



# HOUSING AUTHORITY OF THE CITY OF AUSTIN

## PORTABILITY CERTIFICATION

Name (of the head of the household) \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ SSN # \_\_\_\_\_

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

## 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**

Other Adult

**X**

Date

**X**

Other Adult

**X**

Date

## G. CERTIFICATION STATEMENT

(Initials)

- \_\_\_\_\_ 1. I have accurately reported all household members on this form.
- \_\_\_\_\_ 2. I understand that if I report ZERO household income, I must also accurately report any contributions from any source at any time.
- \_\_\_\_\_ 3. 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.
- \_\_\_\_\_ 4. 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.
- \_\_\_\_\_ 5. 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**

SIGNATURE

**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)

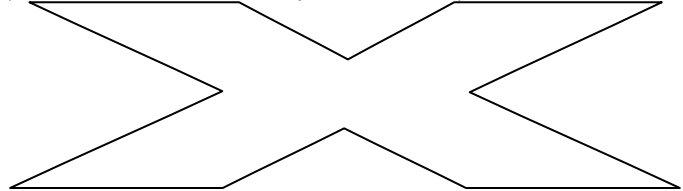
U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

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 78702**

**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:

<b>X</b>	_____	<b>X</b>	_____
<b>Head of Household</b>	<b>Date</b>	<b>Other Family Member age 18 and over</b>	<b>Date</b>
_____	_____	<b>X</b>	_____
Social Security Number (if any) of Head of Household		<b>Other Family Member age 18 and over</b>	<b>Date</b>
<b>X</b>	_____	<b>X</b>	_____
<b>Other Family Member age 18 and over</b>	<b>Date</b>	<b>Other Family Member age 18 and over</b>	<b>Date</b>
<b>X</b>	_____	<b>X</b>	_____
<b>Other Family Member age 18 and over</b>	<b>Date</b>	<b>Other Family Member age 18 and over</b>	<b>Date</b>
<b>X</b>	_____	<b>Other Family Member age 18 and over</b>	<b>Date</b>
<b>Other Family Member age 18 and over</b>	<b>Date</b>		

**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

## ACKNOWLEDGEMENT FORM (for New and Current HCV Program Participants)

I hereby acknowledge that I have been informed during this briefing session or re-certification appointment of my obligations under the Housing Choice Voucher (HCV or Section 8) Program and understand that my HCV (Section 8) housing assistance could be subject to termination if I or members of my household violate any of these obligations.

### INITIAL

- \_\_\_ 1. The family must notify HACA in writing within **30 days** of occurrence of any changes in family composition or new 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 at all times 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.
- \_\_\_ 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**

Signature

**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 (i.e. examples of new income sources include: job, VA benefit, child support, Social Security, SSI, TANF, family contribution or unemployment)
- 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) for benefits such as Social Security, TANF and Veteran Assistance.
- 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.

<b>Head of Household name</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>

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

**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.

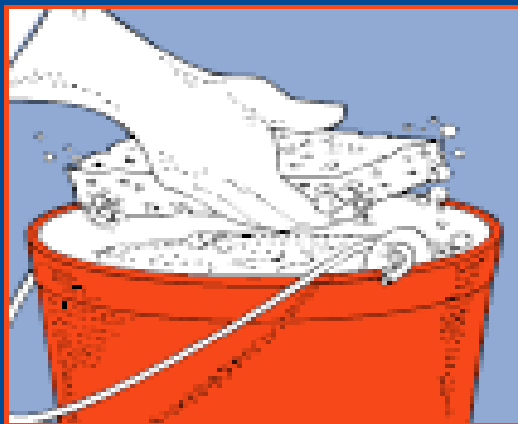
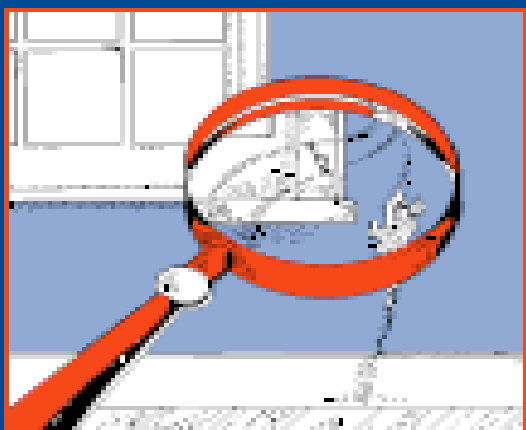
**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

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)

<b>X</b>	_____
<b>Signature of Participant</b>	<b>Date</b>



# Protect Your Family From Lead In Your Home



United States  
Environmental  
Protection Agency



United States  
Consumer Product  
Safety Commission



United States  
Department of Housing  
and Urban Development

The signature below certifies that I have received a copy of the 13-page booklet "PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME", form EPA-747-K-99-001.

