority**

Name: _____ Date: _____

Applicant(s) Tenants Name: _____

TANF Amount $ _____ Food Stamp Amount $ _____
Is Client Currently Sanctioned: Yes or NO
Amount client would be Receiving if not Sanctioned: $ _____
Child Support Amount: $ _____ How Often: _____
Receiving Social Security Benefits: Yes or NO
Amount Receiving: $ _____ How Often: _____
End Date of Benefits: _____
Receiving Social Security Income Benefits: $_____ How Often: _____
Receiving Unemployment Benefits: Yes or No
Amount Receiving $ _____ How Often: _____

Receiving Social Security Benefits: Yes_____ No_____

Amount receiving_____

How often_____

End date of benefits_____

Receiving SSI Benefits: Yes_____ No_____

Amount receiving_____

How often_____

End date of benefits_____

OCCUPATION: _____

DATE OF EMPLOYMENT: _____

EMPLOYEED SINCE: _____

SALARY: BASE PAY RATE: PER HOUR: _____ MONTH: _____

AVERAGE NUMBER OF HOURS WORKED PER WEEK: _____

AVERAGE OF COMMISSION OR TIPS: _____

ESTIMATE OF TOTAL EARNINGS FOR NEXT (12) MONTHS _____

TERMINATED: _____ DATE TERMINATED: _____

FIRM NAME: _____

DATE: _____

SIGNATURE AND TITLE: _____

[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 matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, imprisioned 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 (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 if the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) *[threat to life or freedom]*.

[8] Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 12555a) *[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), 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 "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing 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 Montana Department of Commerce, Local Field Agent Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ 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, a naturalized citizen or a 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 §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (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)(5) of the INA[6]; or
- ☐ Threat to life or freedom under §243(h) of the INA[7]; or
- ☐ Amnesty under §245A of the INA[8].

_____ _____

(Signature of Family Member) *(Date)*

☐ Check box on left if signature is 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.)

INCOME SUPPORT DIVISION

REQUEST for ACCESS to CASE RECORD

CASE IDENTIFICATION

CAT.	COUNTY Geo.	COUNTY Adm.	CASE NUMBER	CASE NAME

DATE

Mo.	Day	Year

1. I, _____ (Name), request that information or material from the case record identified above, be made available, for the purpose of review, to me or to my representative:

_____ (Representative Name)

2. I request that the following material from the case record be made available:

- ☐ FINANCIAL and/or MEDICAL ASSISTANCE APPLICATION and ELIGIBILITY REDETERMINATION FORMS
- ☐ FOOD STAMP APPLICATION and CERTIFICATION FORMS
- ☐ NARRATIVE (narrative dated prior to 02/01/77 and narrative relating to medical information may not be released)
- ☐ CORRESPONDENCE and MEMORANDA

STATEMENT of UNDERSTANDING and AGREEMENT

I understand that the case record is the property of the State of New Mexico and that I may *not* alter, remove, or destroy the record or any of its contents. I understand that to do so would constitute the destruction of State property, the penalty for which upon conviction, could be up to 5 year's imprisonment, $5,000 fine, or both.

I understand that if I disagree with any of the contents of the case record that I have the right to make a written statement of the facts as I see them and that the statement will be made a part of the record for so long as the information with which I disagree is retained in the record.

I understand that the case record must be reviewed in the presence of Division employee in Division offices.

I understand that I may *not* review any narrative dated prior to 02/01/77 or any medical reports, unless the information is related to a Hearing.

I have read the above, I understand the conditions under which I may have access to the record and I agree to abide by them. I furthermore agree to abide by any other reasonable requirements which may be made by the Division as the result of local administrative conditions.

_____ (Client Signature) _____ (Date)

Form Approved
OMB No. 0960-0566

Social Security Administration

Consent for Release of Information

TO: Social Security Administration

Name	Date of Birth	Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS

I want this information released because:

_____

_____

(There may be a charge for releasing information.)

