



HOUSING AUTHORITY OF THE CITY OF AUSTIN

ANNUAL RECERTIFICATION FAMILY DECLARATION

Name (Head of the household) _____

Date: _____

Social Security Number: _____

Address _____

City, Zip _____

Contact Phone(s) _____

Contact EMAIL : _____

A. HOUSEHOLD / FAMILY COMPOSITION

List yourself and all individuals in the household. (Including Live-in aids, foster children / adults)

Name	Relationship to the head of house.	Sex	Age	Birth Date	Social Security Number	Do you claim a disability status?		Is this person a Student?		
						Yes	No	Full	Part	None
1.	Head of Household					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. HOUSEHOLD NON-WAGE INCOME (BENEFITS , PENSION , ETC)**List all nonwage income received by all household members (including minors/ children)**

Benefits			Amount Received?	Who receives these benefits?	
TANF	Yes	No	Amount of \$ _____ per _____	Name: _____	
Child Support	Yes	No	Amount of \$ _____ per _____	The Name you used WHEN YOU applied:	_____
Child Support	Yes	No	Amount of \$ _____ per _____	The Name you used WHEN YOU applied:	_____
Child Support	Yes	No	Amount of \$ _____ per _____	The Name you used WHEN YOU applied	_____
Social Security	Yes	No	Amount of \$ _____ per _____	Name: _____	
Social Security	Yes	No	Amount of \$ _____ per _____	Name: _____	
Social Security	Yes	No	Amount of \$ _____ per _____	Name: _____	
Social Security	Yes	No	Amount of \$ _____ per _____	Name: _____	
SSI	Yes	No	Amount of \$ _____ per _____	Name: _____	
SSI	Yes	No	Amount of \$ _____ per _____	Name: _____	
SSI	Yes	No	Amount of \$ _____ per _____	Name: _____	
Unemployment	Yes	No	Amount of \$ _____ per _____	Name: _____	
Pension	Yes	No	Amount of \$ _____ per _____	Name: _____	
Family Contribution	Yes	No	Amount of \$ _____ per _____	Name: _____	

Any other payments, gifts or benefits not listed above			Amount Received?	Who receives these benefits?	
	Yes	No	Amount of \$ _____ per _____	Name: _____	
	Yes	No	Amount of \$ _____ per _____	Name: _____	
	Yes	No	Amount of \$ _____ per _____	Name: _____	
	Yes	No	Amount of \$ _____ per _____	Name: _____	
	Yes	No	Amount of \$ _____ per _____	Name: _____	
	Yes	No	Amount of \$ _____ per _____	Name: _____	
	Yes	No	Amount of \$ _____ per _____	Name: _____	
	Yes	No	Amount of \$ _____ per _____	Name: _____	
	Yes	No	Amount of \$ _____ per _____	Name: _____	

C. HOUSEHOLD EMPLOYMENT INCOME

List all income earned by all members of the household (including minors)

Household Member	Employer's Name & Phone	Pay Rate per hour	Hours worked Per week, or month
1.			
2.			
3.			
4.			

If no one is employed at this time, please sign here:
I CERTIFY THAT THERE IS NO EMPLOYMENT INCOME FROM ANY FAMILY MEMBER.

X

D. HOUSEHOLD ASSETS

ASSETS THAT MUST BE REPORTED

1. Amounts in **savings** and **checking** accounts.
2. Stocks, bonds, savings certificates, money market funds and other investment accounts.
3. Equity in real **property** or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the assets *and* reasonable costs (such as broker fees) that would be incurred in selling the assets.
4. The cash value of **trusts** that may be withdrawn by the family.
5. **IRA, Keogh** and similar **retirement savings accounts**, even though withdrawal would result in a penalty.
6. Some contributions to company **retirement/ pension funds**.
7. Assets, which although owned by more than one person, allow unrestricted access by the applicant.
8. **Lump sum** receipts such as inheritances, capital gains, lottery winnings, insurance settlements, and other claims.
9. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.
10. Cash value of **life insurance policies**.
11. Assets disposed of for less than fair market value during the two years preceding certification or Recertification.

