

Appendix VIII

SAMPLE VERIFICATION FORMS

The sample forms provided are, roughly, in the order in which they would be used to process an applicant for admission.

Application Forms

- Pre-application
- Application
- Annual Income Checklist
- Annual Income Worksheet
- Asset Checklist
- Asset Divestiture Data-gathering Worksheet
- Asset Income Worksheet
- Allowance Checklist
- Adjusted Income Worksheet
- Rent Calculation Worksheet
- Reasonable Accommodations Notice
- Special Unit Requirements Questionnaire
- Verification of Special Unit Features

Income Verification Forms

- Employment
- Public Assistance
- Social Security/SSI
- Child Support
- Military Pay
- VA Benefits
- Unemployment Benefits
- Pension or Annuity
- Self Employment
- Zero Income
- Asset Income

Allowances/Deductions from Income

- Full-time Student
- Non-reimbursement of Child Care Expenses
- Child care costs – Baby-sitter
- Child care costs – Day care center
- Medical Costs
- Prescription Costs
- Checklist for Disability Expense Verifications
- Verification of disability
- Disability Allowance
- Certification of need for attendant care or auxiliary apparatus
- Attendant care
- Employer's certification of need for auxiliary apparatus

Cost of auxiliary apparatus
Certification for disability reimbursement

Screening

Screening Cover Letter
Landlord
Notice of Rejection
Police Record
Certification for Assistance to an Applicant Complying with Lease Terms
Verification of Ability to Comply with Lease Terms
Checklist: Ability to Comply with Lease Terms
Home Visit
Utilities

Miscellaneous

Threat Assessment
Imputed Welfare Income

HOUSING AUTHORITY
Administration Building
Street, City, State, Zip
Telephone: () _____ Fax: () _____.

Mail-in PRE-APPLICATION for PUBLIC HOUSING

Instructions: Please read Carefully. Incomplete applications will not be processed.

1. To be qualified for admission to public housing an applicant must:
 - (a) Be a family as defined in PHA's Admission and Continued Occupancy policy;
 - (b) Meet the HUD requirements on citizenship or immigration status;
 - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD posted in PHA offices;
 - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
 - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session; and
 - (f) Meet the screening requirements related to criminal activity and alcohol abuse.
2. Complete applications will be entered on the waiting list in the order received. The waiting list will then be sorted according to unit type and size and applicant admission preferences.
3. Applications will be accepted by mail only, sent to the following address, postmarked within dates when PHA is accepting applications:

_____ **Housing Authority, LIPH Admissions**
Administration Building
Street
City, State, Zip

except

4. Applicants with disabilities may seek assistance with the completion of the application at PHA's Admissions and Occupancy Department, at the address above.
5. Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.
6. Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.

The Housing Authority is an Equal Housing Provider

PHA use Only: Date of application: _____	Lottery Number: _____ Time of Application: _____
---	---

Pre-application for Public Housing

1. Name of head of household: _____
2. Name of adult co-head of household: _____
3. Current address, Street, Apt. # _____
Current City, State and Zip _____
Current Area Code and Phone # _____

For Statistical Purposes Only

4. Race of Head: African American/Black Asian or Pacific Islander
 Native American/ Alaskan Native Caucasian/White
5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY INFORMATION

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time student?
H				___ - ___ - ____	Head			
2				___ - ___ - ____				
3				___ - ___ - ____				
4				___ - ___ - ____				
5				___ - ___ - ____				
6				___ - ___ - ____				
7				___ - ___ - ____				
8				___ - ___ - ____				

6. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, tornado, etc.? Yes No
7. Is the applicant family displaced by governmental action through no fault of their own? Yes No
8. Is the applicant family displaced by domestic violence? Yes No
9. Is any adult family member employed? Yes No
10. Is any adult family member enrolled in a job training program, including one required under the welfare program? Yes No

11. Is any adult family member enrolled in an education program full-time? Yes No

12. **Family Income Information:** Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker’s Compensation, Child Support, etc.

Family Member Name	Income Source	Amount \$	Frequency – Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

13. Current Landlord's name and phone # _____
 Date Family Moved to this location _____

13. Most recent former address, Street, Apt. # _____
 Most recent former City, State and Zip _____
 Most recent former Area Code and Phone # _____

14. Most recent prior landlord's name, phone # _____
 Date Family Moved to this location _____

PHA will be contacting all former landlords for the period three years from the date of application

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

 Applicant Signature Date

 Co-applicant Signature Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an 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.

HOUSING AUTHORITY (PHA)

Administration Building

Street, City, State Zip

Telephone: () _____ Fax: () _____.

APPLICATION for PUBLIC HOUSING

This is not a Section 8 application and cannot be used for the Housing Voucher program.

Instructions: Please read Carefully. Incomplete applications will not be processed.

1. This application is valid for all public housing properties operated by the Housing Authority
2. To be qualified for admission to public housing an applicant must:
 - (a) Be a family as defined in PHA's Admission and Continued Occupancy policy;
 - (b) Meet the HUD requirements on citizenship or immigration status;
 - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices.
 - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
 - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session, if requested to do so;
 - (f) Pay any money owed to PHA or any other housing authority;
 - (g) Not have had a lease terminated by PHA in the past 12 months;
 - (h) Be able and willing to comply with the Housing Authority lease; and
 - (i) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.
3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.
4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.
5. Applicants with disabilities may seek assistance with the completion of the application at PHA's Admissions and Occupancy Department, at the address above.
6. PHA will conduct a criminal record check on all applicants age 15 years and older.

The Housing Authority is an Equal Housing Provider

PHA use Only: Pre-app Pref claimed: Displacement Upward Mobility
 Date of application: _____ Time of Application: _____ App # _____ Tier I Tier II

1. Name of head of household: _____
3. Name of adult co-head of household: _____
3. Current address, Street, Apt. # _____
 Current City, State and Zip _____
 Current Area Code, Home & Work Phone #s _____

For Statistical Purposes Only

4. Race of Head: Caucasian/White African American/Black Asian or Pacific Islander
 Native American/ Alaskan Native
5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the PHA unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time student?
H				___ - ___ - ____	Head			
2				___ - ___ - ____				
3				___ - ___ - ____				
4				___ - ___ - ____				
5				___ - ___ - ____				
6				___ - ___ - ____				
7				___ - ___ - ____				
8				___ - ___ - ____				

14. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, etc.? Yes No. If yes, who can verify this? Please give name, address and phone #. _____

15. Is the applicant family displaced by governmental action through no fault of their own? Yes No
 If yes, who can verify this? Please give name, address & phone #: _____

16. Is the applicant family displaced by domestic violence? Yes No If yes, who can verify this?
Please give name, address, and phone number _____
17. Is any adult family member employed ? Yes No If yes, name, address & phone # of employer: _____
18. Is any adult family member enrolled in a job training program, including one required under the Welfare program? Yes No If yes, who can verify this? Please give name, address & phone #: _____
19. Is any adult family member enrolled in an education program full-time? Yes No If yes, who can verify this? Please give name, address and phone #: _____
20. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

Family Member Name	Income Source	Amount \$	Frequency – Per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

21. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? Yes No If yes, describe the type of asset(s) please: _____
What is the market value of all assets? _____
22. Do you own any real estate? Yes No If yes, what is the address? _____
23. Have you sold any real estate in the past two years? Yes No If yes, what was the address? _____
24. Current Landlord's name and phone # _____
Date Family Moved to this location _____
13. Most recent former address, Street, Apt. # _____
Most recent former City, State and Zip _____
Most recent former Area Code and Phone # _____
14. Most recent prior landlord's name, phone # _____
Date Family Moved to this location _____

Screening Questions: A “yes” answer will not necessarily disqualify you for admission.

15. Have you ever been evicted from housing? Yes No If yes, why? _____

16. Have you ever lived in public housing before? Yes No If yes, where? _____
 Dates: From _____ To _____ Name of Lessee: _____
 Do you owe any money to the housing authority? Yes No
17. Do you have any past due utility bills? Yes No If yes, please describe and give amount owed: _____

18. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, please explain the nature of the problem and who was involved: _____

19. Is anyone in your household currently on parole or probation? Yes No If yes, please explain: _____

Qualifying for Deductions in Calculating Rent:

20. Is the head of household or spouse age 62 or older or a person with a disability? Yes No If yes, please answer the following questions. If no, please skip down to question # 22.
21. Does your household have any medical expenses (include insurance, medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? Yes No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense: _____

 Monthly medical expense: \$_ Please give us the name, address & phone # of someone who can verify the expense: _____

22. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes No If yes, describe the nature of the expense and the monthly amount: _____
 _____ Please give us the name, address & phone # of someone who can verify the expense: _____

23. Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training? Yes No If yes, please list the name, address and phone # of your child care provider: _____
 Monthly unreimbursed child care cost: \$ _____
24. Is any member of the household age 18 or older other than the family head and spouse a full time student or a person with a disability? Yes No If yes, please give us the name of the family member and the name and address of someone who can verify this information:
 Name of family member: _____ Please give us the name, address & phone # of someone who can verify this information: _____

25. Drivers License or State ID #: Applicant: _____ Co-applicant: _____
 Automobile: Year: _____ Make: _____ Model: _____ License: _____

PHA will be contacting all former landlords for the period three years from the date of application

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-applicant Signature

Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an 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.

Housing Authority

ANNUAL INCOME CHECKLIST

INSTRUCTIONS: At the certification and recertification interviews, head of household should answer the questions below about Annual Income and sign the certification statement.

