

Winchester Housing

80 Chestnut Street, Winsted CT 06098



Equal Housing Opportunity



Senior Housing (860) 379-4573

Fax (860) 379-0430

www.winchesterhousing.org

APPLICATION FOR HOUSING

Please **complete** the **ENTIRE** application, filling in all relevant areas of each page. **Return this application BEFORE 2:00 P.M.** Applications **will not be accepted** after 2:00 p.m.

Please be sure to sign the application, sign the release of information form, and have all adult members over the age of 18 who will be residing with you also sign the application.

NOTE: WE ARE NOT RESPONSIBLE FOR IMPORTANT DOCUMENTS (i.e. birth certificates, social security cards, etc.) SENT IN THE MAIL. You may also bring your completed application and related documents in person to the Winchester Housing Authority office.

Completed applications must include the following documentation:

- Verification of Income (**last** 10 weeks of pay stubs from employment, or printout from assistance source (***dated within last 60 days***))
- *If you or a family member are receiving social security and are unable to provide the social security benefit letter (dated within the last 60 days) – you need to contact SSA toll free at **1-800-772-1213** or via the Internet at www.ssa.gov to request a benefit verification letter free of charge.*
- Provide copies of **ALL** income sources, Wages, Pension, Child Support, Alimony, etc.
- Assets: Provide copies of **ALL** Checking(s), Saving(s), Passbooks, Interest Statement (1099), CD's, Real estate owned, Stocks, Bonds, Trust, Etc.
- Copy of your income tax return, if you filed one.
- Proof of Current Address
- Current Driver's License or Current Photo ID
- Current Utility Bill (*full page, top and bottom*)
- Birth Certificates for **ALL** household members
- Certificate of Naturalization, if applicable
- Social Security cards for **ALL** household members
- Names and addresses of landlords for the last **FIVE (5) years**
- Copy of Current Lease OR Letter from Landlord.
- Provide a criminal history report for each/any country outside the United States, which you have resided in at any time during the past ten (10) years.

ONLY when we receive ALL of the above information will we accept your application. No information will be released unless you have a receipt. We will then start the process of police reports, credit checks and landlord references to determine if you are eligible for the public housing program. Please be advised that the screening process takes at least four – six (4-6) weeks. You will be notified in writing once determination has been completed and when your application has been approved.

After your application has been accepted by the Housing Authority, if you change residence, mailing address, telephone number(s), there's a change in the family household, arrested for a crime other than non-criminal traffic violations, you must notify, **IN WRITING**, (no telephone calls), the Authority within ten (10) days.

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The following is a list of Assistance Programs and housing developments managed by the Winchester Housing Authority.

Federal Elderly & Young Disabled: *Chestnut Grove, 80 Chestnut Street, Winsted, CT 06098*

Greenwoods Garden, 40 Gay Street, Winsted, CT 06098

Have you ever applied for/lived in assisted housing owned and operated by the Winchester Housing Authority? YES _____ NO _____ If yes, when? _____

Have you ever applied for or participated in the WHA Section 8 Rental Assistance Program?
YES _____ NO _____ If yes, when? _____

Have you ever applied/participated in ANY Section 8 Programs: YES _____ NO _____

Today's Date: _____

Head of Household SS #: _____ - _____ - _____ Head of Household Birthdate: _____

Spouse SS#: _____ - _____ - _____ Spouse Birthdate: _____

FAMILY STATUS – Elderly (62+) _____ Disabled _____

I would like to be placed on the Greenwoods Garden waitlist only _____.

I would like to be placed on the Chestnut Grove wait list only _____.

I would like to be placed on both Greenwoods Garden and Chestnut Grove waitlist _____.

NOTE: Once you are housed, your name will be withdrawn from the waiting list(s); if housing is offered and you do not accept it, your name will be moved to the bottom of the waiting list(s) that you are on; second refusal would result in removal from waiting list(s).