**X**

Signature

**X**

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:  
Housing Authority of the City of Austin**

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

**X**

**X**

**Signature**

**Date**

**Printed name**



# HOUSING CHOICE VOUCHER PROGRAM

## Certification Supplement Information

### NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

Any family that includes a person with a disability assisted under the Housing Choice Voucher program or other federally assisted housing program may request a reasonable accommodation in rules, policies, practices, or services when such accommodation may be necessary to afford a person with a disability the equal opportunity to use and enjoy a program or dwelling under the program. Federal regulations stipulate that requests for accommodations will be considered reasonable if they do not create an "undue financial and administrative burden" for the PHA, or result in a "fundamental alteration" in the nature of the program or service offered.

**Such request for reasonable accommodations may include but are not limited to the following:**

- ☐ Permitting applications and re-examinations to be completed by mail
- ☐ Conducting home visits
- ☐ Using higher payment standards if the PHA determines this is necessary to enable a person with disabilities to obtain a suitable housing unit
- ☐ Providing time extensions for locating a unit when necessary because of lack of availability of accessible units or special challenges of the family in seeking a unit
- ☐ Permitting an authorized designee or advocate to participate in the application or certification process and any other meetings with HACA staff
- ☐ Assistance in locating satisfactory housing or an accessible unit
- ☐ A change in the way HACA communicates or provides information
- ☐ A change in the rules or policies to give you an equal opportunity to use the facilities or take part in the Housing Choice Voucher program or other federal assisted housing programs
- ☐ For persons with vision impairments, large print or audio versions of key program documents
- ☐ For public meetings or presentations, request for one-on-one assistance
- ☐ Request for a sign language interpretation
- ☐ Request to property owner to modify the unit to make it accessible. (Please note that the federal regulation regarding making modifications to a unit states that owners must permit a person with a disability to make reasonable modifications to the unit. However, the owner is not required to pay for the modification and may require that the unit be restored to its original state at the family's expense when the family moves.)

**How to Request a Reasonable Accommodation?**

**To request a reasonable accommodation, please inform your housing eligibility specialist or complete the Request for Reasonable Accommodation form.** The Housing Authority encourages the family to make its request in writing using a reasonable accommodation request form. However, HACA will consider the accommodation any time the family indicates that an accommodation is needed whether or not a formal written request is submitted. The family must explain the relationship between the requested accommodation and the disability. There must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability.

**Verification of Disability**

Disability status will need to be verified by a licensed physician or health care provider or professional representing a social service agency, disability agency or clinic.

- **\*\* A response to grant or deny the request for a reasonable accommodation will be made in writing within 15 days of the request.**
- **\*\* For persons with hearing impairments, may contact the Texas Relay Service at 1-800-735-2988.**
- **\*\* Please Indicate If you have a preference for a language other than English and wish to request forms and communication sent to you in that language.**



CHILD SUPPORT DIVISION

1 form per Adult  
in the household

**Verification of Child Support Income /  
Verificación de Ingresos de Manutención de Niños**

Date / Fecha: \_\_\_\_\_

Recipient / Beneficiario: \_\_\_\_\_

Name and Address of Requesting Authority /  
Nombre y dirección de Autoridad Solicitante:

SSN: / Número de  
Seguro Social: \_\_\_\_\_

**Housing Authority of the City of Austin**

Payor / Pagador: \_\_\_\_\_

**1124 S IH 35, Austin, TX 78704**

Requesting Authority Agent Name /  
Nombre de Agente de Autoridad Solicitante:

Name of Child(ren) / Nombre de Niño(s) :

**Housing Authority of the City of Austin**

Telephone and fax number /  
Número de teléfono y fax:

**Ofc: 512-477-1314**

**Fax: 512-494-0686**

I hereby authorize the release of all child support income information requested on this verification form to the above named requesting authority.

Por la presente autorizo la revelación de toda la información sobre los ingresos de manutención de niños, solicitada en este formulario de verificación, a la autoridad solicitante nombrada arriba.

Applicant's Signature / Firma del Solicitante

Date / Fecha

**WARNING: Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code § 559 gives you the right to review and request correction of information on this form.**

**AVISO: La Sección 1001 del Título 18 del código de los Estados Unidos establece como un delito penal el hacer declaraciones falsas o distorsiones intencionales a cualquier departamento o agencia de los Estados Unidos con respecto a asuntos dentro de su jurisdicción. El Código Gubernamental de Texas § 559 le proporciona a usted el derecho de revisar y solicitar la corrección de información en este formulario.**

Form 1825  
November 2014