<u>Family Member Name</u>	<u>Income Amount</u>	<u>Date Verified</u>
1) a. Will any household members be receiving any type of income from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If yes, list names of such family members who will receive employment income.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
2) a. Will any household members be receiving income from a family-operated business or be otherwise self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If yes, list names of such family members who will receive income from self employment.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
3) Will anyone in the household receive Social Security or SSI Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list names of such recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
4) Will anyone in the household receive periodic payments from Annuities, Insurance policies, retirement funds, pensions, disability or death benefits, or other similar amounts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list first names of recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

<u>Family Member Name</u>	<u>Income Amount</u>	<u>Date Verified</u>
5) Will anyone in the household receive unemployment compensation, disability compensation, workers' compensation or severance pay? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list family members who are recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
6) Will anyone in the household be receiving public assistance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
7) Will anyone in the household be receiving alimony or child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list first names of such family members who are recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
8) Will anyone in the household be receiving income from assets? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list first names of such family members who are recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
9) Is any household member, 18 or older, receiving pay as a member of the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list family members who are recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

<u>Family Member Name</u>	<u>Income Amount</u>	<u>Date Verified</u>
10) Is any household member receiving lottery winnings, paid periodically? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list family members who are recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
11) Is any household member receiving recurring monetary contributions or other gifts or payments from a non-household member? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list family members who are recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

Resident's Certification

I hereby certify that I have answered the questions on this checklist truthfully and that the income listed on this form represents all the income available to my household.

_____	Head of Household's name
_____	Head of Household's signature
_____	PHA witness

Housing Authority

ANNUAL INCOME WORKSHEET

Use this form in connection with the verified information collected from the Annual income Checklist. In the left-hand column list the family member who receives income and in the columns to the right enter the amount of income anticipated for the next 12 months, by category.

Family Member Name	Earned Income	Welfare, Soc Sec, SSI	Pension, Annuity, Retire.	Unemployment Workers comp	Contribution Other Income
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$
8.	\$	\$	\$	\$	\$
9.	\$	\$	\$	\$	\$
Totals	\$	\$	\$	\$	\$

Once you have every family member's income entered in the correct column, total each column. Next, total all columns and enter the total below:

SUM OF TOTALS: _____

ASSET INCOME _____

From Asset Income Worksheet

ANNUAL INCOME: _____

Housing Authority
ASSET CHECKLIST

INSTRUCTIONS: At the certification and recertification interviews, the head of household should answer the questions below about Assets and sign the certification statement.

<u>Family Member Name</u>	<u>Value of Asset</u>	<u>Date Verified</u>
1) Do you have cash		
• in a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
• in a checking account? ? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
• in a safety deposit box? ? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
• at home? ? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
• anywhere else? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
2) Do you have trust funds available to your household? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
3) Do you have any equity in rental property or other capital investments? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
4) Do you have any stocks, bonds, treasury bills, certificates of deposit or money market funds? ? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
5) Do you have any retirement or pension funds? ? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
6) Will you receive any lump sum receipts? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
7) Are you holding any personal items as investments (antique cars, coin or stamp collections, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
8) Do you have a "Whole Life" Life Insurance Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____

Tenant's Certification

I hereby certify that I have answered the questions on this checklist truthfully and have no assets other than those claimed on this form.

Head of Household's name
Head of Household's signature
PHA witness

Housing Authority
ASSET DIVESTITURE DATA-GATHERING SHEET

PART I. LAND

- a) Date divested _____
- b) Amount received \$ _____
- c) Location of land _____
- d) Size of parcel _____
- e) Purchaser/recipient _____
- f) Best source of Market Value _____
- g) Reasonable costs absorbed during divestiture \$ _____

PART II. HOUSES OR OTHER REAL ESTATE

- a) Date divested _____
- b) Amount received _____
- c) Address of divested property _____
- d) Purchaser/recipient _____
- e) Best source of Market Value _____
- f) Reasonable \$ absorbed by tenant during divestiture _____

PART III. STOCKS OR BONDS

- a) Date divested _____
- b) Amount received \$ _____
- c) Issuer of Stock/Bond _____
- d) Purchaser/recipient _____
- e) Best source of Market Value _____
- f) Reasonable costs absorbed by tenant during divestiture \$ _____

PART IV. CASH, CERTIFICATES OF DEPOSIT

- a) Date divested _____
- b) Recipient _____
- c) Amount of Cash, CD \$ _____
- d) Reasonable costs of divestiture (penalty) \$ _____

PART V. PERSONAL PROPERTY HELD AS AN INVESTMENT

- a) Date divested _____
- b) Amount received \$ _____
- c) Issuer of Stock/Bond _____
- d) Purchaser/recipient _____
- e) Best source of Market Value _____
- f) Reasonable costs absorbed by tenant during divestiture \$ _____

PART VI. BUSINESS EQUIPMENT

- a) Date divested _____
- b) Amount received \$ _____
- c) Issuer of Stock/Bond _____
- d) Purchaser/recipient _____
- e) Best source of Market Value _____
- f) Reasonable costs absorbed by tenant during divestiture \$ _____

Housing Authority

ASSET INCOME WORKSHEET

Use this form in connection with the verified information collected from the Asset Checklist. In the column 1 list the type of asset (e.g. bank account, CD, real estate). Check column 2 or 3 depending on whether the asset is current or has been divested. In column 4 indicate the date any divested assets were sold or given away. In column 5 list the actual cash value of each asset and in column 6 indicate the actual income (if any) from the assets listed.

1. Type of Asset	2. Current	3. Divested	4. Date Divested	5. Market Value of Asset	6. Cash income from assets
a)			/ /	\$	\$
b)			/ /	\$	\$
c)			/ /	\$	\$
d)			/ /	\$	\$
e)			/ /	\$	\$
Totals				\$	\$

When two years have elapsed since any assets were divested, you need not enter them on this form, since they are no longer used to compute income from assets.

If the sum of the amounts in column 5, market value of assets is less than \$5,000, income from assets equals the total of the amounts in column 6, Cash Income from Assets.

If the sum of the amounts in the column 5, market value of assets, exceeds \$5,000, you must compute imputed income from assets using the following formula.

Total Cash Value of Assets X passbook savings rate % = _____ imputed income from assets.

When the total value of assets exceeds \$5,000, asset income equals the higher of actual income from assets or imputed income from assets. Enter this amount on the Annual Income Worksheet

Housing Authority
ALLOWANCE CHECKLIST

INSTRUCTIONS: At the certification and recertification interviews, the head of household should answer the questions below about Allowances and sign the certification statement.

<u>Family Member Name</u>	<u>Date Verified</u>
1) Dependent Deduction	
a) Do you have any household members, other than head, spouse, foster children, and live-in attendants who are under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____
b) 18 or older and either a full-time student or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____
c) If yes, list names of such family members	
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
2. Child care Allowance	
a) Is the family paying for care of children under age 13 so: an adult can work? <input type="checkbox"/> Yes <input type="checkbox"/> No a family member can go to school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b) List the names of children for whom care is provided.	
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
3. Disability Expense Allowance	
a) Is the family paying for care or apparatus for a disabled family member so that an adult family member can work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list family member for whom care/apparatus is being provided.	
_____	____/____/____

Family Member Name

**Date
Verified**

- 4. **Elderly/Disabled Household Allowance**
Is the head, spouse or sole member of the household 62 or older or disabled? Yes No

If yes, list any members who are elderly or disabled.

____/____/____
____/____/____

- 5. **Medical Expenses Allowance**
Is the head, spouse or sole member of the household at least 62 or disabled? Yes No

Does the household expect unreimbursed medical expenses for the 12 months to be covered by the certification? Yes No

If Yes, list the household member(s) with unreimbursed medical expenses:

____/____/____
____/____/____

Note: List any optional PHA deductions here

Tenant's Certification

I hereby certify that I have answered the questions on this checklist truthfully and that I qualify for the allowances claimed on this form.

Head of Household's name

Head of Household's signature

PHA witness

Housing Authority

ADJUSTED INCOME WORKSHEET

1. _____ **Annual Income (From Annual Income Worksheet)**

2. **Dependent Deduction**

_____ (a) Enter the number of family members other than head, spouse, foster children and live-in aids who are either: under 18, or 18 or older and either a full-time student, or disabled.

_____ (b) **2a x \$480 = Dependent Deduction.**

3. **Child care Expenses**

_____ (a) Enter the cost of care for family members under age 13 paid so that either an adult family member can work, or further his/her education.

_____ (b) Is an adult being freed to work by the care? If yes, enter the employment income made possible by the care. Otherwise, enter zero.

_____ **Child care allowance.** Enter 3a, but never greater than 3b for families where child care has enabled an adult to work.

4. **Disability Expense Allowance.** Answer the two questions below to determine whether you must compute these amounts.

(a) Does the family include a disabled individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) Will the family be paying for care or apparatus for a disabled family member so that someone in the family can earn income in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Complete 4(c) through 4(f) **only if you answered both 4(a) and 4(b) "YES."** Otherwise, leave 4(c) through 4(f) blank and go on to item 5.

_____ (c) Enter the total of verified, unreimbursed, care/apparatus expenses the family will be paying for disabled members so an adult family member can work.

_____ (d) 3% of Annual Income. (.03 x Line 1.)

_____ (e) Enter employment income made possible by the care/apparatus.

_____ (f) **Disability Expense Allowance.** Enter 4c minus 4d, **BUT NEVER MORE THAN** 4e. If 4c minus 4d is less than or equal to zero, enter zero.

5. **Medical Expenses:** Complete item 5 only if head or spouse is elderly or has a disability

_____ (a) Enter total, verified, unreimbursed medical expenses for the next 12 months.

_____ (b) 3% of Annual Income. (.03 x Line 1)

_____ (c) **Medical Expense Allowance.** Check the applicable statement and complete the appropriate calculation. **ONLY ONE STATEMENT WILL APPLY.**

[] If 4(c) through 4(f) are blank: 5(a) minus 5(b) = _____

[] If 4(c) is less than 4(d): [4(c) + 5(a)] minus 5B = _____

[] If 4(c) is greater than or equal to 4(d): 5A = _____

6. \$400 **Elderly/Disabled Household Allowance.** (Head or spouse is elderly or has a disability)

7. _____ Total Allowances. $2b + 3c + 4f + 5c + 6 + 7 =$ Total Allowances.