APPLICANT DETAILS

Last Name: _____ First Name: _____

Co-Head Last Name: _____ Co-Head 1st Name: _____

Co-Head Maiden Name: _____ Co-Head Phone # _____

Marital Status: _____

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Address: _____

Mailing Address (if different): _____

Home Phone: _____

Work Phone: _____

Emergency Contact:

Name: _____

Address: _____

Phone: _____

Relationship: _____

PERSONAL DETAILS

1. Please give details of everyone in your household, starting with you:

	Last Name	First Name	Social Security #	Birth Date	Age	Sex
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

	Birthplace	Relationship	Occupation	Education	Grade
1.	_____	<u>Head of Household</u>	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

2. Are you expecting any changes to your family? (i.e. marriage, adoption, guardianship, etc.?)

YES ____ NO ____

If Yes, please give details: _____

Please provide documentation (marriage license statement, court orders, etc.)

3. Are you qualified for a dwelling available to a person with disabilities?

YES ____ NO ____

Some evidence of your ability to occupy this unit may be required.

4. Do you have a pet? YES ____ NO ____ . If Yes, please indicate what type of pet.
Winchester Housing Authority Pet Policy allows for one small, domesticated dog or cat. No pet may exceed 15 inches shoulder height.

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PERSONAL INCOME

EMPLOYMENT INCOME:

Does anyone in your household have any income from employment? YES ____ NO ____

If yes, complete the following information:

Name of Person,	F/T, P/T or Seasonal	Name of Employer	Gross Weekly Pay
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

*Please supply ten (10) current paystubs for verification of employment if paid weekly, or five (5) if you are paid bi-weekly.

BENEFITS/WELFARE ASSISTANCE:

Do you or does anyone in your household receive any benefits, pensions or welfare assistance?

YES ____ NO ____ If yes, please give details below:

Name	Type	Provider Address	Amount/Frequency
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

*Please provide verification (letter or printout from agency giving assistance, dated within the last 60 days)

OTHER INCOME:

Do you or anyone else in your household receive any other income such as:

	Yes/No	Amount	How often paid? (weekly, etc.)
Child Support	_____	_____	_____
Alimony	_____	_____	_____
Pension	_____	_____	_____
Other income	_____	_____	_____

(Other forms of income could be unemployment, workers comp, cash from others not in household, etc.)

*Please provide verification

ASSET INFORMATION:

Do you or any member of your household have any assets?

Checking or Savings	YES () NO ()	Automobile	YES () NO ()
Stocks, Bonds, Mutual Funds,	YES () NO ()	House	YES () NO ()
Trust, etc.		Other Real Estate/	YES () NO ()
Car, home or Real Estate	YES () NO ()	Property	

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IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE LIST EACH ASSET BELOW:

Has anyone recently disposed of assets for less than market value? YES _____ NO _____

Name of Person	Name/Address of Source	Account #	Disposal Date/Amount
----------------	------------------------	-----------	----------------------

1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

MEDICAL EXPENSES

Do you have medical expenses? Yes ___ No ___ If yes, please provide statements with verification of payment.

- | | |
|--|----------------|
| 1. Do you have Medicare/Medicaid? | YES ___ NO ___ |
| 2. Do you have any other type of medical insurance? | YES ___ NO ___ |
| Monthly Premium? _____ | YES ___ NO ___ |
| 3. Do you have any outstanding medical bills? | YES ___ NO ___ |
| 4. Are you expecting any medical expenses over the next 12 months? | YES ___ NO ___ |

YOUR HOUSING SITUATION

1. Are you living in a motel or shelter? YES ___ NO ___
If Yes, does the city/state pay for you to live in the motel/shelter? YES ___ NO ___
2. Have you recently (in the last 6 months) been put out of your home or are about to be put out of your home?
 - a. because of a fire YES ___ NO ___
 - b. because the City has condemned your home YES ___ NO ___
 - c. because your landlord has decided to sell your home YES ___ NO ___
 - d. because of another reason (Please explain) _____

