

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8516



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

BARRE HOUSING AUTHORITY

**30 Washington Street, Suite 1
(802) 476-3185 Fax: (802) 476-3113**

Website: www.barrehousingauthority.com

PLEASE READ THE FOLLOWING 6 PAGES OF INFORMATION CAREFULLY. IT PROVIDES IMPORTANT INFORMATION TO HELP YOU COMPLETE THE APPLICATION.

Dear Applicant:

We are pleased to enclose the housing application you requested. Should you require assistance in filling the application out, please contact the following:

Heather West at 622-0884

The Barre Housing Authority administers two housing programs: Public Housing and the Section 8 Housing Choice Voucher Program. Public Housing units are owned and operated by the Barre Housing Authority. The Housing Choice Voucher Program is for rental units in the private market program and a housing assistance payment is paid to the landlord on behalf of the resident.

* **All applicants are encouraged to apply for both programs.** However, if you choose one or the other, please check the space provided on the top of your housing application (Sec. 8 and/or PHA). Also, please indicate the bedroom size you have applied for (Public Housing Only). Should you check that you want a one-bedroom apartment, if at anytime you would consider an efficiency (0-bedroom) apartment, please contact our office, as you can always transfer to a one-bedroom apartment when one becomes available (elderly/disabled applicants only).

* **There are five eligibility requirements for admission to public housing:** 1) qualifies as a family; 2) has an income within the income limits; 3) meets citizenship/eligible immigrant criteria; 4) provides documentation of Social Security numbers; and 5) signed consent authorization documents. In addition to the eligibility criteria, families must also meet the BHA screening criteria, landlord references, and credit/criminal background checks, in order to be admitted to public housing.

To be eligible for admission to public housing developments in any fiscal year, not less than 40 percent shall be occupied by families whose incomes at the time of commencement of occupancy do not exceed 30 percent of the area median income, as described by the Secretary of HUD. Income limits information is available upon request.

Once the BHA has met the 40% target income requirements for the new admissions of extremely low-income families in public housing, the BHA will fill the remainder of its new admissions with families with both low and very low incomes.

Housing Choice Voucher Program (Section 8): BHA will select families based on families with incomes needed to achieve the de-concentration of poverty and income mixing and victims of domestic violence. To be eligible for participation under the housing Choice Voucher Program in any fiscal year, not less than 75% shall be selected by applicants whose income, at the time of voucher issuance, do not exceed 30 percent of the area median income.

Once your completed application is received in our office, it will be placed on our waiting list under pending status until your eligibility can be determined. **Some common delays in processing applications are:** failing to sign all required documents (minimum of four places); not submitting two forms of identification on all adult members of the household; failing to submit verification of social security numbers on all family members; not providing complete name and mailing addresses of income sources and landlord/credit references.

Some applicants with disabilities may need a **reasonable accommodation** in order to take full advantage of the Barre Housing Authority housing programs and related services. When such accommodations are granted, they do not confer special treatment advantage for the person with a disability; rather, they make housing and programs accessible in a way that would otherwise not be possible due to their disability. Notice of Right to a Reasonable Accommodation is attached to your application. Because disabilities are not always apparent, the BHA will ensure that all applicants/tenants are aware of the opportunity to request reasonable accommodations.

Attachments to your application are as follows:

- HUD Form 92006 Emergency contact information **(signatures required)**
- Authorization to verify information **(signatures required)**
- Applicant/tenant certification **(signature required)**
- HUD Form 9886 Authorization for the Release of Information/Privacy Act Notice **(signatures required)**
- Declaration of Citizenship **(signatures required)**
- Federally mandated income exclusions **(signatures required)**
- Items to bring/attach to your application
- HUD Form 1140-OIG Things You Should Know (regarding your application)
- Request for Reasonable Accommodation
- HUD Form 52675 Debts Owed **(signatures required)**

Sincerely,

Barre Housing Authority



November 2004

Things You Should Know

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

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.				
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house;▫ Required to repay all overpaid rental assistance you received;▫ Fined up to \$ 10,000;▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>				
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.				
Completing The Application	<p>When you answer application questions, you must include the following information:</p> <table><tr><td>Income</td><td><ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</td></tr><tr><td>Assets</td><td><ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.</td></tr></table>	Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)	Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)				
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.				

