

COLUMBUS HOUSING AUTHORITY APPLICATION CHECKLIST

IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION CONTACT
COLUMBUS HOUSING AUTHORITY AT (662) 328-4236.

**APPLICATIONS WILL BE ACCEPTED THE 3rd WEDNESDAY OF EACH MONTH BETWEEN THE
HOURS OF 9:00AM TO 11:00AM OR 1:30 PM TO 3:00 PM.**

IN ORDER TO DETERMINE YOUR INITIAL AND/OR CONTINUED ELIGIBILITY FOR OCCUPANCY IN PUBLIC HOUSING, YOU ARE REQUIRED TO FURNISH ALL INFORMATION LISTED THAT APPLIES TO YOUR HOUSEHOLD AND RETURN IT WITH YOUR APPLICATION ON THE SPECIFIED DAY.

- CURRENT OR LAST LANDLORD FOR PAST 3YRS. *(name, address, & telephone)*
- STATE OR MILITARY PICTURE ID OF ANYONE 18 YRS. OR OLDER AND ANYONE 18 YRS. OR OLDER MUST COME IN FOR THE INTERVIEW IF THEY ARE ON THE APPLICATION
- SOCIAL SECURITY CARDS OF EVERYONE
- BIRTH CERTIFICATES OR BIRTH CONFIRMATION OF ANYONE UNDER 18
- PROOF OF CHILDCARE *(statement from provider)*
- PROOF OF VETERAN STATUS *(DD FORM 214)*
- NOTARIZED LETTER FROM PERSON OR PERSONS THAT HELP WITH INCOME WITH MONTHLY AMOUNT THAT'S GIVEN TO APPLICANT
- SELF-DECLARATION *(no income)*
- TANF VERIFICATION *(current award letter or statement from caseworker)*
- CHILD SUPPORT VERIFICATION *(copy of court order or statement from caseworker)*
- FOOD STAMP VERIFICATION *(current award letter or statement from caseworker)*
- SS AND/OR SSI VERIFICATION *(current award letter)*
- PENSIONS *(latest check stub from issuing institution or bank statements)*
- UNEMPLOYMENT VERIFICATION *(current award letter)*
- WAGE VERIFICATION *(Current month of check stubs received also a contact person & telephone number)*
- MARRIAGE LICENSE
- LEGAL SEPERATION PAPERS OR DIVORCE PAPERS
- PROOF OF LEGAL GUARDIANSHIP *(copy of court order custody)*
- EMANCIPATION PAPERS IF YOU ARE NOT 21 YRS OLD OR AT LEAST 18 AND MARRIED.
- PROOF OF EMERGENCY *(official documentation of natural disaster or homelessness from an agency)*
- OTHER: _____

Do you claim any of the following preferences?

<input type="checkbox"/> Involuntarily Displaced <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Government Action <input type="checkbox"/> Physical Violence <input type="checkbox"/> Hate Crimes <input type="checkbox"/> Owners Action	<input type="checkbox"/> Living in Substandard Housing <input type="checkbox"/> Homeless <input type="checkbox"/> No electricity <input type="checkbox"/> Dilapidated Home <input type="checkbox"/> No heat <input type="checkbox"/> No plumbing <input type="checkbox"/> No Kitchen <input type="checkbox"/> No toilet <input type="checkbox"/> No tub/ shower	<input type="checkbox"/> Rent burden over 50% of income <input type="checkbox"/> Disability (Claim of Disability is regarding eligibility) <input type="checkbox"/> Military Veteran	Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> YES <input type="checkbox"/> NO
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I. HOUSEHOLD COMPOSITION (You are required to list all persons who will stay in the rental unit at any time during the lease period. No person may reside in a subsidized unit whose residency has not been previously approved by the Housing Authority.)
**Applicants are not required to disclose being disabled. However, benefits for which persons with disabilities are entitled cannot be provided unless the participant discloses being disabled.*

LIST BELOW ALL PERSONS AGE 18 OR OLDER:

Adults (age 18 and older)		Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	List most recent date	
Last	MI								Employed	Received TANF
Last			HEAD							
First	MI		Spouse (Leave blank if not married)							
Last			Co-Head (if no spouse)							
First	MI		Other Adult							
Last			Other Adult							
First	MI		Other Adult							
Last			Other Adult							
First	MI		Other Adult							
Last			Other Adult							
First	MI		Other Adult							

LIST BELOW ALL PERSONS UNDER THE AGE OF 18:

Minors (Under Age 18)		Social Security #	Relation to Head	Sex	Race/Ethnicity	Birth Date	Age	Disabled* Y/N	Name of School or Day Care Attended	Name & Address of Absent Parent (if both parents are not in household)
Last										
First	MI									
Last										
First	MI									
Last										
First	MI									
Last										
First	MI									
Last										
First	MI									
Last										
First	MI									
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First	MI									
Last										
First	MI									
Last										
First	MI									
Last										
First	MI									

I. Household Composition continued

1. Is any household member over age 18 a full time student (*other than head of household or spouse of head of household*)? Yes No
 If yes, list name and the school they attend: _____
2. Is the *Spouse of the Head of Household* temporarily absent from the home? Yes No
 If yes, where? _____
 When will the person return? _____
 Does absent spouse have income? Yes No
 If yes, list below:
 a. _____
 b. _____
3. Does anyone in your household require special accommodations due to a handicap or disability? Yes No
 If yes, specify requirements: _____
4. Does any elderly or disabled household member require a Live-in Aid? Yes No

II. INCOME AVAILABLE TO HOUSEHOLD

List **all** income earned or received by everyone living in the household regardless of age.
 List **gross** amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount
Wages or Earnings					\$
					\$
TANF					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$

Income Source	Yes	No	Family Member	Source	Amount
Alimony					\$
Military Income					\$
Regular Contributions or Gifts					\$
					\$
Self Employed (lawn care, hair stylist, manicures, child care, etc.)					\$
					\$
Temporary / Sporadic Income / Irregularly Received Income					\$
					\$
Cyclical or Seasonal Work					\$
Student Financial Assistance (Scholarships, Grants, Work-Study income)					\$
					\$
Lump Sum Payments					\$
Veterans Administration					\$
Other (list type)					

Previous Year's Tax Return. Indicate the amount of the gross income shown by each family member (other than minors) residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income

1. Does anyone outside the household help with bills on a regular basis? Yes No

2. If yes, list name of each person or agency that assists with bills:

a. _____

b. _____

c. _____

3. Is any household member age 18 or older employed in a job training program? Yes No

If yes, list his/her name and the specific job training program: _____

4. Has anyone in your household applied for any benefits which are in the process of being approved? Yes No

If yes, explain: _____

5. Has any household member been awarded:

Child Support Yes \$ _____ No

Alimony Yes \$ _____ No

III. ASSETS

1. Check each type of asset owned by any household member.

Type Asset		Type Asset	
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate(s) of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Retirement or Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Has any asset been given away or sold for less than its fair market value in the past 2 years? Yes No

If yes, what? _____

What was its market value? \$ _____ How much did you receive? \$ _____

IV. MEDICAL AND DISABILITY ASSISTANCE

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of household or Spouse is disabled or is 62 years of age or older.)

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<i>medical insurance(s)</i>	\$ _____	<i>Doctor's Visits</i>	\$ _____
<i>prescription medicine(s)</i>	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? Yes No

If yes, Itemize:

- a. _____
- b. _____

V. CHILD CARE

1. Do you pay for Child Care for children age 12 or younger while you work, attend school, or seek employment? _____ If yes, to whom are expenses paid? _____

How much per month? _____

2. Address of Child Care provider: _____

3. What amount is reimbursed? _____ Source: _____

VI. PREVIOUS HOUSING ASSISTANCE

Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18? Yes No

If yes, under what name: _____

Housing Agency/City _____

From _____ To _____ Lease in Name of: _____

Were you evicted or asked to move? Yes No

Were any wages disregarded in calculating your rent?

Yes No

VII. CRIMINAL HISTORY

1. Has any household member (regardless of age) been involved in, arrested, charged, or convicted for any of the following:

Violent criminal activity? Yes No

If yes, give details _____

Domestic Violence, dating violence, or stalking? Yes No

If yes, name of victim: _____ Name of perpetrator: _____

Alcohol related activity? Yes No

If yes, give details _____

Manufacture of methamphetamines? Yes No

If yes, give details _____

Possession, sale, or distribution of illegal drugs? Yes No

If yes, list name/date/disposition of case _____

List name of any household member who is required to register as a sex offender: _____

If required to report, list name and telephone number of probation/parole officer: _____

2. Has any household member participated in drug rehabilitation during the past 12 months? Yes No

If yes, explain _____

3. Has any household member been evicted from federally assisted housing in the past 3 years? Yes No

If yes, who? _____

Where? _____

VIII. RENTAL HISTORY

1. Current Landlord: _____

Address: _____ City _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email address: _____