8. _____ Adjusted Income. Line 1 minus Line 7 equals Adjusted Income.

RENT CALCULATION WORKSHEET (Non-welfare rent state)

Expressed verbally, the current public housing income-based rent formula is:

- Total Tenant Payment is the greatest of 10% of Monthly Income, or 30% of Adjusted Monthly Income,
- but never less than the Minimum Rent (\$50)

The worksheet below performs this operation.

1. _____ **Enter Annual Income divided by 12** (from the Annual Income Worksheet).
This is Monthly Income.
2. _____ **Enter Adjusted Income divided by 12** (from the Adjusted income Worksheet). This is Monthly Adjusted Income .
3. _____ Enter # 1 times .10. This is 10% of Monthly Income.
4. _____ Enter # 2 times .30. This is 30% of Adjusted Monthly Income.
5. _____ \$ _____ Enter Minimum Rent, if any, applicable to your PHA.

Calculating income-based rent

6. _____ Enter the **higher** of # 3, or # 4
This is the basic rent formula.
7. _____ Enter the **higher** of # 5 or # 6.
This ensures that no one pays less than the minimum rent. This is the Income-based Rent

Choice of Rent

8. _____ Enter the income based rent from step 7
9. _____ Enter the Flat rent for the Unit the Tenant will be occupying.
10. _____ Enter the rent (# 8 or #9) chosen by the Tenant

Calculating Tenant Rent (Tenant-paid Utility Developments & Income-based Rent)

11. _____ Enter the utility allowance applicable to the unit being leased.
12. _____ Subtract the utility allowance from the income-based rent
This is Tenant rent.
13. _____ Enter the amount by which the Utility Allowance exceeds income-based rent, if applicable. This is the Utility Reimbursement.

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 _____ 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 |

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 _____

VERIFICATION OF NEED FOR UNIT WITH SPECIAL FEATURES

Name _____

Date _____

Address _____

Applicant _____

Dear Sir/Madam:

The above-named person is applying for admission to public housing and has expressed a need for either a unit with the special features, or a live-in aide. The applicant has named you as a person who can verify the need for the features/aide. Indicate whether, in your professional judgment, the applicant needs the above features in an apartment, or needs the services of a live-in-attendant as a reasonable accommodation to a disability. If you have any questions, please call me at _____. Your prompt return of this form in the attached stamped, self-addressed envelope would expedite processing.

Sincerely; _____

Name

Signature

1. Name of family member with special housing need: _____

2. Nature of need(s):

Special Unit:

- A separate bedroom
- A barrier-free apartment
- One-level unit
- Other modifications to unit
- Unit for Vision-Impaired
- Unit for Hearing-Impaired
- Bedroom & Bath on 1st floor
- Extra Bedroom

Live In Attendant

3. Verification and explanation of need(s): Please do not provide any information about the nature or extent of the applicant's disability. Simply indicate whether, in your professional judgment, the applicant needs the above feature in an apartment: _____

4. Name of person providing verification _____ Signature :

Name of Agency _____

Phone # _____ Agency address _____ Date _____

I _____ hereby authorize the release of the requested information

Signature _____ Date _____

Verification of Income from Employment

Re. _____

Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

-
-
1. Employed Since: _____ 2. Job Title: _____
 3. Salary, Base Pay Rate: \$ _____ per hour \$ _____ per week \$ _____ per month
 4. Average hours worked at Base Pay Rate: _____ hrs/week, or _____ hrs/month in year.
 5. Is this person likely to get Overtime? Yes No If yes, Overtime Pay Rate \$ _____ Hr
 6. Average number of Overtime hours expected during the next 12 months: _____ Hrs/Month
 7. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?
For _____ \$ _____ per _____
 8. Is pay received for vacation? Yes No If yes, number of days/year: _____
 9. Total Base Pay Earnings for last 12 months: \$ _____
 10. Total Overtime Earnings for the last 12 months: & _____

Firm Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

Verification of Receipt of Public Assistance Income

Re. _____ Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

Number in Family: _____	\$ per Month
Temporary Assistance to Needy Families	\$ _____
General Assistance	\$ _____
Amount specifically designated for shelter and utilities (if any)	\$ _____
Other Assistance: Please specify: _____	\$ _____
TOTAL MONTHLY GRANT	\$ _____
Total Amount of Public Assistance provided in the past 12 Months	\$ _____

Agency Name: _____ Address: _____
Name of Person Completing this Form: _____ Date: _____
Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature _____ Date _____

Verification of Receipt of Social Security/SSI Income

Re. _____

Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

1. Gross Monthly Payment \$ _____

2. Please check Type of Benefits Received by this family

(a) Social Security Retirement

Disability

Widow(er)

Child(ren)

(B) Supplemental Security Income (Including State Supplement)

Old Age

Disability

Blind

3. Monthly Medicare/Medicaid Deduction \$ _____

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

Verification of Receipt of Child Support Income

Re. _____

Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

Number of children on whom support is paid : _____

Names of child(ren) on whom child support is paid: _____

Name(s) and Address(es) of person(s) paying child support:

1. _____ 2. _____

Is Child Support Court Ordered? . Yes No

Amount of Child Support Paid: \$ _____ per week, \$ _____ per month \$ _____ per year

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

Verification of Receipt of V.A. Benefits

Re _____ Claim #: _____ Serial #: _____
Social Security Number: _____ Ins. Policy #: _____ Pmt. Due Date: _____
Date of Birth: _____ WWI WWII Korea Vietnam Other: _____

Dear Sir/Madam:

Federal requirements oblige us to verify the incomes of families living in or applying for public housing or Section 8 housing. We ask your cooperation in supplying the information requested below about the referenced person. We will use the information you provide only to determine the family's eligibility and rent, and pledge to keep all data in strictest confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____

Sincerely: _____

1. **Period of Active Duty:** From _____ To: _____ & From To _____

2. **Allowance for Education or Training:** School On-the-Job \$ _____ / Month
Tuition, Fees, Books, Equip. Etc. \$ _____ / Month Subsistence: \$ _____ / Month
Effective Date of Current Award: _____ Ending Date: _____
Name & Address of School/Training Institution: _____

Name \$ Address of Employer: _____

3. **Compensation:** \$ _____ / Month

For Service-connected: Disability Death Dependency and Indemnity

Non-Service-connected pension: Disability Death Effective Date of Award: _____

4. **Other Payments** (Monthly Insurance, etc.) _____ \$ _____ / Month

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

Verification of Receipt of Unemployment Benefits

Re. _____ Social Security # _____
Claim # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

Gross Weekly Payment: _____ \$ _____
Is Claimant eligible for further benefits? Yes No
Date of Initial Payment: _____
Duration of Benefits _____
How many weeks of Benefits remaining? _____
Amount of Benefits remaining? \$ _____
Termination date of Benefits is? _____

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

Verification of Pension or Annuity Income

Re. _____ Social Security # _____

ID # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

Current Gross Monthly amount of Pension \$ _____ / Month

Current Gross Monthly amount of Annuity \$ _____ /Month

Deductions for Gross Medical Insurance Premium \$ _____ /Month

Other Deductions, Please specify: _____ \$ _____ /Month

Date of Initial Award: _____

Effective Date of Current amount _____

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

Self Employment Income Verification Form

Full Name of Applicant or Tenant; _____

Present Address of Applicant or Tenant _____

I hereby certify that I, _____(Name) received a total of

\$_____for the following work:

I expect to earn \$ _____ for the coming 12 months (from _____

To_____) for the following work:

I understand that if my actual earnings are different from those reported above, that I may be required to report any changes to the Housing Authority.

Signature of Applicant or Tenant

Date

Signature of Notary Public

Date

Name of Notary Public: _____

Date Commission Expires: _____

Zero Income Checklist and Worksheet: Verification of Non-case Contributions

This Checklist and Worksheet is to be completed for all families whose Total Tenant Payment equals the minimum rent, or, for PHA's without minimum rents, for all families reporting less than \$100 per month in total income. The Form should be completed prior to admission and at each recertification (which may be monthly or quarterly depending on the PHA's policy on re-examination of tenant's with minimum rents or zero income). The form first lists all the cash and non-cash contributions the family is receiving and then assists PHA staff to compute the annual value of such contributions. This form should be completed after the Home Visit to an applicant or a home inspection of a resident. The family is required to submit documentation of amounts claimed.

1. Food Expenses

Is the family receiving Food Stamps? Yes No. If yes, what is the monthly value of food stamps? \$ ____
If no, what is the family's weekly grocery bill? \$ _____ How does the family pay the weekly grocery bill? _____

If someone other than a member of the applicant/tenant family contributes to groceries, who contributes? _____
What is the average cash weekly amount for groceries contributed from all sources? \$ _____

This amount is income.

Does anyone contribute groceries or prepared food to the family on a regular basis? Yes No If yes, what is the average weekly value of groceries or prepared food contributed? \$ _____ **This amount is income.**

Note: Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meals programs does not count as income. Food or cash for food contributed by private persons does count as income.

Verification: The family should bring in at least one month's worth of grocery receipts. Check the receipts to make sure a family of that size could manage on the amount of food documented.