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

Signing the Application	<ul style="list-style-type: none"> ▫ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. ▫ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. ▫ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.
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Recertifications	<p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"> ▫ All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members. ▫ Any move in or out of a household member; and, ▫ All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.
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Beware of Fraud	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> ▫ Do not pay any money to file an application; ▫ Do not pay any money to move up on the waiting list; ▫ Do not pay for anything not covered by your lease; ▫ Get a receipt for any money you pay; and, ▫ Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).
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Reporting Abuse	<p>If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.</p>
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ITEMS TO BRING TO THE INTERVIEW OR MAIL WITH APPLICATION

You will need to bring three original forms of identification on all adult family members (one being a social security card, birth certificate and drivers license), and on all minor family members we will need two original forms of identification (one being social security card and birth certificate).

A Information About Your Income and Assets

1. ***Employment Income.*** For every member of your family who works, bring the following information:
 - Name, address, telephone number of the employer.
 - Current rate of regular pay and overtime pay and the number of hours per week normally worked (three current pay stubs).
 - Information about any changes you expect in your pay or the number of hours worked during the next twelve months.
 - Other type of income you expect to receive from employment, such as tips, commissions, profit-sharing programs, etc.
2. ***Benefit and Support Income.*** If any member of your family receives any of the following types of income, bring name, address, and telephone number of the source of the income and information about the amount received, as well as check stubs or statements detailing amounts received:
 - Unemployment Compensation
 - Social Security
 - Supplemental Social Security
 - Pension
 - Disability Income
 - Alimony
 - Child Support
 - Welfare or other public assistance
 - Regular support from family members or friends
3. ***Amounts in Savings and Checking Accounts*** (including Christmas Clubs, Certificates of Deposit, IRA and Keogh Accounts). Bring the account number for all accounts and the balance in your accounts. Bring your current statement if at all possible.

4. **Real Estate You Own.** Bring information about the current value of the property. If you own property and rent it, bring the address of the property and information about how much income you receive and what expenses you have for the property. (Bring last year's Schedule E from your income tax forms.)
5. **Stocks, Bonds, Trusts, Other Investments.** Bring account numbers and statements on value of investments and information about income from investments.
6. **Life Insurance Policies.** Bring name of company and policy numbers.
7. **Other Income.** For any other type of income your family has, bring the name, address, and telephone number of the source of the income and information about the amount of the income.
8. **Assets sold or given away.** If you have sold or given away any assets in the past two years (such as giving a property or an amount of money to another family member), please bring information about those assets.

B. Information about Family Members

1. **Age.** Bring a birth certificate or other proof of age if the head or spouse is 62 years of age or older, if you do not receive benefits which prove your age.
2. **Children.** Bring birth certificates, custody agreement, adoption papers, or other proof that the children are members of this household.
3. **Full-time Students.** If any family members are 18 years of age or older and still attending school full time, bring information about where they go to school.
4. **Handicap or Disability.** If any member of your family is handicapped or disabled, bring information about any income the member received because of his/her disability.
5. **Displacement.** If you indicated on your preapplication that your family has recently been displaced by government action, bring information about that situation.

C. Expenses

Bring information about any of the following expenses you expect to have during the next twelve months:

1. **Medical Expenses Not Covered by Insurance.** (Elderly families only).
2. **Medical Insurance premiums** or amounts deducted from your pay for medical insurance. (Elderly families only).
3. **Childcare expenses** to care for your children while you work or go to school.
4. **Handicapped/disability expenses** to care for a handicapped or disabled family member while you work.