Dates of Occupancy: From _____ To _____

Rental Property Address: _____ City _____ State: _____ Zip: _____

Email address: _____

Were you ever late in paying rent? Yes No

Were you evicted or asked to move? Yes No

2. Previous Landlord: _____

Address: _____

City _____ State: _____ Zip: _____

Were you ever late in paying rent? Yes No Were you evicted or asked to move? Yes No

IX Emergency Contact Information: Two people who we may contact to discuss your account if needed:

Name _____ Address _____
Phone: _____ Relationship: _____

Name _____ Address _____
Phone _____ Relationship: _____

X. MISCELLANEOUS INFORMATION

1. List all vehicles that household members will park on PHA property:

Make _____ Model _____ Color _____ License Plate # _____
Make _____ Model _____ Color _____ License Plate # _____

Do you have a pet? Yes ___ No ___

If yes, describe: _____

2. How did you learn about our program? _____

XI. APPLICANT CERTIFICATION

All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 14 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Other Adult

Date

Signature of Other Adult

Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.

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:

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

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.

Authorization for the Release of Information/
Privacy Act Notice

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

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

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

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

THE HOUSING AUTHORITY OF THE CITY OF COLUMBUS
P.O. BOX 1384
COLUMBUS, MS 39703

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

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

THE HOUSING AUTHORITY
OF THE
CITY OF COLUMBUS, MISSISSIPPI
P. O. Box 1384
Columbus, Mississippi 39703
(662) 328-4236
Fax: (662) 329-3853

Consent to Release Information

CONSENT:

I Authorize and direct any federal, state, local agencies, organization, business or affiliated individuals permission to release to the Columbus Housing Authority any information regarding application for participation, and/or to maintain my continued assistance under the Public and Indian Housing and/or other housing assistance programs; I understand and agree that this authorization and the information obtained with its use will be given to and used by Columbus Housing Authority in administering and enforcing program rules.

INFORMATION COVERED:

DATE

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
- Medical or child care allowances
- Landlord references
- Criminal activity (NCIC Search)

GROUPS OR INDIVIDUALS THAT MAY BE ASKED TO PROVIDE INFORMATION:

- | | |
|--|---|
| <ul style="list-style-type: none"> Previous landlords Other housing authorities Court Post office Schools, colleges Law enforcement agencies Medical and childcare providers Utility companies EIV System | <ul style="list-style-type: none"> Past and present employers Department of Human Services Social Security Administration Veteran's Administration Banks/Financial Institutions Pharmacies Hospitals, nursing home, long term care facility licensed professionals (social worker), other applicable service providers and individuals |
|--|---|

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original copy will be kept on file. I understand I have a right to review my file and correct any information that I can document as incorrect.

Name	DOB	SS#
------	-----	-----

Name	DOB	SS#
------	-----	-----

Name	DOB	SS#
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Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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

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



Notice to all Applicants:

Reasonable Accommodations for Applicants with Disabilities

The Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, disabled families, and single people. PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, PHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is a structural change a PHA can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to make effective use of a PHA's programs. Examples of reasonable accommodations would include:

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA'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, to report required information to the Housing Authority, 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 and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the Columbus Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant Name _____ File _____

Interview Conducted By _____ Date _____

1. Will you, or any member of your family require any of the following:

- | | |
|--|--|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> One-level unit | <input type="checkbox"/> Bedroom & Bath on 1st floor |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> Extra Bedroom |
| <input type="checkbox"/> Live In Attendant | |

2. Can you and all family members use the stairs unassisted? Yes No

If No, please indicate how the PHA should accommodate your family: _____

3. Will you or any of your family members need a live-in aide to assist you? Yes No

If Yes, please explain _____

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed.

5. What is the name of the family member needing the features identified above?

Whom should we contact to verify your need for a special apartment?

Name _____

Address _____ Phone # _____

Applicant Signature _____ Date _____

VAWA VIOLENCE AGAINST WOMEN ACT

WHAT IS VAWA?

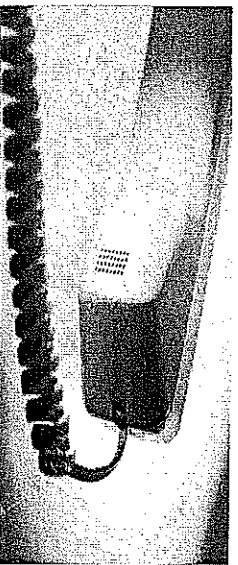
The Violence Against Women Act was enacted in 1994 to help immigrant victims of domestic violence lawfully remain in the United States. Everyday, victims are unable to flee their abusive homes for fear that their abusers, either U.S. citizens or lawful permanent residents, would retaliate by not petitioning them for their green cards. VAWA allows those victims to independently file for lawful status without having to rely on their abusers for sponsorship. VAWA applies to both male and female victims.