Please release the following information:

____ Social Security Number
____ Identifying information (includes date and place of birth, parents' names)
____ Monthly Social Security benefit amount
____ Monthly Supplemental Security Income payment amount
____ Information about benefits/payments I received from _____ to _____
____ Information about my Medicare claim/coverage from _____ to _____
(specify) _____
____ Medical records
____ Record(s) from my file (specify) _____
_____
____ Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: _____
(Show signatures, names, and addresses of two people if signed by mark.)
Date: _____ Relationship: _____

CITY OI :TY OF LAS VEGAS HOUSING AUTH(.TY
PET APPLICATION / REGISTRATION

DATE:_____

TENANT: _____
ADDRESS: _____
CITY: _____
STATE & ZIP CODE: _____
PHONE #: _____

PET NAME: _____ TYPE OF PET:_____
BREED:_____ COLOR:_____ WT.:_____

VETERINARIAN: _____
ADDRESS: _____
CITY: _____
STATE & ZIP CODE: _____
PHONE #: _____

CERTIFICATION OF GENERAL HEALTH OF PET BY VETERINARIAN _____
(Copy of certification along with a picture of the animal must be kept on file). DATE

FOR CATS AND DOGS

RABIES SHOT: YES_____ NO_____
TAG EXPIRATION DATE _____
DATE SPAYED OR NEUTERED _____

REQUEST APPROVED _____ DENIED _____

(THE ATTACHED REQUEST SHALL SERVE AS OFFICIAL REGISTRATION OF ALL PETS AND BECOME PART OF THE TENANT'S PERMANENT FILE)

I, _____, HAVE READ AND UNDERSTAND ALL PROVISIONS OF THE CITY OF LAS VEGAS HOUSING AUTHORITY'S PET POLICY. IT HAS BEEN EXPLAINED TO ME AND I AM IN COMPLETE AGREEMENT THAT I AM PERSONALLY LIABLE FOR THE ACTIONS OF MY PET. FURTHERMORE, I AGREE TO INCORPORATE THIS DOCUMENT AND THE PROVISIONS OF THE PET POLICY AS AN AMENDMENT TO MY CURRENT DWELLING LEASE AGREEMENT.

EXECUTED THIS _____ DAY OF _____, 20_____

_____ _____
Tenant Signature Date

_____ _____
Housing Manager Signature Date

Attachment A

OMB Control # 2502-0581
Exp. 07/31/2012

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ 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.

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.

INSTRUCTIONS: All household members 18 years or older must sign below.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and to verify my application for participation, and/or maintain my continued assistance under the Public Housing Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This included records on my payment history, and any violation of my lease of PHA 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 my be requested, included but are not limited to:

Identify and Marital Status
Medical or Child Care Allowances
Residences and Rental Activity
Employment, Income and Assets
Credit History
Criminal Activity

GROUP OR INDIVIDUAL(S) THAT MAY BE ASKED

Previous Landlords (Including Public Housing)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Medical and Child Care Providers
Retirement System
Utility Companies
Credit Providers and Credit Bureaus
Past and Present Employers
Income Support Agencies
State Unemployment Agencies
Social Security Administration
Support and Alimony Providers
Veterans Administration
Banks and other Financial Institutions

COMPUTER MATCHING NOTICE AND CONSENT

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

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove incorrect. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

HEAD OF HOUSEHOLD SIGNATURE	PRINT NAME	DATE
SPOUSE SIGNATURE	PRINT NAME	DATE
ADULT MEMBER SIGNATURE	PRINT NAME	DATE

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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

What information about you and your tenancy does HUD collect from the PHA?
The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

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

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

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

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

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

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

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

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

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

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

This Notice was provided by the below-listed PHA:	I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:
CITY OF LAS VEGAS HOUSING AUTHORITY 2400 Sagebrush Las Vegas, NM 87701	**Signature** **Date** **Printed Name**