If No, please explain why you would like to move into assisted housing? _____

3. Have you ever been evicted? YES ___ NO ___
Are you currently under eviction? YES ___ NO ___

If yes, to either, please explain: _____

4. Current monthly rent: _____ Are utilities included? YES ___ NO ___

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5. Your **Current** Address: _____
Name of: ☐ Landlord Name* ☐ Family/Friend ☐ You are/were Homeowner
(Name here): _____ *Phone # _____
Their Address: _____
Length of time in apartment: _____ years, _____ months
6. Your **Previous** Address: _____
Name of: ☐ Landlord Name* ☐ Family/Friend ☐ You are/were Homeowner
(Name here): _____ *Phone # _____
Their Address: _____
Length of time in apartment: _____ years, _____ months
7. Your **Previous** Address: _____
Name of: ☐ Landlord Name* ☐ Family/Friend ☐ You are/were Homeowner
(Name here): _____ *Phone # _____
Their Address: _____
Length of time in apartment: _____ years, _____ months
8. Your **Previous** Address: _____
Name of: ☐ Landlord Name* ☐ Family/Friend ☐ You are/were Homeowner
(Name here): _____ *Phone # _____
Their Address: _____
Length of time in apartment: _____ years, _____ months

[*Landlord address(s) and phone number(s) are mandatory]

Use additional sheet, if necessary, to list all previous addresses, and landlord information over the past **5 (five) years**. **FAILURE TO COMPLETE THIS SECTION WILL RESULT IN REJECTION OF YOUR APPLICATION!**

9. Have you or any member of your household ever been convicted or arrested for any crime other than traffic violations. YES _____ NO _____

If yes, please explain: _____

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PRIVACY ACT STATEMENT

The information on this form is being collected by the U.S. Department of Housing and Urban Development (HUD) to determine the applicant's eligibility, the recommended size and the amount of the tenant's contribution. HUD uses the information for budget development, program evaluation and planning, and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility and rent to verify the accuracy and completeness of the income information. Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State or Local agencies to verify information relevant to eligibility and rent determination and when applicable to other civil, criminal or regulatory matters. The Privacy Act restricts HUD's disclosure of information and families but does not restrict the Winchester Housing Authority (WHA) from releasing such information. There may be State and local laws or regulations that govern disclosure by a public housing agency. HUD uses Social Security numbers as identifies in computer matching to check the eligibility and rent determination made by WHA. Failure to provide information may result in eviction or withdrawal of housing assistance. HUD is authorized to ask for this information under the U.S. Housing Act of 1937, as amended, 42 U.S. C., 1437 et. Seq., the Housing and Community Development Amendments of 1981, P.L. 97-35, 85 Stat., 348, 408.

RACE/ETHNICITY

(COMPLETION OF THIS SECTION IS OPTIONAL – PLEASE CIRCLE THE APPROPRIATE NUMBER)

Race: White 1 Black 2 Native American/Alaskan 3 Asian / Pacific 4

Ethnicity: Hispanic 1 Non-Hispanic 2



FAMILY INCOME FROM ASSETS

I HAVE ACCURATELY REPORTED ALL ASSETS IN MY POSSESSION TO THE WINCHESTER HOUSING AUTHORITY.

I UNDERSTAND THAT PROVIDING FALSE OR INACCURATE STATEMENTS OR INFORMATION TO THE WINCHESTER HOUSING AUTHORITY IS GROUNDS FOR TERMINATION OF TENANCY

SIGNATURE OF HEAD OF HOUSEHOLD

DATED

OTHER ADULT

DATED



AUTHORIZATION FOR RELEASE OF INFORMATION

Consent:

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the WINCHESTER HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use maybe given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD of the WHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies or future landlords. This included records on my payment history and any violations of my lease or WHA rules.

Information covered:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested, include but are not limited to:

Identity and marital status, employment, income and assets, credit and criminal activity, medical or childcare and rental activity.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

Group or individuals that may be asked:

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including public housing agencies), Welfare agencies, past and present employers, Courts and Post Offices, State Unemployment agencies, Schools and Colleges, Social Security Administration, Law Enforcement Agencies, Medical and Child Care providers, Veterans administration, support and alimony providers, Retirement systems, banks and other financial institutions, Utility Companies, Credit Providers and Credit Bureaus.