Type of Asset	Name of Account Holder	Name of Bank / Institution	Current Balance	Interest per year (if any)
Checking Account			\$	\$
Savings Account			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

X

Head of Household

X

Date

E. HOUSEHOLD DEDUCTIONS AND EXPENSES

Please indicate if you wish to claim any of the following expenses

Allowed expense	Does your household claim any of the following? (CIRCLE)		Anticipated Expense	
CHILD CARE EXPENSES - to qualify children must be 12 years of age or younger. The family member must be working, furthering education or actively seeking work. Childcare cost must be reasonable and will be documented.	Yes	No	\$ _____ per _____	Childcare provider information:
DISABILITY EXPENSES - Reasonable expenses for attendant care and auxiliary apparatus for a disabled family member if they: (1) are necessary to enable a family member 18 years or older to work, (2) are not paid to a family member or reimbursed by an outside source, capped by the amount of earned income received by family members.	Yes	No	HACA accepts written third-party documents provided by the family, receipts or cancelled checks dated within 60 days of re-exam or request, billing statements for purchase of auxiliary apparatus, or other evidence of monthly payments or total payments that will be due for the apparatus during the upcoming 12 months. Third-party verification from a Rehabilitation Agency or knowledgeable medical professional indicating that the person with disabilities requires attendant care or an auxiliary apparatus to be employed, or that the attendant care or auxiliary apparatus enables another family member, or members, to work. The family will be required to certify that attendant care or auxiliary apparatus expenses are not paid by or reimbursed to the family from any source.	
MEDICAL EXPENSES - to qualify the head of household, co-head or spouse must be 62 years of age or disabled. Thereafter, all medical expenses including medical insurance premiums, for all family members that are anticipated during the period for which annual income is computed, which are not covered by insurance will be considered.	Yes	No	Please provide current documentation (during the last 3 months), such as pharmacy printouts, receipts, evidence of monthly payments or total payments that will be due for medical expenses during the upcoming 12 months, and copies of checks used to make medical expense payments or receipts. The most current IRS Publication 502, Medical and Dental Expenses, will be used to determine the costs that qualify as medical expenses.	

Summary of Allowable Medical Expenses from IRS Publication 502

<ul style="list-style-type: none"> • Services of medical professionals • Surgery and medical procedures that are necessary, legal, non-cosmetic • Services of medical facilities • Hospitalization, long-term care, and in-home nursing services • Prescription medicines and insulin, but not nonprescription medicines even if recommended by a doctor • Improvements to housing directly related to medical needs (e.g., ramps for a wheel chair, handrails) 		<ul style="list-style-type: none"> • Substance abuse treatment programs • Psychiatric treatment • Ambulance services and some costs of transportation related to medical expenses • The cost and care of necessary equipment related to a medical condition (e.g., eyeglasses/lenses, hearing aids, crutches, and artificial teeth) • Cost and continuing care of necessary service animals • Medical insurance premiums or the cost of a health maintenance organization (HMO) 	
Medical Expense	Cost Per Month	Medical Expense	Cost Per Month
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

F. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

To meet eligibility and rent determinations, it is required by federal regulations that the head of household and spouse certify sale of any assets for less than fair market as described below:

- (a) For any assets the family has sold for less than Fair Market Value during the two years prior to the effective date of the admission or reexamination being processed, the difference between the market value, and actual amount received is counted.

Example: Selling a home to a person for \$5,000. The home is valued at \$19,500 and has no loans secured against it. Broker's fees and settlement costs were \$3,500. The amount that is included as an asset is calculated as follows: e The market value of \$19,500 minus the sale fees of \$3,500 minus the sale price of the home \$5,000 equals 11,000. The \$11,000 is considered an asset.

- (b) Assets sold as a result of foreclosure or bankruptcy are not considered assets disposed of for less than Fair Market Value.

- (c) Assets sold as a result of a divorce or separation agreement are not considered disposed of for less than fair market value if the family has received consideration not measurable in dollar terms.

PLEASE CHECK ONLY ONE OF THE TWO BOXES BELOW

Check (✓)

1. ☐ I certify that **I have not** sold any assets for less than fair market value in the past two years.
2. ☐ I certify that **I have** sold the following assets for less than fair market value in the past two years. Complete the information below for each items sold.