2. Cleaning, Grooming and Paper Products Expenses

What is the weekly value of paper products used by the family? Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers. \$ _____ How does the family pay for these paper products? _____ If someone other than a member of the applicant/tenant family contributes to paper products, who contributes? _____ What is the average weekly value of cash contributions for paper products? \$ _____ **This amount is income.**

Does anyone contribute paper products to the family on a regular basis? Yes No. If yes, what is the average weekly value of paper products contributed to the family? \$ _____ **This amount is income.**

What is the weekly value of grooming products and services used by the family? Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services etc. \$ _____ How does the family pay for the cost of grooming products and services? _____ If someone other than a member of the applicant family contributes to grooming products, who contributes? _____ What is the average weekly value of contributions (cash or products) for grooming products? \$ _____ **This amount is income.**

What is the weekly value of cleaning products used by the family? Include dishwashing soap, laundry detergent, and household cleaning products. \$ _____ How does the family pay for cleaning products? _____ If someone other than a member of the applicant/tenant family contributes to cleaning products,

who contributes? _____ What is the average weekly value of cash contributions for cleaning products? \$ _____ **This amount is income.**

Does anyone contribute cleaning products to the family on a regular basis? Yes No. If yes, what is the average weekly value of cleaning products contributed to the family? \$ _____ **This amount is income.**

Verification: Most families buy cleaning supplies, grooming products and paper products at the grocery store. Review the families grocery receipts to help verify amount spent.

3. Transportation Expenses

Does the family own a car? Yes No. If yes, are there still payments due on the car? Yes No. If yes, what is the amount of the monthly car payment? \$ _____ How does the family make the car payment? _____ If someone other than a member of the applicant/tenant household contributes to the car payment, who contributes? _____ What is the monthly amount of contribution toward the car payment? \$ _____ **This amount is income. The amount is income whether it is cash paid to the family or cash paid directly to the holder of the car note.**

If the family owns a car outright (no payments are due), what are the average monthly amounts the family pays for the following:

Gas \$ _____ Maintenance \$ _____ Insurance \$ _____ Tires \$ _____

How does the family pay for these auto-related expenses? _____

If someone other than a member of the applicant/tenant family contributes to the car's operating costs, who contributes? _____ What is the average monthly amount of cash or direct payment contribution to the car's operating costs? \$ _____ **This amount is income.**

Verification: The family should bring in one month's gas receipts, proof of insurance and proof of car payment (if applicable).

Note: Uninsured automobiles cannot be parked on PHA property.

If the family does not own a car, what does the family use for transportation? _____ How does the family pay for this transportation? _____ If someone other than a member of the applicant/tenant family contributes to other transportation costs, what is the average monthly amount of cash or other contribution to transportation? \$ _____ **This amount is income.**

Verification: A family without a car should provide a credible statement of the way they pay for transportation to shop, attend school, visit friends, take care of medical needs, attend church, etc.

4. Entertainment Expenses

Does the family have a cable TV connection? Yes No. If yes, does the family have the basic minimum service or do they also have any premium channels? Yes No. What is the average monthly cost of cable TV service? \$ _____ How does the family pay for the cable TV service? _____ If someone other than a member of the applicant/tenant family contributes to the cost of cable TV service, who contributes? _____ What is the average monthly contribution (in cash or direct payment to the cable company) for cable TV? \$ _____ **This amount is income.**

What are the average weekly costs of other types of entertainment to the family? Include the following:

Magazines \$ _____ Movies \$ _____ Video Rentals \$ _____ Club memberships \$ _____
Sporting events \$ _____ Liquor/Beer/Wine \$ _____ Lottery tickets \$ _____
Vacations \$ _____ Other entertainment \$ _____

How does the family pay for the other entertainment costs? _____ If someone other than a member of the applicant/tenant family contributes to the cost of other entertainment, who contributes? _____ What is the average monthly contribution (in cash or entertainment provided) for other entertainment? \$ _____ **This amount is income.**

Verification: The family should bring in two monthly bills for cable TV, plus receipts for other entertainment costs.

5. Clothing Expenses

What are the ages and sexes of all family members? _____

What is the average monthly cost for clothing and shoes for the family? _____ How does the family pay for clothing and shoes? _____ If someone other than a member of the applicant/tenant family contributes to the cost of clothing, who contributes? _____ What is the average monthly contribution (in cash or new clothes and shoes) for clothing? \$ _____ **This amount is income.**

What is the weekly amount spent by the family for laundry/dry cleaning clothing? \$ _____ How does the family pay for cleaning its clothing? _____ If someone other than a member of the applicant/tenant household contributes to the cost of cleaning clothing, who contributes? _____ What is the average monthly contribution for clothes cleaning? \$ _____ **This amount is income.**

Note: Clothing acquired from Clothing banks or given to the family second hand is not counted as income.

Verification: The family should provide a schedule that shows when clothing and shoes are purchased and the amounts spent. Remember that children will need more clothing and shoes than adults because they are growing.

6. Smoking Expenses

Does anyone in the applicant/tenant household smoke cigarettes or cigars? Yes No. If yes, how many packs per day, are smoked by the smokers in the household? _____ How does the family pay for the cost of cigarettes/cigars? _____ If someone other than a member of the applicant/tenant household contributes to the cost of smoking, who contributes? _____ What is the average monthly contribution (in cash, cigarettes or cigars) \$ _____ **This amount is income.**

Verification: The family should document the brand of cigarettes/cigars smoked and the staff will document the least expensive price for that brand in the locality to impute cost.

7. Communications Expenses

Does the family have a telephone? Yes No. If yes, how many lines does the family have into its house/apartment? _____ Does the family have any special telephone services? (For example, call waiting, call forwarding, caller ID, etc.) Yes No. Does anyone in the family have a cell phone? Yes No. What is the average monthly cost for telephone service? \$ _____ How does the family pay for the cost of telephone service? _____ If someone other than the a member of the

applicant/tenant household contributes to the cost of telephone service, who contributes? _____ What is the average monthly contribution (in cash or direct payment of the telephone bill) for telephone service? \$ _____ **This amount is income.**

Does anyone in the family have a pager/beeper? Yes No. If yes, how many members have beepers/pagers? _____ What is the average monthly cost for the beepers/pagers? \$ _____ How does the family pay for the cost of beepers/pagers? _____ If someone other than a member of the applicant/tenant household contributes to the cost of beeper/pager service, who contributes? _____ What is the average monthly contribution (in cash or direct payment of the beeper/pager bill)? \$ _____ **This amount is income.**

Does the family have an Internet connection? Yes No. If yes, who is the Internet provider?

_____ What is the monthly cost of the Internet connection? Is there a dedicated telephone line for the Internet? Yes No. If yes, does the telephone line show on the family's telephone bill? Yes No. If no, get a copy of the family's other telephone bill. How does the family pay for the Internet connection? _____ What is the average monthly cost of the Internet connection? \$ _____ If someone other than a member of the applicant/tenant family contributes to the cost of the Internet connection, who contributes? _____ What is the average monthly contribution (in cash or direct payment to the Internet provider) for Internet services? \$ _____ **This amount is income.**

Verification: The family should bring in at least two month's worth of bills for telephone, beeper/pager and Internet services, as applicable. Review the bills carefully to determine the average monthly cost for communications services.

8. Shelter Expenses

For applicants, what is the average monthly cost for housing and utilities? \$ _____ How does the applicant pay the cost of shelter? _____ If someone other than a member of the applicant household contributes to housing or utility costs, who contributes? _____ What is the average monthly contribution to shelter (housing plus utilities)? _____ Will the person(s) contributing toward shelter continue to do so when the applicant is admitted to public housing? Yes No. If no, why not? _____

For tenants, what is the average monthly cost for housing and utilities? \$ _____ How does the tenant pay the cost of shelter? _____ If someone other than a member of the tenant household makes a contribution toward the shelter cost, who contributes? _____ What is the value of the contribution toward shelter? \$ _____ **This amount is income.**

Verification: Families should bring in documentation of their actual cost for housing and utilities.

9. Medical Expenses

Does the family have any unreimbursed medical expenses? Yes No. If yes, what is the average monthly cost of unreimbursed medical expenses? \$ _____ How does the family pay for unreimbursed medical expenses? _____ If someone other than a member of the

applicant/tenant household contributes toward medical expenses, who contributes? _____

Such contributions are not income.

10. Miscellaneous Expenses

Listed below are a series of expenses the family might have. Indicate the monthly amount the family spends on any applicable expenses and the amounts contributed toward the expenses:

Church contributions \$ _____ Unreimbursed Educational Expenses \$ _____
Unreimbursed Child care Expenses \$ _____ Unreimbursed Job Expenses \$ _____

Review the information provided above against the observations of staff conducting the home visit/home inspection. Does the information appear to be consistent? If not, insist that the applicant explain any variations. For example, if the applicant does not admit to having telephone or cable TV service but they have been observed in the home, press the point.

Worksheet for Income from Contributions

1. What is the family's verified Annual Income? \$ _____ Does the Annual Income include any contributions from persons outside the applicant/tenant household? Yes No. If no, it may be necessary to increase the annual income to reflect such contributions, which will also increase rent.
2. Does the family have any income that is excluded from Annual income? Yes No. What is the annual amount of excluded income? _____ Such excluded income would include foster care payments, the first 12 months of increased income of a person who was formerly unemployed and is now working, scholarships and student loans, and all other income specifically excluded in the PHA's A & O Policy. If a family can verify receipt of excluded income sufficient to cover the family's annual expenses shown below, it will not be necessary to increase annual income to reflect contributions. Remember, the applicant/tenant must verify excluded income just like Annual Income.
3. On the matrix below, compute the family's annual expenses using the amounts from the worksheet above:

To compute annual expenses, multiply weekly average costs by 52 and monthly average costs by 12.