If you file a VAWA petition, you may become eligible for permanent residency, protection from deportation proceedings, public benefits and work authorization. For your safety, the VAWA process is kept confidential from the abuser.

It is important to discuss the process with an attorney, especially if you have any previous criminal history or immigration violations.

This is NOT legal advice.

- Every petition is unique to each person's circumstances.
- Attorneys are available to make sure your petition reflects YOUR life and YOUR situation.



Your immigration status should NOT be a source of power or control. For domestic abusers, it no longer is.

ARE YOU ELIGIBLE?

REGARDLESS of your immigration status, you may be eligible for VAWA if

you are:

- An abused spouse of a U.S. citizen or lawful permanent resident
- An abused child of a U.S. citizen or lawful permanent resident (A child is unmarried and under 21 years of age)
- A non-abused spouse of a U.S. citizen or lawful permanent resident whose child is abused by the U.S. citizen or lawful permanent resident
- An abused parent of a U.S. citizen son or daughter (The son or daughter must be 21 years of age or older.)

Additional requirements:

- The abuser is a U.S. citizen or a lawful permanent resident.
- Your spouse abused you *during the marriage* or your parent, son or daughter abused you *at any time*.
- You were subjected to battery or extreme cruelty:
 - Threats of bodily harm
 - Actual bodily harm (hit, punch, slap, kick)
 - Rape
 - Emotional abuse
 - Threats of deportation
 - Threats to harm your children, etc.
- You lived with the abuser *at some point*.
- You must be currently living in the U.S. unless the abuser is an employee of the U.S. government or uniformed services or the abuse occurred in the U.S.
- If you were abused by your spouse, then you must have entered the marriage in "good faith."
- You have good moral character.

If you have any questions, be sure to consult with an immigration attorney.

HOW DO YOU APPLY?

This is a general overview of the VAWA application process:

1. Gather documents that are required by VAWA and as advised by an attorney. (There is a partial list of documents on the back of this brochure.)
2. Submit form I-360 with documents supporting your eligibility for VAWA to United States Citizenship and Immigration Services (USCIS) through the Vermont Service Center (VSC).
3. Submit a filing fee or request a fee waiver if you are unable to pay.
4. Receive a receipt notice from USCIS and if the petition is approved, receive a letter declaring that you meet the basic VAWA eligibility requirements.
5. If the petition is approved, VSC will send a final Approval Notice (Form I-797) most likely with a notice deferring deportation.
6. After receiving the Approval Notice, you may take steps for an adjustment of status to obtain your green card. Speak to an attorney for details regarding specific eligibility requirements.

Note: Petition processing times will vary.



You do not have to do this alone. Attorneys and advocates are here to help you the whole way.

**NOTIFICATION OF RIGHTS AND OBLIGATIONS
VIOLENCE AGAINST WOMEN ACT**

To: _____

From: Columbus Housing authority

In January 2006, President Bush signed a law known as the Violence Against Women and Department of Justice Reauthorization Act of 2005. Portions of this law create new protections for victims of domestic violence, dating violence and stalking who are residents in public housing or who are assisted with section 8 rental assistance.

The following is a brief summary of the principal provisions of the new law, which is known as "VAWA". Additional details are set forth in the [brochure/housing authority VAWA policy] delivered with this notice.

You should know that:

1. **Admissions:** The housing authority may not deny admission to a public housing project to any applicant on the basis that the applicant is or has been the victim of domestic violence, dating violence, or stalking (see attached brochure for definitions of these terms), if the applicant otherwise qualifies for assistance or admission.

2. **Lease terms:**

- **An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a "serious or repeated" violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of the victim of that violence.**
- **Additionally, your tenancy will not be terminated as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of your household, a guest or another person under your control, and you or an immediate family member is the victim.**

You should also know that there are some limitations to these protections:

- **Your tenancy may be terminated if the housing authority can demonstrate "an actual and imminent threat" to other tenants or to persons employed at or providing services to the development.**
- **So long as the housing authority does not apply a more demanding standard to you than to other tenants, your tenancy may be terminated for lease**

violations that are not based on an incident or incidents of domestic violence, dating violence or stalking for which VAWA provides protections.

- If you claim protection under VAWA against termination of your tenancy, the housing authority may require you to deliver a certification concerning the incident or incidents that you believe raises the VAWA protections. If you do not deliver this certification within the time allowed, you will lose your legal protections under VAWA.