Computer Matching notice and consent:

I understand and agree that HUD or the WHA may conduct computer matching programs to verify the information supplied for any application or recertification, if a computer match is done. I understand that I have a right to notification of any adverse information found and a chance to disprove any incorrect information. HUD or the WHA may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management; the U.S. Postal Service; the Social Security Administration and the State Welfare and food stamp agencies.

Conditions:

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the WHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Signature of Head of Household

Date

Signature of Co-Head

Date

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WAITING LIST POLICY

Applicants for assistance are required to maintain an address where they can be contacted. At least once a year, a purge of the waiting list is made. Periodically, mailings are made to applicants as well. If during the course of purging the list or mailing information, items are sent and returned to the Winchester Housing Authority, **THE APPLICANT WILL BE REMOVED FROM THE WAITING LIST.** Any applicant so dropped, may reapply at any time, but he or she will be placed at the bottom of the list.

SIGNATURES

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for housing assistance under programs of the U.S. Department of Housing and Urban Development, the Connecticut Department of Economic and Community Development and/or the Connecticut Housing Finance Authority. I/we authorize the Winchester Housing Authority (WHA) to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies. I/we understand that false statements or information are punishable under Federal law, and I/we certify that I/we have received the "Things you should know" fraud notice.

Applicant's Signature _____

Date: _____

Co-Head's Signature _____

Date: _____



NOTE: This form is needed for all applicants on the application.

DECLARATION OF CITIZENSHIP STATUS

Notice to applicants and tenants: in order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. as required by Section 214 of the Housing and Community Development Act of 1989, as amended. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing. **Complete this form for each member of the household listed on the application/lease.**

Last Name: _____ First Name: _____ MI: _____ Date of

Birth: _____ Sex: _____ Social Security #: _____

Head of Household: _____

Relationship to Head of Household: _____

Complete the part of this declaration which applies to you:

PART I

ELIGIBLE CITIZEN OR IMMIGRANT

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

___ I am a citizen by birth, a naturalized citizen or a national of the United States.

___ I have eligible immigration status, and I am 62 years of age or older. Attach proof of age.

___ I have eligible immigration status as checked below. Attached are INS document(s) evidencing eligible immigration status and signed verification consent forms. I have attached one of the following:

Form I-551, Alien Registration Receipt Card (for permanent resident aliens)

Form I-94, Arrival-Departure Record with one of the following annotations:

“Admitted as Refugee Pursuant to Section 207”

“Section 208” or “Asylum”

“Section 243 (h)” or “Deportation stayed by Attorney General”

Parole status under Sections 212 (d)(5)

Form I-94, Arrival-Departure Receipt Card not annotated accompanied by one of the following documents:

A final court decision to which no appeal was taken granting asylum.

A letter from INS asylum officer granting asylum (if application filed on or after 10/1/90) or from INS district director (if application filed before 10/1/90).

A court decision granting withholding of deportation.

A letter from an asylum officer granting withholding of deportation (if application filed on or after 10/1/90).

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I-688, Temporary Resident Card. Must be annotated "Section 245A" or "Section 210"
Form I-688B, Employment Authorization Card. Must be annotated "Provision of Law
274a12(11)" or "Provision of Law 274a12."

I-688, Temporary Resident Card. Must be annotated "Section 245A" or "Section 210"
Form I-688B, Employment Authorization Card. Must be annotated "Provision of Law 7a12(11)"
or "Provision of Law 274a12"

Signature of Family Member

Date

PART II REQUEST FOR AN EXTENSION OF ELIGIBLE IMMIGRANT

I hereby certify that I am a non-citizen with eligible immigration status, as noted in Declaration of Section 214 Status Form above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain evidence. The document(s) I am obtaining is/are:

I-551 Alien Registration Card
I-94 Arrival Departure Record and one of four annotations
I-94 Arrival Departure Record and one of four accompanying documents
I-688 Temporary Authorization Card annotated
I-151 Alien Registration Receipt Card

Signature of Family Member
(Check ____ if adult signing for child)

Date

PART III NON-CONTENDING ELIGIBLE IMMIGRATION STATUS

I hereby certify, under pains of perjury, that I am not contending eligible immigration status and I understand that I am not eligible for housing assistance. If this is a child, the adult living in the unit and applying and responsible for the child should sign and date below.