Type of Cost	\$ Weekly Expenses	\$ Monthly Expenses	\$ Annual Expenses	\$ Contributed Toward Expenses
1. Food				
2. Cleaning, Grooming and Paper products				
3. Transportation				
4. Entertainment				
5. Clothing				
6. Smoking				
7. Communications				
8. Shelter (Housing and Utilities)				
9. Medical				
10. Miscellaneous				
TOTALS				

4. When the matrix is completed, total the two columns on the left: \$ Annual Expenses and \$ Contributed Toward Expenses. From some source, the family has sufficient income to pay the total in the \$ Annual Expenses column. If the Annual Income shown in # 1 above plus any excluded income shown in # 2 above is less than \$ Annual Expenses, Annual Income has been understated and must be increased.
5. Review the amounts included in Annual Income. Are all the \$ Contributed included in Annual Income? If not, add any Contributions not included to Annual Income. Once again, add Annual income and Excluded income. If the total of these two income sources still does not equal \$ Annual

Expenses, some form of income, usually Contributions, has been understated. Unless the family can verify additional excluded income, the Contributions amount should be increased until the total of Annual Income and Excluded Income equal Annual Expenses.

Housing Authority
ASSET VERIFICATION

VETERANS ADMINISTRATION, U.S. DEPARTMENT OF HOUSING AND URBAN
DEVELOPMENT and PUBLIC HOUSING AGENCIES

Request for Verification of Deposit

PRIVACY ACT NOTICE STATEMENT - This information is to be used by the agency collecting it in determining whether you qualify as a prospective Tenant or mortgagor for mortgage insurance or guaranty as a borrower for rehabilitation loan under the agency's program. It will not be disclosed outside the agency without your consent except to financial institutions for verification of your deposits and as required and permitted by law. You do not have to give us this information, but, if you do not, your application for approval as a prospective tenant or mortgagor for mortgage insurance or guaranty or as a borrower for a rehabilitation loan may be delayed or rejected. This information request is authorized by Title 38, U.S.C., Chapter 37 (if VA); by 12 U.S.C., Section 1701 at seq., (if HUD/FA); and by 42 U.S.C., Section 1452b (if HUD/CPD).

Instructions:

Public Housing Authority: Complete Items 1 through 8. **Applicant:** complete Item 9. Forward directly to the Depository named in Item 1. **Depository:** Please complete Items 10 through 15 and return DIRECTLY to Public Housing Authority named in Item 2.

Part 1. Request

1. TO (Name and Address of Depository)

2. FROM (Name and Address of
Public Housing Authority)

I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.

3. _____
Signature of Lender or Official of Local Processing Age Date

5. _____

4. _____
Title

6. _____
Lender's Number (optional)

7. INFORMATION TO BE VERIFIED:

Type of Account and/ or Loan	Account/Loan in Name of	Account/Loan #	Balance

TO DEPOSITORY: I have applied for public housing and stated that the balance on deposit and/or outstanding loans with you are as shown above. You are authorized to verify this information and to supply the lender or the local processing agency identified above with the information requested in Items 10 through 12. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

8. Name and Address of applicant(s) 9. Signature(s) of Applicant(s)

To be Completed by Depository
Part II - Verification of Depository
 10. DEPOSIT ACCOUNTS OF APPLICANT(S)

Type of Account	Number	Current Balance Previous 2 months	Average Balance Opened	Date
-----------------	--------	--------------------------------------	---------------------------	------

Type of Account	Number	Current Balance Previous 2 months	Average Balance Opened	Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

11. LOANS OUTSTANDING TO APPLICANT(S)

Loan #	Date of	Original	Current	Installments	Secured	# of Late
				per		
				per		
				per		

12. ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE IN DETERMINATION OF CREDIT WORTHINESS: (Please include information on loans paid-in-full as in Item 11 above).

13. _____
Signature of Depository Official

14. _____
Date

Title

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to the lender or local processing agency and is not to be transmitted through the applicant or any other party.

Housing Authority
FULL-TIME STUDENT VERIFICATION

Re: _____

Dear Sir/Madam:

We are required to verify the full-time student status of individuals applying for admission to or living in federally assisted housing. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual. This information will be used only to determine eligibility or rent.

Your prompt return of this letter will be appreciated. A self-addressed return envelope is enclosed. If you have any questions, please call _____

Sincerely, _____

Name of Educational Institution: _____

Address: _____

Check Applicable Space:

Referenced individual is is not a full-time student in good standing at this institution.

Years Remaining to Complete Degree or Program: _____

Remarks: _____

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information.

Signature

Date

Housing Authority

APPLICANT/TENANT CERTIFICATION FOR CHILD CARE EXPENSES

I/We hereby certify that the following represent true and accurate statements regarding our household circumstances related to child care:

- Child/children cared for are under 13 years of age.

Reason for care (check one)

- Such care enables the following family member to work: _____
Occupation: _____
Employer, address & phone number: _____

Hours worked: _____ per _____ week, _____ month

- Such care enables a family member to attend vocational or academic courses:
Member's name: _____
Course: _____
Institution name, address & phone #: _____

Hours at school: _____

Child care costs are not paid to anyone living in our household; they are paid to:

Name: _____

Address & Phone # : _____

- No adult household member can provide care during the hours care is required.
- I/We do not receive reimbursement for child care costs from any agency or individual outside the household.
- I/We recognize that the above statements are subject to third-party verification.

Signature, _____

Housing Authority
CHILD CARE VERIFICATION

TO WHOM IT MAY CONCERN: Public Housing Authorities are required by Federal Law to verify any child care costs paid by their residents so that the costs may be taken into consideration when rent is computed for the family. You will note that the head of household has signed a release below, giving you permission to provide us with this information. If you could fill out the form below and return it in the self-addressed stamped envelope, at your earliest convenience, it would be most appreciated.

Sincerely yours,

VERIFICATION

I hereby certify that I provide care (first names of children cared for) for _____
_____,
who reside in the household of (person signing the release below).

I care for the children so that a family member can: (check as applicable)

- Work Go to school

In the year beginning _____ and ending _____, I will be caring for the child(ren) _____ hours per week, _____ weeks of the year. My rate of pay is _____ per hour, and I will be paid:

- once a week every two weeks once a month

Care during the week will be offered as follows:

Monday: _____ hours
Tuesday: _____ hours
Wednesday: _____ hours
Thursday: _____ hours
Friday: _____ hours
Saturday: _____ hours
Sunday: _____ hours

Name: _____ Date: _____

Signature: _____ Phone #: _____

Title: _____

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information.

Signature

Date

Housing Authority

CHILD CARE EXPENSES VERIFICATION

- Organization or Institution Provides Care -

Dear Sir/Madam:

_____ has applied for or is a tenant in Public Housing. Since the rental rates for the apartments here are reduced for families with child care expenses, we must obtain verification of such expenses in our files.

Please fill in the blanks below and return this letter to us as soon as possible. We will keep the information in strict confidence and will only use it to determine the applicant's eligibility for reduced rent.

Sincerely, _____

Name(s) and age(s) of child(ren) cared for:

- | | | | |
|----------|-------|----------|-------|
| 1. _____ | _____ | 4. _____ | _____ |
| 2. _____ | _____ | 5. _____ | _____ |
| 3. _____ | _____ | 6. _____ | _____ |

Day care facility: _____

Address: _____

Phone # _____ Contact Person: _____

Child care is provided on the following days for the hours indicated:

Monday: _____ hours	Tuesday: _____ hours
Wednesday: _____ hours	Thursday: _____ hours
Friday: _____ hours	Saturday: _____ hours
Sunday: _____ hours	

Total hours per week: _____ Total hours per month: _____

Cost of Care: \$ _____, per week month.

\$ received for care from family named above: \$, week month.

\$ received for care from others (if any): \$ _____, week month.

Name of individual, program, or other third-party source providing child care funds for this family: _____

Address: _____

Estimated cost of care to the family for the upcoming 12 months: _____

Signature _____ Date _____

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information.

Signature _____ Date _____

Housing Authority
MEDICAL VERIFICATION

Date: _____

RE: _____

Dear Sir/Madam:

Since the rental rates on apartments can be reduced for some families with medical expenses, we are required by law to obtain certain information with regard to these medical expenses. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual.

Your prompt return of this letter will be appreciated. If you have any questions, please call _____.

Sincerely, _____

Is this Individual's Condition likely to continue for the coming 12 months? yes no

Type of Service You Provide to Applicant (check all appropriate):

- | | |
|---|---|
| <input type="checkbox"/> Physician Care | <input type="checkbox"/> Dental Care |
| <input type="checkbox"/> Hospital/Clinic Care | <input type="checkbox"/> Prescriptions |
| <input type="checkbox"/> Therapy | <input type="checkbox"/> Medical Insurance |
| <input type="checkbox"/> Medical Transportation | <input type="checkbox"/> Other (Please specify) |

Projected Cost of Services During Next 12 Months \$ _____

Does the applicant require a private bedroom for medical reasons? yes no

Does applicant need any special features in the unit because of a disability yes no

Signature

Date

Title

Address

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information.

Signature

Date

Housing Authority

PRESCRIPTION VERIFICATION

TO WHOM IT MAY CONCERN: Federal Law requires Public Housing Authorities to verify medical expenses incurred by elderly residents and residents with disabilities so that such expenses may be taken into consideration when computing rents. You will note that the resident has signed a release, below, giving you permission to supply us with this information. If you could fill out the form below and return it at your earliest convenience in the self-addressed stamped envelope, it would be greatly appreciated.

Sincerely yours, _____

I hereby certify that _____ (Person signing the release below) may anticipate the following costs for prescription medicines in the year beginning ___ and ending _____, based on his/her past medical history.

	Cost per <u>Refill</u>	Frequency of <u>Refill</u>	Paid by Insurance? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Signature and Title

Date

Pharmacy

Phone

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information.