Description / Type Of Asset:	
Date Of Disposed Asset:	
Amount Received For Asset:	\$
Market Value Of The Disposed Asset (At The Time Of Disposition):	\$

X

Head of Household

X

Date

X

Spouse of Head of Household

X

Date

G. CERTIFICATION STATEMENT

(Initials)

- _____ 1. I have accurately reported all household members on this form.
- _____ 2. I have accurately reported all employment and other income sources on this form.
- _____ 3. I have accurately reported all family contributions and other cash contributions from any agency or person on this form.
- _____ 4. I understand that if I report ZERO household income, I must also accurately report any contributions from any source at any time.
- _____ 5. I have accurately reported all household assets as described in this form.
- _____ 6. I have accurately reported all benefits received and all other contributions on this form.
- _____ 7. I have accurately reported any childcare expenses that I want to be considered for rent determination on this form.
- _____ 8. I am aware of all medical allowances and have accurately reported all allowances on this form that I want to be considered in my rent determination.
- _____ 9. I am aware that by claiming a disability, HACA will verify my claim and that I may be eligible for some allowances and deductions only after the disability claim is confirmed.
- _____ 10. UAP (Utility Assistance Payments). I understand that any excess payment amounts that I may receive by the Housing Authority should be applied to any utility service balances. Failure to pay utilities is a violation of the HAP contract and may jeopardize your assistance.
- _____ 11. I am aware that's it is HACA policy to document the need for the additional bedroom as a reasonable accommodation for a person with a disability or because of a medical necessity by inspection of the unit. The inspection should occur within 60 days of the lease effective date and annually thereafter to confirm that the bedroom is being used for the intended purpose. A photo will be taken of the extra room and placed in the file with a date.

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge and belief.

I Understand that that providing false, misleading representations or incomplete information herein constitutes an act of fraud and is punishable under Federal Law.

Fraud will result in immediate termination from the program, legal action against me, and repayment of any subsidies paid on my behalf under false pretense.

X

Head of Household

X

Date

Authorization for the Release of Information / Privacy Act Notice

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

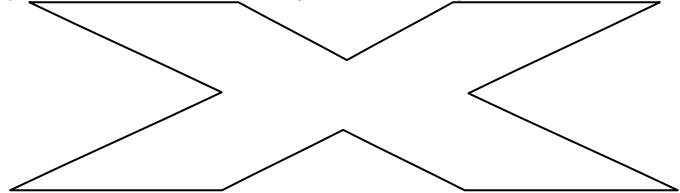
U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

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

HOUSING AUTHORITY OF THE CITY OF AUSTIN
1124 SOUTH IH 35
AUSTIN, TEXAS 78704

512-477-1314

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



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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form **HUD-9886** (7/94)

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 HA's 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:

X _____
HEAD OF HOUSEHOLD Date

SOCIAL SECURITY NUMBER OF THE HEAD OF HOUSEHOLD

**IMPORTANT: ALL ADULTS IN THE
HOUSEHOLD MUST SIGN THIS FORM**

X _____
Spouse Date
X _____
Other Family Member age 18 and over Date
X _____
Other Family Member age 18 and over Date
X _____
Other Family Member age 18 and over Date

X _____
Other Family Member age 18 and over Date
X _____
Other Family Member age 18 and over Date
X _____
Other Family Member age 18 and over Date
X _____
Other Family Member age 18 and over Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information

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

Penalties for Misusing this Consent:

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

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

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

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form **HUD-9886** (7/94)



Housing Authority of the City of Austin

TENANT NOTIFICATION OF STATUS

I, _____,
Print Name

living at the following address _____,
Current Address

Am declaring the following:

1) **Notification of intent to REMAIN at the Current Address**

Initial

- a. I am reporting that I am remaining at the current unit and will abide by the current lease terms and obligations.
- b. I understand I must cooperate with the inspection process and that the unit must meet Housing Quality Standards for HAP assistance to continue.
- c. If I decide to move at a later date, I understand I must abide by the current lease obligations and I am required to notify the Housing Authority and receive approval prior to moving.