Signature of Family Member
(Check ____ if adult signing for child)

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 any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

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I understand that the WINCHESTER HOUSING AUTHORITY may request a police report from the Connecticut State Police and the National Directory on Criminal History for each adult listed on the WINCHESTER APPLICATION/ANNUAL RECERTIFICATION/INTERIMS OR AS NEEDED. This form is considered notice and will serve as a release form for the records to be obtained. I understand that if I refuse to give permission to obtain the report, my application will be withdrawn from the waiting list or may be terminated from the public housing program.

All Adult household members must sign and date

NAME: _____

SIGNATURE: _____

DATE: _____

NAME: _____

SIGNATURE: _____

DATE: _____



VEHICLE PARKING POLICY

DEFINITIONS

Vehicles

For purposes of this Parking policy the word “vehicle” is defined as any self-powered motor transportation requiring registration, insurance and state license for operation.

Resident

For purposes of this Parking Policy the word “resident” is defined as a person legally listed on a valid, effective, signed lease document filed with the Authority and designated as currently living in one of the Authority’s apartments.

This Parking Policy shall apply to all guests, visitors, or anyone on the premises with resident’s authorization and violation of this Parking Policy by any such guest, visitor or authorized person shall constitute a violation of this Parking Policy by the resident.

PURPOSE

The purpose of this Parking Policy is to define the parking rules and regulations for all housing developments operated by Winchester Housing Authority (WHA).

REQUIREMENTS & RULES

1. WHA has assigned parking spaces at each complex. Residents must obtain authorization by completing an Application for Parking Space in order for residents to park a vehicle on WHA property.
2. All vehicles on WHA property must be privately owned or leased by a resident of WHA and are to be properly registered, insured, operable, and inspected as required by law and may be brought on WHA premises and parked in their assigned resident parking.
3. Due to the shortage of parking spaces, only one (1) vehicle per apartment when the vehicle is privately owned or leased by a resident of WHA and is properly registered, insured, operable, and inspected as required by law may be brought on WHA premises and parked in their assigned resident parking.



4. If there are insufficient parking spaces at any development, a waiting list for parking spaces will be kept on a first-come, first-serve basis for each development necessary. Visitor parking cannot be used for additional vehicles owned by residents without express written permission from WHA.
5. The resident must have a current, valid Connecticut driver's license. If the resident's license is revoked, suspended or terminated, the resident must notify WHA immediately, and the vehicle must be removed from the premises. WHA reserves the right to reassign the parking space if it is needed. When the license is reinstated and the parking space has been reassigned, the resident will be placed on the parking space waiting list.
6. Residents moving into the State of Connecticut from another State must register and insure their vehicle in accordance with Connecticut state laws.
7. The vehicle must be in operable condition and in general good repair with no flat tires, broken glass, no sharp edges, no fluid leaks, etc.
8. All new residents must register their vehicle with the Authority Leasing Office on the date of occupancy. A vehicle purchased by a current resident must be registered with the Leasing Office, otherwise it could be towed at the owner's expense.
9. Residents must notify the Authority immediately if there is a change of vehicle and/or registration. All registration and insurance documents pertaining to the change must be submitted to the Leasing Office.
10. Any resident who requests a change in parking space must do so in writing. All requests are reviewed and granted at the discretion of the Authority due to the limited number of parking spaces at each development.
11. Residents must park in their assigned resident parking only.
12. No unregistered motor vehicles shall be parked at any time on WHA property. Such vehicle shall be towed at the owner's expense. No tractors, golf carts, campers, motor homes, trailers, ATVs, skidoos, boats, jet skis or any motorized vehicle that is larger than the parking space will be allowed to park on WHA premises. The parking of commercial vehicles is prohibited.
13. No vehicle shall be driven or parked in unauthorized areas such as lawn, sidewalks, porches, fire lanes, grass area, in front of dumpsters or fire



hydrants, double park or block another vehicle, on curbing areas, courtyards, or park in such a way as to block access to a ramp, sidewalk cutouts for accessibility, or in front of maintenance garage doors, etc. Any vehicle found parked in these areas or driving on these areas will be subject to immediate towing at owner's expense. Said owners shall be responsible for any damages done to these areas as a result of the driving and/or parking of the vehicle.