Signature

Date

Housing Authority

CHECKLIST FOR DISABILITY ASSISTANCE EXPENSE VERIFICATIONS

- Attendant care frees a family member, including the handicapped family member, to work:
- Written certification from attendant as to cost incurred.
- Copies of canceled checks used to make attendant care payments, receipts from care source.
- Written certification from Rehabilitation Agency or doctor that handicapped person requires care to be employed, or that care enables another family member to work.
- Auxiliary apparatus frees a family member, including handicapped family member, to work:
- Receipts for purchase of apparatus.
- Evidence of monthly payments or total payments for apparatus.
- Where handicapped family member is employed, a statement from the employer that the apparatus is necessary for employment.
- Written certificate from Rehabilitation Agency or doctor that handicapped person requires auxiliary apparatus to be employed, or to enable another family member to work.
- Certification by family that no repayment is received for the costs associated with attendant care or auxiliary apparatus provided.

Housing Authority

DISABILITY VERIFICATION FORM

Public Housing Authorities are required to verify the disability of applicants claiming to be disabled to determine the applicant's eligibility for the housing and to compute rent. The resident has signed a release form below giving you permission to supply us with this information. Please fill out the form below and return it at your earliest convenience.

Sincerely yours, _____

The Department of Housing and Urban Development defines a disabled person in 3 ways:

- (1) A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- (2) A developmentally disabled person is one with a severe chronic disability that:
 - (a) is attributable to a mental and/or physical impairment;
 - (b) as manifested before age 22;
 - (c) is likely to continue indefinitely;
 - (d) results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
 - (e) requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
- (3) A disabled person is also one who has a physical, emotional or mental impairment that:
 - (a) is expected to be of long-continued or indefinite duration;
 - (b) substantially impedes the person's ability to live independently;
 - (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

I, _____, hereby certify that _____ (person signing the release below should be considered disabled in accordance with definition number _____ above.)

Name and Title _____ Date _____
Signature _____ Phone _____

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information.

Signature _____ Date _____

Housing Authority

DISABILITY EXPENSE ALLOWANCE VERIFICATION

(Transmittal Letter)

Dear Sir or Madam:

Special considerations in public housing are authorized for families with expenses related to the attendant care or auxiliary apparatus required for a family member with disabilities. The availability of the care or the apparatus must enable the person with disabilities or other family member to work. Verification of the need for and amount of such expenses can result in a reduced rent for the family. Such verifications must be retained in our files.

Will you please fill in the information or certify as to the need for attendant care or auxiliary apparatus as requested on the attached form? Once completed please return it to us as soon as possible. We will keep the information in strict confidence and will use it to determine the family's eligibility for reduced rent.

Sincerely,

TENANT/APPLICANT RELEASE

I/We, _____, hereby give consent for the information sought by this letter to be released as requested.

Signature

Date

Housing Authority
CERTIFICATION OF NEED FOR PERSON WITH DISABILITIES
FOR ATTENDANT CARE AUXILIARY APPARATUS

Name of family member with disability: _____

Full name and address of professional completing this certification:

Name: _____

Address: _____

I certify that the above-named person requires the services of an attendant or the use of auxiliary apparatus to enhance his/her ability to live independently.

The availability of the care or auxiliary apparatus enables:

- the person with a disability named above to work, and/or
- other family member(s) to work.

If further information is required, please contact _____
by calling (____) _____ - _____.

Signature

Date

Title

Housing Authority

ATTENDANT CARE VERIFICATION

TO WHOM IT MAY CONCERN: Public Housing Authorities are required by Federal Law to verify the cost of attendant care for residents with disabilities so that the costs may be taken into consideration when computing rent. You will note that the resident has signed a release form below, giving you permission to supply us with this information. If you could fill out the form below and return it, it would be most appreciated.

Sincerely yours,

VERIFICATION

I hereby certify that I provide care for _____ (disabled person) and that this care enables _____ to earn employment income.

During the year beginning _____ and ending _____, I will be providing care _____ hours per week, for _____ weeks of the year. My rate of pay is _____ per hour, and I will be paid once every _____. Hours when I will be providing care area as follows:

Monday:	_____	hours
Tuesday:	_____	hours
Wednesday:	_____	hours
Thursday:	_____	hours
Friday:	_____	hours
Saturday:	_____	hours
Sunday:	_____	hours

Name: _____ Date: _____

Signature: _____ Phone #: _____

Title: _____

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information

Signature

Date

Housing Authority

**EMPLOYER'S CERTIFICATION OF NEED FOR
AUXILIARY APPARATUS TO PERMIT EMPLOYMENT**

Name of family member with disabilities: _____

Full name and address of employer completing this certification:

Name: _____

Address: _____

I certify that the above-named person is employed by our agency/firm; and that the use of auxiliary apparatus is necessary for his/her employment.

If further information is required, please contact _____
by calling (____) _____ - _____.

Signature

Date

Title

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information

Signature

Date

Housing Authority

**AUXILIARY APPARATUS COST VERIFICATION SHEET
FAMILY MEMBER WITH DISABILITY**

Family member's name: _____ Age: _____
_____ Age: _____

Indicate the type of apparatus furnished to the handicapped or disabled family member:

- wheelchair reading device
 walker other: _____

Indicate if apparatus is leased or purchased:

Date purchased: ____/____/____ Cost: \$ _____
Date leased: ____/____/____ Cost: \$ _____

Are installment or lease payments being made? yes no

If yes, indicate frequency and amount: \$ _____, _____ weekly _____ monthly

Term of installment purchase or lease: _____ (# of months), from
_____ to _____.

Estimated apparatus costs for upcoming 12 months _____.

Equipment added to vehicles to permit use by a handicapped or disabled individual:

Describe type of equipment: _____

Estimated cost (labor and materials): \$ _____

Type of vehicle modified:

Car: _____ make _____ model _____ year _____ tag # _____
Truck: _____ make _____ model _____ year _____ tag # _____
Van: _____ make _____ model _____ year _____ tag # _____

Date modified: ____/____/____.

Are payments being made on vehicle modifications? yes no

If yes, indicate frequency and amount: \$ _____

_____ weekly _____ monthly other: _____

Term of installment purchase: _____

(# of months), From _____ To _____

Estimated vehicle modification costs for upcoming 12 months: \$ _____

Name of individual or company that has or will provide apparatus or vehicle modification:

Name: _____ Phone #: _____

Address: _____

Contact person:

Signature

Date

Title

Housing Authority

**FAMILY CERTIFICATION FOR
DISABILITY EXPENSE REIMBURSEMENT**

Name of family member with disability: _____

I/We _____ certify that the above-named person is being provided with attendant care or the use of auxiliary apparatus to enhance his/her ability to live independently. The circumstances related to the cost of the care or apparatus are as follows:

- We do not receive reimbursement from any outside source such as insurance, Medicare, state grants, or individuals.
- We are receiving reimbursement for a portion of these costs from _____ in the amount of \$_____ per _____ week _____ month. We will provide third party documentation as to the frequency and amount of this reimbursement.
- The cost of attendant care or auxiliary equipment is not paid to a family member living in our household.

Signature

Date

Title

Housing Authority

SCREENING COVER LETTER

Date: _____

RE: Name: _____

Address: _____

Dear Sir/Madam:

Our tenant selection policy obliges us to verify certain information about all members of families applying for admission to our developments. To comply with this requirement, we ask your cooperation in supplying the information on the history of the family listed above. This information will be used only in determining whether the family can be accepted for admission. You will note that the family has authorized you to provide this information to us.

Your prompt return of this letter will be appreciated. A self-addressed return envelope is enclosed. If you have any questions, please call _____.
(phone number)

Sincerely yours,

Signature

Date

Title

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information.

Signature

Date

Housing Authority
LANDLORD VERIFICATION FORM

Name of Applicant: _____

Current Address: _____

Name of Landlord _____

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

Current Landlord _____ Previous Landlord _____ Other _____

Dates of Applicant's Tenancy: From _____ To _____

Does (Did) the Applicant have a lease? YES NO

1. Rent Payment

A. Amount of monthly rent: _____ \$ _____

B. Does (did) applicant pay rent on time? YES NO

C. Has(had) he/she ever paid l late? YES NO

How late? _____ How often? _____

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

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

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

G. Have tenant-paid utilities ever been disconnected? YES NO

2. Caring for the Unit

A. Does (did) the applicant keep the unit clean, safe and sanitary? YES NO

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

Describe: _____

Cost to repair? \$ _____ How often? _____

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

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

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

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

G. Did the applicant make any alterations to the unit without your permission? YES NO

3. General

A. Is (was) the applicant listed on the lease for the unit ? YES NO

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

Describe: _____

- C. Has (had) the applicant, family members or guests damaged or vandalized the common areas? YES NO
 If Yes, Describe: _____
- D. Does (did) the applicant, family members or guests create any physical hazards to the project or other residents? YES NO
 If yes, Describe: _____
- E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? YES NO
 If yes, Describe: _____
- F. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity? YES NO
 If yes, Describe: _____
- G. Has (had) the applicant given you any false information? YES NO
 If yes, Describe: _____
- G. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? YES NO
 If yes, Describe: _____
- I. Would you rent to this applicant again? YES NO
 If not, why? _____

 Signature of Landlord _____ Date _____
 (Name of authorized project staff: telephone verification) _____ Date _____

Applicant Release
 I, _____ hereby authorize the release of the requested information.
 Signature _____ Date _____

**Housing Authority
Applicant Notice of Rejection**

To: Applicant _____
Address _____

Date _____

Dear _____,

Your application for public housing has been rejected. This letter explains the reason(s) for your rejection and your rights.

1. You did not meet our basic eligibility requirement(s), specifically:

- ____ a. Your income exceeds our income limits;
- ____ b. You have failed to provide social security numbers for all family members.
- ____ c. You have failed to provide citizenship/immigration information for all family members.