CERTIFICATION OF VICTIM STATUS

VAWA gives housing agencies and owners the discretion to provide benefits to an individual based solely on the individual's statement or other corroborating evidence. However, the Act also permits housing agencies and owners to request that victims attest to their status by signing a HUD-approved certification form. The form must meet the following standards:

1. It must require the individual signing it to certify that she or he is the victim of "bona fide" incidents of actual or threatened domestic violence, dating violence, or stalking, as defined and described in VAWA.
2. It must include the name of the perpetrator.
3. It must be provided within 14 business days unless the housing agency or owner requesting the form extends the deadline.

VAWA provides the victim the alternative of providing the housing agency or owner one of the following types of documentation:

1. A local police or court record
2. Documentation signed by a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking. The signer must attest under penalty of perjury (a) that the abuse the victim has suffered is a bona fide incidence of domestic violence, dating violence, or stalking and (b) that the victim has signed or approved the documentation.

Failure on the part of the victim to provide certification within the allotted time voids the protections provided by VAWA.

CONFIDENTIALITY

Any information or documentation provided to a housing agency or owner by a victim of domestic violence, dating violence, or stalking must be kept in confidence. No information or documentation may be (a) entered into any shared databases or (b) disclosed to "any related entity" except under the following conditions:

1. The victim requests or consents to the disclosure in writing.
2. The disclosure is required for use in an eviction proceeding.
3. The disclosure is otherwise required by applicable law.

Disclaimer

Housing Forms, Inc., has prepared this brochure for informational purposes only. It should not be used as a legal guide. If you have specific legal questions concerning your unique situation, you should consult an attorney, legal aid, or an official agency qualified to assist you.

For information in your area:

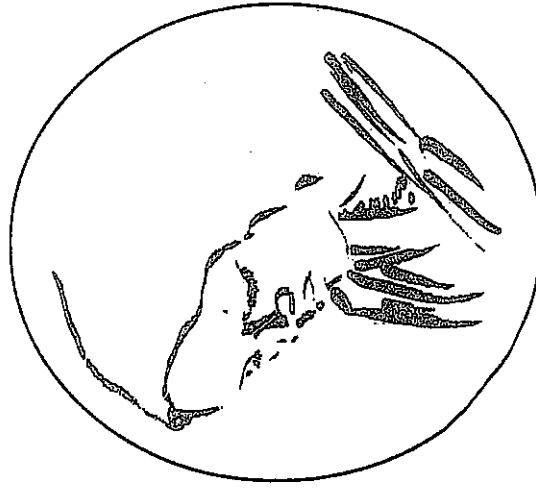
Barre Housing Authority
4 Humbert Street
Barre, VT 05641
(802) 476-3185

This brochure was designed to meet the requirements of HUD Notice PIH-2006-23.

FORM HF-88 HOUSING FORMS, INC.

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**VIOLENCE AGAINST WOMEN
IN FEDERALLY FUNDED
RENTAL ASSISTED HOUSING**



*Learn About Your Rights
as a Victim of
Domestic Violence*

BACKGROUND

The Violence Against Women Act (VAWA) of 2005 is an amended version of the 1994 VAWA which provides new protections for victims of domestic violence, dating violence, or stalking. These protections include provisions protecting victims who live in public housing or who are receiving housing assistance under the federal housing voucher program. The information contained in this brochure is intended to inform you of your rights and responsibilities under VAWA.

DEFINITIONS

“Domestic Violence” – The term ‘domestic violence’ includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.

“Dating Violence” – The term ‘dating violence’ means violence committed by a person “(A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (B) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship. (ii) The type of relationship. (iii) The frequency of interaction between the persons involved in the relationship.”

“Stalking” – The term ‘stalking’ means engaging in a course of conduct directed at a specific person that would cause a reasonable person to, “(A) fear for his or her safety or the safety of others; or (B) suffer substantial emotional distress.”

What Protections Are Provided by VAWA?

There are two areas of protection for those persons seeking or receiving assistance under the federally funded public housing program or voucher program.

1. Denial of Assistance – The law provides that you cannot be denied assistance because you are a victim of domestic violence, dating violence, or stalking if you are otherwise qualified to receive such assistance.