3. **Certification:** There are three way to certify if the housing authority requests you to do so. The law allows you to fill out a HUD-approved form, which will be delivered to you by the housing authority, or you may provide a police report or court record, or you may have a professional person whom you consulted about the domestic violence, dating violence or stalking provide documentation as described more fully in the attached brochure. You must deliver the certification in one of these three ways within 14 business days after your receipt of the housing authority's request for certification.

4. **Confidentiality:** Information provided by you about an incident or incidents of domestic violence, dating violence or stalking involving you or a member of your household will be held by the housing authority in confidence and not shared without your consent, except that this information may be disclosed in an eviction proceeding or otherwise as necessary to meet the requirements of law.

5. **Removal of Perpetrator of Physical Violence:** VAWA contains a new provision of federal law that allows the housing authority to terminate the tenancy of, and evict, an individual tenant or other lawful occupant who engages in criminal acts of physical violence against family members. This action may be taken against the individual alone, without evicting, terminating the tenancy of, removing or otherwise penalizing other household members.

For additional information, please consult the attached brochure.

I certify that I have received a copy of this Notification and the brochure on this date.

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: ...

COLUMBUS HOUSING AUTHORITY
P. O. BOX 1384
COLUMBUS, MS 39703-1384

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

Signature
Printed Name

Date

Community Service Acknowledgement

Community Services and Self-Sufficiency Requirement

Certification for Non-Exempt Individuals

I have received and read the Community Services and Self-Sufficiency Requirement (CSSR). I understand that as a resident of public housing, I **am required by law to contribute 8 hours per month of Community Service or participate in an economic Self-Sufficiency program.** I further understand that if I am not exempt, failure to comply with CSSR is grounds for lease nonrenewal. My signature below certifies I received notice of this requirement.

Signature: _____ Date: _____

Community Service Exemption Certification

I certify that I am eligible for an exemption from the Community Service requirements for the following reason:

- I am 62 or older.
- I have a disability which prevents me from working.
(Certification of disability form from Social Security or medical Physician must be provided)
- I am working 30 or more hours a week.
(Employment verification form will serve as documentation)
- I am participating in the Welfare to Work Program.
(must provide documentation from agency currently providing services to)
- I am receiving TANF and am participating in a required economic self sufficiency program or work activity.
(must provide verification from the funding agency that you are complying with job training or work requirements)
- I am full-time student.
- I am the primary caregiver for a family member.
- Other: _____
- I am not eligible for an Exemption from Community Service.

Please Print:

Name: _____

Address: _____

Telephone: _____

Tenant 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 United States. Please read the Declaration statement carefully. Sign and return it to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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

- I am a citizen by birth, a 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 for proof of age,² or

- I have eligible immigration status as checked below (see explanation on reverse side of form). 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 INA⁸

(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.

PHA: 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 non-citizens who declare eligible immigration status in one of the following categories:

² Eligible immigration status and 62 years of age or older. For non citizens 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 Immigration status under 101(a) 15 or 101(a)(20) of INA. A non citizen 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 non-citizen 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 non citizen 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 non citizen 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 non-citizen 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 non citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

⁸ Amnesty under 245A of INA. A non citizen lawfully admitted for temporary or permanent residence under 245A of the INA (5 U.S.C. 1255a) [amnesty granted under INA 245A].

Instruction to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), the PHA must enter INS/AVE Verification Number and date that it was obtained. A PHA 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.

THE HOUSING AUTHORITY
OF THE
CITY OF COLUMBUS, MISSISSIPPI

P. O BOX 1384

Columbus, MS 39703

Telephone Number: 662-328-4236

Fax Number: 662-329-3853

To: COLUMBUS POLICE DEPARTMENT

ATTENTION: RECORDS DIVISION

In order to determine eligibility for occupancy in the COLUMBUS HOUSING AUTHORITY, we must verify that there is no criminal history on an applicant. Therefore, we are requesting any information that you can release to this office on the following person. Any arrest reports or formal complaints would be very helpful.

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SEX: _____

RACE: _____

Sincerely,

Columbus Housing Authority

Debra Taylor

Executive Director

I hereby consent to the release of any information requested herein to Columbus Housing Authority.

Signature _____ Date _____



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may 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 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing The Application When you answer application questions, you must include the following information:

- Income**
- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
 - Any money you receive on behalf of your children (child support, social security for children, etc.);
 - Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
 - Earnings from second job or part time job;
 - Any anticipated income (such as a bonus or pay raise you expect to receive)
- Assets**
- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member, and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay, and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