2. Your family is not likely to comply with the terms of our lease, as follows:

- ____ a. Your family has not paid rent or utilities, or paid late;
- ____ b. Your family has not taken proper care of an apartment, or has damaged it;
- ____ c. Your family has interfered with other residents' rights or peaceful enjoyment of the premises;
- ____ d. Your family has engaged in criminal activity that will threaten the health, safety or welfare of other residents or has engaged in drug-related criminal activity.
- ____ e. Other: _____

This rejection is based on the following facts: _____

If you disagree with this determination, you may request an informal hearing to present information about why you should be admitted. If you desire such an informal hearing, it must be requested in writing at the PHA address within ten working days of the date of this notice. If we do not hear from you by _____, the Authority's determination shall be considered final.

Hearings are conducted by a staff member not involved in making the decision to reject your application. The staff person(s) who made the decision will attend the hearing. You may bring witnesses and/or legal counsel or other representatives to the hearing. You may also review your application file, upon request, at a mutually convenient time before or during the hearing.

NOTICE: If you are a person with a disability you are entitled to another interview before we decide whether to reject you. At the interview we will discuss whether there may be reasonable accommodations that can be made that will enable you to comply with the terms of our lease, and allow us to accept your application. Please contact us, as soon as possible to schedule this interview.

Sincerely, _____
Signature Name and title

**Housing Authority
PHA POLICE RECORD VERIFICATION**

Police Department: _____ Date: _____

Dear Sir/Madam:

Federal law requires us to verify certain information about all members of families living in or applying for admission to our developments. Specifically, the PHA wishes to avoid admitting a family any one of whose members is involved in criminal activity that would adversely affect the health, safety or welfare of other tenants. Federal law also requires your cooperation in supplying information on criminal activity (if any) of any persons listed below. Your prompt return of this information will be appreciated. A stamped, self-addressed return envelope is enclosed. If you have any questions, please call me.

Sincerely, _____
(Manager's Name) (Signature)

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

- | | |
|--------------------------------------|--|
| 1. Homicide/Murder | 6. Drug Trafficking/Use/Possession/Manufacture |
| 2. Rape or child molesting | 7. Child Abuse/Domestic Violence |
| 3. Burglary/Robbery/Larceny/Theft | 8. Public Intoxication./Drunk & Disorderly |
| 4. Threats or Harassment | 9. Receiving Stolen Goods |
| 5. Destruction of Property/Vandalism | 10. Fraud |
| 6. Assault or fighting | 12. Prostitution |
| | 13. Disorderly conduct |

Family Member Names S.S # D.O.B. Crime(s)# Status/Disposition

Family Member Names	S.S #	D.O.B.	Crime(s)#	Status/Disposition

APPLICANT'S RELEASE

I hereby authorize the release of the information requested above.

Applicant's Signature _____ Date _____

Housing Authority

CERTIFICATION OF INDIVIDUAL OR AGENCY PROVIDING ASSISTANCE TO AN APPLICANT NEEDING HELP TO COMPLY WITH LEASE TERMS

Name _____ Date _____ PHA File Number _____

Dear Sir/Madam:

The above-named person has applied for admission to public housing and has requested that you complete the information below. We have determined that this person needs assistance in the activities indicated below in order to comply with our lease terms.

- | | |
|---|---|
| <input type="checkbox"/> Rent & utility paying | <input type="checkbox"/> Rule compliance |
| <input type="checkbox"/> Cleaning/Housekeeping | <input type="checkbox"/> Avoiding disturbances |
| <input type="checkbox"/> Avoiding criminal activity | <input type="checkbox"/> Maintaining peaceful, safe occupancy |

Please complete the form below and return it in the attached stamped, self-addressed envelope. If you have any questions, please call me at _____. Your prompt return of this form will help us expedite the processing of this application.

Sincerely, _____
Name Signature

Eligibility for Services: Agency Certification

(Not applicable for individual service providers)

The above named applicant is or will be eligible for services in the areas indicated above:

Name Signature _____
Agency Name Telephone Number _____ Date _____

Description of How Assistance will be Provided

Description of assistance provided: _____

This assistance will be provided:

Several times each day _____ Daily _____ Weekly _____ Twice each week _____ Twice each month _____ Monthly _____ Other _____

I, _____ of _____ (Agency, if applicable) will provide assistance set forth above when the applicant is admitted to PHA housing. I understand that this application is being considered for admission and acceptance subject to having this assistance.

Name Signature Date

Address and Telephone Number

For PHA use only:

The agency/individual indicated above has verbally agreed to deliver assistance services for the above-cited activities when the applicant is admitted to PHA housing if the applicant will accept such assistance.

Name of agency staff contacted: _____

Date of contact: _____

Signature of PHA staff: _____

**Statement of Applicant Certifying Willingness
to Accept Services Needed for Lease Compliance**

I hereby certify that I will accept service(s) shown on the reverse of this form, which I need to be able to comply with the PHA lease terms, from the above-named agency or individual at the time of my admission. I understand that my application is being considered for acceptance and admission subject to my having this assistance at the time of admission.

Applicant Signature _____ Date: _____

Housing Authority

VERIFICATION OF ABILITY TO COMPLY WITH PHA LEASE TERMS

Name of Applicant _____ File Number _____

1. Please briefly describe your relationship and/or involvement with the above-named applicant: _____

2. If you represent an agency please indicate the name and address of the agency:

3. How long have you known/been involved with the applicant?

Years _____ Months _____ Weeks _____

4. Can you give a personal or professional opinion about the applicant's ability to comply with a public housing lease? YES NO If No, whom may we contact to determine potential lease compliance?

Name: _____ phone _____

5. Dates of applicant's affiliation/tenancy with you/your agency: From _____ To _____

6. Does the applicant have a lease/occupancy agreement? YES NO

7. Does the applicant share your home? YES NO

8. Rent Payment

A. Amount of monthly rent (if any): \$ _____

B. Does (did) applicant pay rent on time? YES NO

C. Has(had) he/she ever paid late? YES NO

How late _____ How often? _____

D. Have (had) you ever begun/completed eviction for nonpayment? YES NO

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

F. Have tenant-paid utilities ever been disconnected? YES NO

G. If the applicant paid no rent, has the applicant made other regular payments while living with you (e.g. utility or telephone bill)? YES NO

Please describe your reasons for believing the applicant will pay rent: _____

9. Caring for the Unit

A. Does (did) the applicant keep the unit clean, safe and sanitary? YES NO

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

Describe: _____ Cost to repair? \$ _____ How often _____

- C. Has (had) the applicant paid for the damage? YES NO
- D. Will (did) you keep any security deposit (if applicable) ? YES NO
- E. Did the applicant have problems with insect/rodent infestation? YES NO
- F. Did the applicant's housekeeping contribute to infestation? YES NO

10. General Lease Compliance

- A. Is (was) the applicant listed on the lease or occupancy agreement for the unit?
 YES NO
- B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis?
 YES NO
- C. Has (had) the applicant, family members or guests damaged or vandalized the common areas? YES NO
- D. Does (did) the applicant, family members or guests create any physical hazards to the property or other persons?
 YES NO
Describe: _____
- E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other persons?
 YES NO
Describe: _____
- F. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity, on the property? YES NO
- G. Is the applicant, family members or guests currently involved in the use or sale of illegal drugs, or has there been involvement in the recent past? YES NO
- H. Has (had) the applicant given you any false information? YES NO
Describe: _____
- I. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward other persons including staff? YES NO
Describe: _____
- K. Can the applicant be expected to comply with contractual duties, such as making timely rent and utility payments, maintaining an apartment in a safe and sanitary condition, and respecting the rights of his/her neighbors? YES NO

11. Ability to Comply with Lease Terms: Need for Assistance

In your best professional and personal opinion can the applicant perform the following activities that relate to lease compliance alone, or is assistance needed?

<u>Activity</u>	<u>Can Perform Alone</u>	<u>Needs Assistance</u>
Keep unit clean, sanitary and hazard-free	<input type="checkbox"/>	<input type="checkbox"/>
Avoid destruction of property	<input type="checkbox"/>	<input type="checkbox"/>
Manage finances/pay rent	<input type="checkbox"/>	<input type="checkbox"/>
Make timely utility payments	<input type="checkbox"/>	<input type="checkbox"/>
Respond to mail	<input type="checkbox"/>	<input type="checkbox"/>
Report income/status changes	<input type="checkbox"/>	<input type="checkbox"/>
Follow appropriate rules	<input type="checkbox"/>	<input type="checkbox"/>
Avoid disturbing neighbors	<input type="checkbox"/>	<input type="checkbox"/>
Avoid criminal activity	<input type="checkbox"/>	<input type="checkbox"/>

12. To your knowledge, will the applicant **have** reliable assistance with the activities noted above as needing assistance if admitted to the PHA? YES NO

13. Does the applicant live alone and comply with a lease now? YES NO

14. In your opinion, can the applicant comply with a lease in a public housing apartment?

YES NO Describe: _____

Name of person completing this form _____ Signature _____

Title of person completing this form _____ Agency/business name _____

Date _____ Agency/business address/phone _____

APPLICANT RELEASE

I _____ hereby authorize the release of the information requested on this form.

Signature _____ Date _____

Housing Authority

PHA CHECKLIST: ABILITY TO COMPLY WITH LEASE TERMS

This form is only to be completed if landlord verifications are unavailable. It is to be completed for every applicant without landlord references. INSTRUCTIONS: The questions in Section I are to be asked at the interview.

The questions in Section II are to be completed by the interviewer.

Statement to Applicant: We need to ask you some questions to see how you are getting along where you live now and how you will get along if you move into one of our apartments.