2. Termination of Tenancy or Assistance – The law further protects those who are currently receiving federal housing assistance from losing assistance or housing solely on the basis of their status as a victim of domestic violence, dating violence, or stalking.

In summary, VAWA prevents housing agencies and owners from considering actual or threatened domestic violence, dating violence, or stalking as a cause for terminating the tenancy, occupancy, or program assistance of the victim. Such violence or stalking may not be considered (1) as a serious or repeated violation of the lease by the victim, (2) as other good cause for terminating the tenancy or occupancy rights of the victim, or (3) as criminal activity justifying the termination of the tenancy, occupancy rights, or program assistance of the victim.

What About the Perpetrator?

If the perpetrator is a member of the victim’s household, the agency administering the voucher or public housing programs has the authority to require the individual to leave the household as a condition of providing continued assistance

to the remaining members of the family. Additionally, if state law allows, the housing agency has the authority to bifurcate a lease, or divide it into two parts to deal with family members who engage in criminal acts of physical violence against family members or others. Bifurcation would allow the housing agency or owner to take eviction or termination action against a perpetrator of physical violence without penalizing the victim.

What Are the Limitations of VAWA?

Housing agencies and owners retain the authority to terminate the tenancy, occupancy, or program assistance of a victim under either of the following conditions:

1. The termination is for a lease violation premised on something other than an act of domestic violence, dating violence, or stalking against the victim and the housing agency or owner is holding the victim to a standard no more “demanding” than the standard to which other tenants are held.

2. The housing agency or owner can demonstrate an “actual and imminent threat to other tenants or those employed at or providing service to the property” if the tenancy, occupancy, or program assistance of the victim is not terminated.

FOR ADDITIONAL INFORMATION

ON VAWA

*National Domestic Violence Hotline

1-800-799-SAFE (7233)

1-800-787-3224 (TTY)

<http://www.ndvh.org/>

*HUD Housing Discrimination Hotline

1-800-669-9777

*For Complete text of VAWA see Public Law 109-162 (Specifically refer to Title VI, Sections 606 and 607)

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

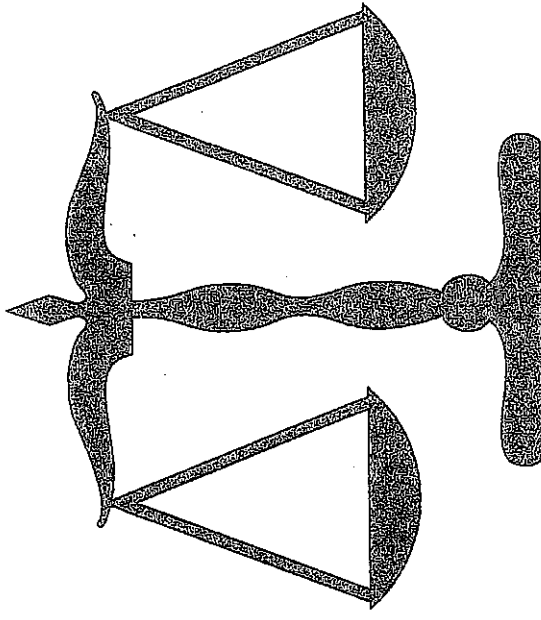
Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax

APPLYING FOR HUD HOUSING ASSISTANCE?

information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



*Think About This ...
Is Fraud Worth It?*

For information in your area:

Barre Housing Authority
4 Humbert Street
Barre, VT 05641
(802) 476-3185

Do You Realize . . .

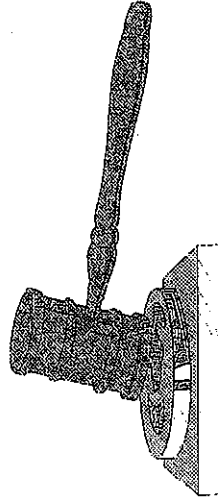
If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know . . .

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other



Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Carefull!

When you fill out your application and yearly recertification for assisted housing from HUD, make sure your answers to the questions are accurate and honest.