2) **Notification of intent to MOVE to another unit.**

Initial

- a. HACA policy restricts relocation of families to one move per year.
- b. I understand that requests to move must be made in writing and must be approved by the Eligibility Specialist or the Assisted Housing Director at least 30 days prior to moving.
- c. I acknowledge that I do not owe any monies to the housing authority or have arranged to pay the total amount owed in full prior to moving.
- d. I understand I must cooperate with the inspection process at the current unit. Failed items for the current unit for which I am responsible must be resolved even if I decide to move to another unit. Failure to do may mean termination of assistance.
- e. I agree to abide by the lease terms and agreements upon vacating the unit or termination of Lease such as leaving the dwelling unit in the same clean and good condition, reasonable wear and tear expected, as it was on the beginning date of the Lease, returning the keys to the owner as agreed, paying rent on time and any balances owed to the property owner, and leaving the unit on the agreed date.

3) **Notification of request to TRANSFER to another city.**

Initial

- a. I acknowledge that I do not owe any monies to the housing authority or have arranged to pay the total amount owed in full prior to moving.
- b. I understand that requests to move must be made in writing and must be approved by the Eligibility Specialist or the Assisted Housing Director at least 30 days prior to moving.
- c. I understand I must cooperate with the inspection process at the current unit. Failed items for the current unit for which I am responsible must be resolved even if I decide to move to another unit. Failure to do may mean termination of assistance.
- d. I agree to abide by the lease terms and agreements upon vacating the unit or termination of Lease such as leaving the dwelling unit in the same clean and good condition, reasonable wear and tear expected, as it was on the beginning date of the Lease, returning the keys to the owner as agreed, paying rent on time and any balances owed to the property owner, and leaving the unit on the agreed date.

X

Head of Household

X

Date



Housing Authority of the City of Austin

ACKNOWLEDGEMENT FORM (for New and Current HCV Program Participants)

Please read and initial each item.

INITIAL

- ____ 1. The family must notify HACA in writing within **30 days** of occurrence of any changes in family composition or new sources of income.
- ____ 2. Approval to move must be obtained from the HACA **before moving** to a new unit and a thirty (30) day notice must be given to your landlord prior to moving.
- ____ 3. The members of the family must not **commit fraud, bribery, or other corrupt or criminal act** in connection with any Federal housing program, such as failing to report change in income and/or family size.
- ____ 4. I understand that I must promptly give HACA a copy of any owner **eviction notice** and that if I am evicted from my dwelling unit for a serious violation of the lease, I could be subject to loss of HCV (Section 8) eligibility.
- ____ 5. I understand that my portion of rent, if any, is due and payable to the landlord on the first (1st) of **each month**.
- ____ 6. The family must **pay only the tenant portion** indicated on the lease or amendment.
- ____ 7. I understand that I must locate a unit of my choice that meets HCV (Section 8) guidelines within **sixty (60) days** of certification.
- ____ 8. I understand that I am responsible for any tenant caused **Housing Quality Standard breach**. This includes keeping **all utilities connected**. I am responsible for paying utilities and paying for any damages caused by myself, family members or guests to the assisted unit beyond normal wear and tear.
- ____ 9. I understand that if any household member or I is involved in any type of **drug related or violent criminal activity**, my HCV (Section 8) assistance could be subject to termination.
- ____ 10. I understand that if I currently **owe money** to HACA or to another Housing Authority in connection with HCV (Section 8) or Public Housing assistance, I will not be authorized to move to another unit or admitted to the HCV (Section 8) Program, unless an agreement to resolve the debt is reached.
- ____ 11. I understand that my HCV (Section 8) assistance may be terminated if I breach an **agreement to repay** HACA for any overpayment or money owed to the agency or amounts owed to another PHA.
- ____ 12. I must provide any requested information for re-certifications or interim change to HACA by the **stated date**.
- ____ 13. I must allow HACA to **inspect the unit** at reasonable times and after reasonable notice.
- ____ 14. I must **attend scheduled** annual re-certification appointments or other scheduled appointments.
- ____ 15. I must disclose **social security numbers** for all family members.