Applicant Name: _____ **File #:** _____

Interviewer Name: _____ **Date:** _____

I. QUESTIONS FOR APPLICANTS on CARING FOR CURRENT RESIDENCE

1. Do you care for your current room, house, apartment? YES NO If no, who helps you care for your current room, house, apartment?

Name and Phone #: _____

2. Can you keep an apartment clean enough to avoid health or sanitation problems and conditions that contribute to insect or rodent infestation? YES NO

3. Have you damaged or destroyed anything in your current room, house, or apartment? YES NO

If yes, please explain what happened and why: _____

MEETING FINANCIAL OBLIGATIONS, ESPECIALLY RENT

1. Do you pay rent where you are currently living? YES NO

2. If no, do you make any regular payments (car loan, installment loan, credit card, utility bills, other_)? YES NO

3. If you make no regular payments, how can we verify your ability to make rent payments in the future? _____

4. Do you pay your own bills at this time? YES NO If no, who currently pays your bills? Name and Phone #: _____

REPORTING CHANGES IN INCOME OR FAMILY STATUS

1. Can you report changes in income or family status? YES NO If no, please explain why not _____

2. Can you respond to notices that are mailed to you at your home? YES NO If no, how should we get in touch with you? _____

FOLLOWING APPROPRIATE RULES

- 1. Do you have a lease where you live now? YES NO
- 2. If yes, with whom is your current lease? Name and Phone #: _____

If no, whom may we contact to verify your responsibilities of occupancy?

Name and Phone: _____

- 4. If no, are there rules of tenancy where you now live? YES NO
- 5. If there are such rules where you now live, do you have any trouble following them?
 YES NO If yes, please explain _____

AVOIDING DISTURBING THE NEIGHBORS

- 1. Are there neighbors near where you presently live? YES NO
- 2. Do you have any trouble getting along with your neighbors where you live now?
 YES NO If yes, please explain _____
- 3. Have you or any family members ever engaged in physical violence toward your neighbors, landlord, or landlord's staff? YES NO If yes, please explain:

- 4. Have you or any family members ever engaged in verbal abuse (threats, swearing, etc.) toward your neighbors, housing provider, or staff? YES NO If yes, please explain: _____

AVOIDING CRIMINAL ACTIVITY

- 1. Have you or any family members listed on this application been involved in any criminal activity that might adversely affect the health safety or welfare of PHA tenants if it happened at the PHA?
 YES NO

Examples of Criminal Activity include but are not limited to:

- | | |
|---------------------------------|------------------------------------|
| 1. Homicide/Murder | 7. Drug Trafficking/Use/Possession |
| 2. Rape or child molesting | 8. Child Abuse/Domestic Violence |
| 3. Burglary/Robbery/Larceny | 9. PublicIntox/Drunk&Disorderly |
| 4. Threats or Harassment | 10. Receiving Stolen Goods |
| 5. Destruct. of Prop./Vandalism | 11. Fraud |
| 6. Assault or fighting | 12. Prostitution |
| | 13. Disorderly conduct |

2. Can and will you avoid being involved in any criminal activity in a PHA apartment?
 YES NO PHA will also be checking with the police for any history of criminal activity.

OTHER LEASE COMPLIANCE ISSUES

1. Have there been instances when you have not complied with an occupancy agreement or lease or have had trouble doing so? YES NO
If Yes, please explain _____
2. Whom should we contact to verify your ability to comply with our lease? _____

II. QUESTIONS TO BE COMPLETED BY INTERVIEWER

1. Did the applicant exhibit any behavior that might cause a problem with lease compliance if the applicant were admitted? YES NO
If Yes, describe behavior in detail: _____

2. Did the applicant engage in any verbal abuse, threats, or swearing during the application interview? YES NO
If Yes, please describe behavior and what triggered it:

If the interview and subsequent verifications demonstrate that the applicant is currently complying with rules and responsibilities comparable to the PHA's lease, no further documentation of ability to comply with lease terms is needed.

If a friend or family member is presently assisting the applicant with cleaning, personal finances, rule compliance, avoiding disturbances, or avoiding criminal activity, will that assistance be continued if the applicant is admitted to the PHA? Is the person providing the assistance (or alternate) prepared to continue to provide such assistance?

If applicant is receiving assistance with the activities described above from a social service or government agency, is the agency prepared to continue to provide such assistance?

Housing Authority
HOME VISIT REPORT

Name of Applicant _____ File Number _____
Address _____ Date _____

Home Visit Conducted by: _____

Dates of Applicant's Residency in This Unit: From: _____ To _____

In rating the condition of the applicant's unit, the inspector is reminded that the purpose of the home visit is to avoid admitting applicants who are unwilling or unable to comply with the PHA's lease and housekeeping standards. An unacceptable rating should be used to denote a condition that represents a health or safety hazard, and such hazard should be described by the inspector in an objective manner.

1. General cleanliness

A. Living/Dining Room: _____ Good _____ Acceptable _____ Unacceptable
Describe: _____

B. Bedrooms _____ Good _____ Acceptable _____ Unacceptable
Describe: _____

C. Kitchen/ Cabinets/Appliances _____ Good _____ Acceptable _____ Unacceptable
Describe: _____

D. Bathroom _____ Good _____ Acceptable _____ Unacceptable
Describe: _____

E. Halls, stairways, laundry area: _____ Good _____ Acceptable _____ Unacceptable
Describe: _____

F. Yard (if applicable): _____ Good _____ Acceptable _____ Unacceptable
Describe _____

2. Applicant-Caused Damages to the Unit

A. Are there any applicant-caused damages to the unit? YES NO
Describe _____

Why do you believe the applicant caused the damages? _____

B. What is your estimate of the cost to repair applicant damages? Itemize: _____

C. Is there evidence of vermin infestation? YES NO

Describe _____

D. Does the housekeeping contribute to vermin infestation? YES NO

Describe _____

E. Do you think this unit was standard or substandard before the applicant moved in?

Please explain: _____

3. Are there any pets or evidence of pets in this unit? YES NO

If yes, what is the pet? _____

Are there any pet-caused problems in the unit? _____

4. Other comments

A. Did the applicant have any comments/explanations on the unit or its condition?

B. Other comments by the PHA Staff:

5. Other areas of lease compliance:

A. Are the appearance and condition of the unit consistent with the number of people in the applicant family? YES NO

Describe _____

B. Is there any evidence of criminal activity, including drug-related criminal activity in the unit?

YES NO

Describe _____

C. Are there any other conditions present in the unit that are inconsistent with the information provided on the application? YES NO

Describe _____

Housing Authority

UTILITY VERIFICATION FORM

Name of Applicant: _____ PHA file # _____

Current Address _____

Name of Utility Supplier _____

Utilities Provided Electricity. Gas Water Other

Dates of Applicant's Service: From _____ To _____

A. Average amount of monthly bill: \$ _____

B. Does (did) applicant pay on time? YES NO

C. Has(had) he/she ever paid late? YES NO

How late? _____ How often? _____

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

E. At what other addresses has this applicant had utility service?

F. Has any utility equipment been damaged at this unit? YES NO

G. Will you keep the applicant's utility deposit? YES NO

H. Can this applicant get utility service in his/her name in the future? YES NO

Signature of Utility Co. Representative _____ Date _____

Telephone Number _____

I _____ authorize the release of the information requested on this form.

Signature _____ Date _____

Housing Authority
THREAT ASSESSMENT VERIFICATION

Police Department: _____ Date: _____

Dear Sir/Madam:

Federal law requires us to verify certain information about all members of families living in or applying for admission to our developments. The purpose of this letter is to determine:

- whether the family listed below is, in your professional opinion, subject to a specific threat from crime (not simply because may be crime in the neighborhood, for example);
- the crime that the family is being threatened by and the source of the threat, if known;
- whether any member of the family is contributing to the threat; and
- whether moving the family to a different development in a different part of town or issuing the family a housing voucher would remove the crime threat.

Your prompt return of this information will be appreciated. A stamped, self-addressed return envelope is enclosed. If you have any questions, please call me.

Sincerely, _____

(Manager's Name)

(Signature)

Description of the Threat claimed by the Family

1. Name of Family head of household: _____
2. Current address: _____
3. Name of Family member(s) claiming threat (if different from head): _____

4. Reason for threat: _____
5. Nature of the threat claimed: _____

Law Enforcement Assessment of Threat

1. In your opinion, is any member of this family reasonably subject to a threat? Yes No
If yes, please explain: _____
2. Please describe the specific danger to the family: _____

3. Is any member of the family contributing to the threat? Yes No If yes, please explain:

4. Will the family be safe if we move them to another public housing development? Yes No
5. If the family will not be safe in another public housing development, will they be safe if we issue the family a housing voucher? Yes No

6. How far will the family have to move to be safe? _____

FAMILY'S RELEASE

I hereby authorize the release of the information requested above.

Family head's Signature _____ Date _____

Imputed Welfare Income Verification Form

Public Assistance Office

(date)

RE: Reason for Reduction in Public Assistance Benefits

Client Name: _____

Client Address: _____

Social Security Number: _____

Dear _____:

The individual named above has reported a reduction in public assistance benefits and requested a reduction in rent. The Quality Housing and Work Responsibility Act of 1998 requires that we verify in writing whether the reduction in benefits is because of one of the reasons listed below. Please review these statements and check whichever is the case for this individual:

_____ Benefits have been reduced because the named individual committed welfare fraud; or

_____ Benefits have been reduced because the named individual has not participated in required economic self sufficiency activities; or

_____ Benefits have been reduced for some other reason. Please specify:

The amount by which benefits will be cut is \$ _____ per month, resulting in a new monthly benefit of \$ _____. The number of months that this benefit reduction will apply is _____ months.

Thank you for your cooperation.

Sincerely;

Property Manager