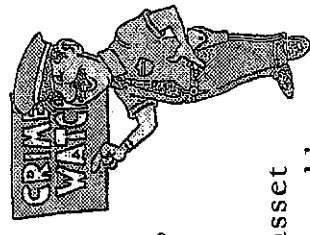
You must include:

- All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

- Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

- Any increase in income, such as wages from a new job or an expected pay raise or bonus.

- All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.



- All income from assets, such as interest from savings and checking accounts, stock dividends, etc.
- Any business or asset (your home) that you sold in the last two years at less than full value.
- The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.



**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is Illegal to Discriminate Against Any Person
Because of Race, Color, Religion, Sex,
Handicap, Familial Status, or National Origin**

In the sale or rental of housing or
residential lots

In the provision of real estate
brokerage services

In advertising the sale or rental
of housing

In the appraisal of housing

In the financing of housing

Blockbusting is also illegal

**Anyone who feels he or she has been
discriminated against may file a complaint of
housing discrimination:**

**1-800-669-9777 (Toll Free)
1-800-927-9275 (TTY)
www.hud.gov/fairhousing**

**U.S. Department of Housing and
Urban Development
Assistant Secretary for Fair Housing and
Equal Opportunity
Washington, D.C. 20410**

CURRENT HOUSING STATUS CURRENT LANDLORD

How long have you rented there? _____ # bedrooms _____ How many people live in your unit now? _____ Current Rent \$ _____ Sec. Deposit Paid _____ What type of apartment are you living in? Multi-unit _____ Duplex _____ Single Family _____ Other _____ Does anyone live with you now who are not listed above? Yes _____ No _____ If yes, please explain: _____

Do you plan to have anyone living with you in the future who is not listed above?

Yes _____ No _____ If yes, please explain: _____

Do you expect change in your current family size? Yes _____ No _____ Explain: _____

Do you claim a Disability? _____ If so, please provide the name and mailing address of your physician for verification: _____

Identify any special housing needs required as a result of a disability _____

Have you ever filed an application with Barre Housing Authority before? _____

When? _____

Have you ever been a tenant of Barre Housing before? _____ Have you ever lived in Public Housing before? _____ If yes, where and when? _____

Have you ever participated in Section 8 Program? _____ If yes, where and when? _____

Have you ever experienced any problem in the past in your ability to pay rent or your ability to respect the rights and property of others? Yes _____ No _____

If yes, explain _____

IS YOUR RENT CURRENTLY SUBSIDIZED? Yes _____ No _____ Do you owe any Housing Authority money due to a previous rental? Yes _____ No _____ If yes, please explain _____

Have you or anyone in your household ever been convicted of a crime? Yes _____ No _____ If yes, give details of the crime, when, City and State where it happened _____

Are you currently engaging in the illegal use of a controlled substance? _____

Have you ever been convicted of the illegal manufacture or producing methamphetamine in violation of any Federal, State or local law? Yes _____ No _____ Explain _____

INCOME INFORMATION: answer each question. For each yes, provide the details in charts below.

1. Is any member of your household employed full-time, part-time or seasonally? Yes _____ No _____
2. Does any member of your household expect to work during the next 12 months? Yes _____ No _____
3. Does any adult member participate in a training/education program (Reachup)? Yes _____ No _____
4. Does any member of your household work for someone who pays him or her in cash? Yes _____ No _____
5. Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave? Yes _____ No _____
6. Does any member of your household now receive, or expect to receive unemployment benefits? Yes _____ No _____
7. Does any member of your family now receive or expect to receive child support? Yes _____ No _____
8. Is any member of your household entitled to child support that he/she is not receiving? ... Yes _____ No _____
9. Does any member of your household now receive or expect to receive alimony? Yes _____ No _____
10. Is any member of your household entitled to alimony payments that he/she is not now receiving? Yes _____ No _____
11. Does any member of your household receive or expect to receive welfare/GA? Yes _____ No _____
12. Does any member of your family receive or expect to receive income from a pension or annuity? Yes _____ No _____
13. Does any member of your household receive or expect to receive Social Security Benefits? Yes _____ No _____
14. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? Yes _____ No _____
15. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, money markets, stocks or bonds, income from rental property? Yes _____ No _____

FOR EACH TYPE OF INCOME THAT YOUR HOUSEHOLD RECEIVES, GIVE THE SOURCE OF THE INCOME AND THE AMOUNT OF INCOME THAT CAN BE EXPECTED FROM THE SOURCE DURING THE NEXT 12 MONTHS. PLEASE INCLUDE INCOME/SOURCE OF ALL MINORS.