ACKNOWLEDGEMENT FORM

-continued-

INITIAL

- ____ 16. The assisted family may not commit any **serious or repeated violation of the lease**.
- ____ 17. I understand that the assisted unit must be my family's **only residence**.
- ____ 18. The family must not **sublease or let the unit**.
- ____ 19. The family must **not assign the lease or transfer** the unit.
- ____ 20. The family must promptly notify HACA if any family member **no longer resides in the unit**.
- ____ 21. The family must **not own or have any interest in the unit**.
- ____ 22. An assisted family, or members of the family, may not receive HCV (Section 8) tenant based assistance while receiving another housing subsidy, under any **duplicative federal, state or local** housing assistance program (determined by HUD).
- ____ 23. The family must provide evidence of **citizenship or eligible immigration** status.
- ____ 24. All family members (18 years or older) must sign Form HUD 9886 - **Authorization for Release of Information**.
- ____ 25. I understand that my HCV (Section 8) assistance may be terminated if any member of my family **engages in, or threatens abusive or violent behavior** towards HACA personnel.
- ____ 26. I understand that my HCV (Section 8) assistance may be terminated if a household member has engaged in **abuse or pattern of abuse of alcohol that threatens** the health or safety of, or the right of peaceful enjoyment of the premises by other residents.
- ____ 27. A family's assistance will be terminated if HACA determines that any member of the household has ever been convicted of **drug-related criminal activity** for manufacture or production of methamphetamine on the premises of federally assisted housing.
- ____ 28. *My HCV (Section 8) assistance may be terminated if a member of the household is fleeing to avoid **prosecution, or custody or confinement** after conviction, for a crime, or attempt to commit a crime that is a felony or violating a condition of probation or parole imposed under federal or state law.*
- ____ 29. *HUD Regulation 24 CFR 982.553(a)(2) establishes that PHAS enforce standards that permanently prohibit admission to the PHA's HCV program if any member of the household is subject to a lifetime registration requirement under a state **sex offender registration** program.*
- ____ 30. A guest is a person temporarily staying in the unit with the consent of a member of the household who has express or implied authority to so consent. A guest can remain in the assisted unit no longer than **30 consecutive days** or a total of **90 cumulative calendar** days during any 12-month period. If the executed lease defines a shorter time frame for guest, the time period listed in the lease would prevail.
- ____ 31. Guests who represent the unit address as their residence address for receipt of benefits or other purposes will be considered **unauthorized occupants**. In addition, guests who remain in the unit beyond the allowable time limit will be considered unauthorized occupants, and their presence constitutes violation of the lease.

I certify that I have read and understand the above initialed regulations. I also understand that failure to abide by these regulations could result in termination from the HCV (Section 8) program

X

Head of Household

X

Date



Housing Authority of the City of Austin

HOW TO REPORT AND COMPLETE A CHANGE IN FAMILY INCOME OR SIZE

Required Reporting

The family is required to report the following in writing within 30 calendar days from the date of occurrence.

- Families are required to report **new sources of earned and unearned income**.
- Families are required to report **all changes in family composition**.
- When a family is reporting a decrease in income, they must also report any new sources of income which have occurred.

Not Required To Report

The family is not required to report the following until the next annual re-examination.

- Cost of living adjustments (**COLA**) to recipients of Social Security, TANF and Veteran Assistance or increased amounts of other unearned income.
- Families are not required to report increases **in current earned or unearned income**. (i.e. increase in pay rate, hours worked or benefit amount).
- Families are not required to report increases **in assets**.

Method of Reporting

Participants will complete and submit an update form and provide the necessary information or documentation to support the change.

The participant must submit any required information or documents within 14 calendar days of receiving a request from HACA.

Attention Family Self Sufficiency (FSS) Participants: You may choose to report all changes in income as an increase in income could increase your escrow account.

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.

Head of Household name	
Mailing Address:	
Telephone No:	Cell Phone No:

Name of <u>Additional</u> Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reasons we can contact you and your alternate numbers: (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 | |

☐ **Check this box if you choose NOT to provide additional contact information.**

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.

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. HUD- 92006 05/09)

X	_____
Signature of Participant	Date