Family Member	Source/Type of Income	Amount per mo/year	Annual Income

(Office use only) Applicable Income Limit Low ___ Very Low ___ Total _____

ASSETS INFORMATION: List all checking and savings accounts (including IRA's, Keogh Accounts, and Certificate of Deposits, etc.) of all household members. Please be sure to provide mailing addresses:

Family Member	Bank Name and Address	Account #	Current Balance and Interest

REAL ESTATE: complete the following information for any real estate (land and/or buildings) owned (Be sure to provide address of City or Town Dept. and mailing address where information can be verified):

Family member	Complete address of Real Estate	Appraised Value	Mortgage holder and balance	Mailing Address of City or Town Offices

DISPOSAL OF ASSETS: during the past 2 years, has any member of the household disposed of, transferred, or otherwise given away any asset for less than what they were worth? Yes ___ No ___ IF YOU ANSWERED YES, PLEASE SPECIFY:

Description of Asset	Cash Value*	Amount Received	Date Disposed

- * **Cash Value** is the market value of the asset minus reasonable costs incurred in selling or converting an asset to cash. Such reasonable costs include: penalty for withdrawing funds before maturity, broker/legal fees for the sale or conversion or assets, settlement for real estate transaction.

MEDICAL EXPENSES: LIST BELOW EXPENSES FOR MEDICAL EXPENSES OF A CONTINUING NATURE. These include health insurance, prescriptions, doctor and dentist visits not covered or reimbursed by medical insurance, eyeglasses, hearing aids, and outstanding medical or hospital bills on which you are making regular monthly payments. (Example: Medicare, BC/BS, medical bills paid by you within the last 12 months but not covered by insurance, etc.)

Elderly/Disabled (Head or Spouse must be Elderly or Disabled)

Family Member	Name & address of Payee (to whom you pay)	Amount	How Often	Annual Total
		\$		

* List all anticipated medical expenses of all family members

CHILD CARE EXPENSES: list childcare expenses for the care of children ages 12 and under. Only list those expenses that enable you or another household member to work or attend school and that you pay directly.

Name & Complete Address of Child Care Provider	Amount/Hour Paid	Amount/Week Paid	Amount/Year Paid

Is your day care subsidized in any way through the Dept. of PATH? _____

IF YOU ARE APPLYING FOR PUBLIC HOUSING, YOU MUST FILL OUT THE FOLLOWING. IF YOU ARE APPLYING ONLY FOR SECTION 8, YOU DO NOT NEED TO.

LANDLORD REFERENCES: List at least three landlords. You need to list their mailing address, and the address where you lived while renting from them, and the dates you lived there. If unable to supply three landlord references, you may give employers as references.

Landlord Name	Landlord Address	Landlord Phone #	Address You Lived At	Dates You Lived There

CREDIT REFERENCES: PLEASE BE ADVISED THAT ALL ADULT MEMBERS' NAMES AND SOCIAL SECURITY NUMBERS AND ANY OTHER PERTINENT INFORMATION WILL BE SUBMITTED TO THE CREDIT BUREAU SERVICES OF VERMONT FOR A CREDIT CHECK AND TO VERMONT CRIMINAL INFORMATION BUREAU, AND IF APPLICABLE, OUT-OF-STATE CRIMINAL CHECKS.

GENERAL INFORMATION: (All Programs)

Do you have friends or relatives who are tenants of the Barre Housing Authority?.....Yes___ No___

If yes, please name _____

Do you own pets? _____ If yes, what type of pet? _____

Do you have an automobile? _____ If yes, what type? _____

Do you own items such as a camper, motorcycle, snow machine, ATV, etc? _____ If yes please list and give value (with verification of value) _____

COMMENTS: _____

Have you had any problems with infestation (re: rodents, roaches, bed bugs, etc) within the past 3 years? Yes___ No___

If yes, please give type(s) and explanation _____

Where did you hear about us? ___ Friends ___ Classified Ad World ___ Classified Ad Times Argus ___ Display Ad World ___ Display Ad Times Argus ___ Radio ___ Agency (Please Name Agency _____) ___ Other _____

PLEASE BE SURE TO PROVIDE COPIES OF DRIVER'S LICENSE FOR ALL PERSONS 18 YEARS OF AGE AND OVER, AS WELL AS SOCIAL SECURITY CARDS FOR ALL PERSONS TO OCCUPY THE UNIT, ADULTS AND CHILDREN.

ATTACHMENTS TO THE APPLICATION ARE AS FOLLOWS AND ARE MADE A PART OF THIS APPLICATION:

Authorization to Verify Income

Notice of Right to Reasonable Accommodation

VAWA Information

HUD Form 9886: Authorization for the Release of Information/Privacy Act Notice

Applicant/Tenant Certification

Declaration of Citizenship

Fraud Information

Barre Housing Authority Staff:

Charles "Chip" Castle, Executive Director
Debra Lakus, Property Manager
Dianna Truman, Property Manager
Kay O'Neil, Assistant. Property Manager
Louisa Olson, Section 8 Coordinator

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

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

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

BARRE HOUSING AUTHORITY
30 WASHINGTON STREET, SUITE 1
BARRE VT 05641

AUTHORIZATION TO VERIFY INFORMATION

I hereby authorize Barre Housing Authority to use this Authorization or any copy thereof to verify the information I have provided on my application for assistance. This includes, but is not limited to, information concerning:

- Household composition
- Current and past landlords
- Criminal history, including information provided through the Vermont Criminal Information Center
- Criminal and non-criminal records regarding any and all activity of every kind and nature maintained by Barre City/Town Police Department and any other police department
- Income and Benefits
- Assets
- Medical Expenses
- Child Care Expenses
- Credit references, including a credit check, utility companies, and cable TV Company, etc.
- Participation in PATH Welfare to Work Program
- Community Service

THE ORIGINAL OF THIS FORM IS RETAINED ON FILE AT THE BARRE HOUSING AUTHORITY. THIS CONSENT FORM EXPIRES 15 MONTHS AFTER SIGNING.

Tenant/Applicant understands that income information and various references information from these sources will be used to verify information provided on the application in determining initial or continued eligibility for assisted housing programs and the level of benefits.

Signature

Date

Signature

Date

Maiden name (if applicable) If same, please indicate _____

Barre
Housing
Authority

30 Washington Street, Suite 1
Barre, VT 05641

Tel: 802-476-3185
Fax: 802-476-3113

Charles W. Castle, Executive Director

APPLICANT/TENANT CERTIFICATION

APPLICANT/TENANT STATEMENT: I/We certify that the information* given to the Barre Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

I/We understand that I am **REQUIRED BY LAW** to provide Barre Housing Authority with accurate and current information and that my/our failure to do so may result in my/we being charged with **FRAUD** and be subject to criminal sanctions. I/We understand that the information I am required to provide includes the full amount of wages, salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services **before any payroll deductions**. Income also includes reporting alimony, child support payments, welfare assistance, gifts, unemployment and workers' compensation, interest and dividends, and any income from a business, any payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of receipts and any other source** which provides income to my/our household.

Signature of head of household

Date

Signature of spouse or co-head

Date

If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590.

*After verification by the Barre Housing Authority, the information you provide will be submitted to the Department of Housing and Urban Development on form HUD-50058 (Tenant Data Summary) a computer-generated facsimile of the form or on magnetic tape. See Federal Privacy Act Statement for more information about its use.

**The law regarding required income reporting and income verification procedures can be found in the regulations published by the Department of HUD, 24 CFR Chapter IX.

Rev. April 1992

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

BARRE HOUSING AUTHORITY
30 WASHINGTON STREET, SUITE # 1
BARRE VT 05641

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

NONE

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

DECLARATION OF CITIZENSHIP

PLEASE PROVIDE ALL INFORMATION REQUESTED AND RETURN TO:

Barre Housing Authority
30 Washington Street, Suite 1
Barre, VT 05641

Part 1: Applies to All Family Members

Each person who will benefit under the Public Housing/ Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or National Of the U.S.	or	I am a noncitizen with eligible immigration status.	* <u>Signature of Adult Listed to the Left, or Signature of Guardian for Minors.</u>
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

Warning: Title 18 IS Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form

Head of Household Certification

As head of household, I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form, and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

1. Form I-551, Alien Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-688, Temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call _____ at _____ to arrange for delivery and copying of the original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors
_____	_____	____	X _____
_____	_____	____	X _____
_____	_____	____	X _____
_____	_____	____	X _____
_____	_____	____	X _____
_____	_____	____	X _____
_____	_____	____	X _____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

FEDERALLY MANDATED INCOME EXCLUSIONS

I CERTIFY THAT I DO/DO NOT HAVE INCOME FROM THE FOLLOWING SOURCES: 24CFR 5.609(B)(1) Types of earned income not counted in annual income (ACOP Page 6-9 and 6-63/62)

PLEASE INDICATE YES OR NO	AMOUNT	INDICATE PER MONTH OR YEAR
EARNED INCOME OF MINORS		
IF YES, INDICATE ON OTHER SIDE OF THIS SHEET THE NAME OF THE MINOR WITH INCOME AND THE SOURCE OF THE INCOME (ODD-JOBS, ETC), THIRD PARTY VERIFICATION IS PREFERRED BUT NOT REQUIRED		
Certain earned income of full-time student excess of \$480/year _____		
Payments rec'd for the care of foster children/adults _____		
STUDENT FINANCIAL AID (paid to student or institution) _____		
DOMESTIC VOL. SVC. ACT of 1973 _____		
LIHEAP (fuel) ASSISTANCE _____		
Awards under the federal work-study program _____		
AMERICORPS allowances, earnings and payments _____		
Funded under the Workforce Act _____		
Resident Service Stipend (not to exceed \$200.00) _____		
INDIAN SETTLEMENT/TRUST _____		
TITLE IV OF THE HIGHER EDUCATION ACT _____		
SPINA BIFIDA _____		
AGENT ORANGE STLMTS _____		
CHILD CARE AND DEVELOPMENT BLOCK GRANT ACT OF 1990 _____		
EARNED INCOME TAX CREDIT REFUNDS PAYMENTS _____		
CRIME VICTIM COMPENSATION _____		
TITLE V OF THE OLDER AMERICANS ACT _____		

ITEMS THAT HAVE BEEN INDICATED YES, self-certification acceptable

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

SIGNATURE AND DATE (HEAD OF HOUSEHOLD, spouse or cohead)

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION BARRE HOUSING AUTHORITY

If you have a disability and as a result of your disability you need.....

- A change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site..
- A change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site...
- A change or report to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site...
- A change in the way we communicate with you or give you information...
- A change in the policies or regulations with regards to the Housing Voucher Program...

You may ask for this kind of change, which is called a **REASONABLE ACCOMMODATION**.

If you can show that you have a disability and if your request is reasonable (*does not pose "an undue financial or administrative burden"), we will try to make the changes you request.

We will give you an answer within 30 days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you believe that will help.

If you need help filling out a **REASONABLE ACCOMMODATION FORM**, you can receive help at the main office of the Barre Housing Authority, 30 Washington Street., Suite 1, Barre, Vermont 05641. Our telephone number is 802-476-3185.

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.

*In simple language, this means, "if it is not too expensive and too difficult to arrange".



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

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

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

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

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

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

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

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

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

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

What are my rights?

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

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name