14. Parking in driveways in front of buildings or on roads in front of buildings is permitted for loading and/or unloading only and must be limited to no more than ten (10) minutes. Repeat violators may lose the privilege of parking on WHA property or risk the possibility of eviction proceedings for serious repeat violations to the Lease.
15. Repair work done on vehicles on WHA property is subject to the following rules and regulations:
 - a. No resident, visitor or guest is allowed to work on or make repairs in any manner to any vehicle under such circumstances as will create potential for serious threat or hazard to the health, safety or well-being of any other person, or which would create a potential serious threat of injury to any person, or damage to the property of WHA;
 - b. No work can be done on any vehicle that would interfere with the quiet enjoyment of the property by other residents;
 - c. Work on any vehicle involving vehicle fluids such as oil, grease, water, etc. is specifically prohibited under any circumstance;
 - d. The only work that is acceptable and may be performed on a vehicle must be minor in nature, such as changing a tire, and is required to take no more than one (1) hour to complete. If it is necessary to "jack up" or place the vehicle on "blocks" for any such minor repair, said vehicle shall not be left unattended. An adult must be present with said vehicle at all times.
16. At no time will it be permissible to utilize WHA utilities (electricity, water, etc.) for washing, charging, vacuuming or cleaning, etc. of any vehicle.
17. All vehicles must be moved so that complete and proper snow removal by maintenance can take place. If a vehicle is not moved during snow removal



procedures, said vehicle may be towed and/or resident shall be responsible for snow removal around vehicle. Furthermore, the resident shall hold WHA harmless in case of injury or damage to persons or vehicle if vehicle is not moved during snow removal procedures. Should a resident be away from the premises for any time, arrangements must be made with someone so that the vehicle can be moved for snow removal.

18. Any violation of any part of this policy may result in vehicles being towed at the owner's expense and possible forfeiture of parking privileges on WHA property.
19. WHA has the right to revoke your parking authorization at any time. Upon such revocation, the resident or owner shall immediately remove the vehicle from the premises. Failure to do so shall give WHA the right, in addition to other remedies, to remove and/or dispose of such vehicles. All costs connected with such removal and/or disposal of such vehicles shall be borne by the resident or owner.
20. The WHA's rights hereunder to remove vehicles from the premises shall also extend to any such vehicle which the WHA, at its reasonable discretion, deems to have been abandoned by the Owner, without the need of any other prior revocation of parking privileges.
21. If the assigned parking space is not used for thirty (30) days, on or after the thirty-first (31st) day, WHA has the right to reassign the parking space if needed.
22. If towing occurs, all charges are to be paid by the owner of the vehicle that was towed. The charges must be paid to the towing company first in order for the vehicle to be released to the owner.
23. At WHA's discretion, WHA may issue parking stickers to be placed on authorized residents' vehicles for any complex as the need arises. Failure to properly display such parking sticker could result in resident's vehicle being towed.

VISITOR OR GUEST PARKING – CALL HOUSING MANAGER AT (860) 379-4573 EXT. 104

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Parking spaces available and designated as "Visitor" parking are to be occupied only by visitors to the development. These spaces are not to be used as overnight parking by visitors or guests without the permission of WHA. Residents and/or their visitors or guests must notify the HOUSING MANAGER at (860) 379-4573 EXT. 104 in the event a visitor or guest is expected to remain parked at the development overnight. Vehicles parked in these spaces overnight without the permission of WHA are subject to immediate towing at the owner's expense.

Visitors shall not be permitted to park their vehicle in any area designated for use of residents.

WAIVER

Residents who cannot meet the requirements of this policy and feel that they have extenuating circumstances may request in writing a waiver of certain parts of this policy from the Executive Director. The decision of the Executive Director will be final.

This policy shall be part of the Lease Agreement. I agree to keep observe and be bound by this policy.

I have read, or had read or communicated to me, this Parking Policy and I fully understand same. I have received a copy of this Parking Policy.

Dated this _____ day of _____, _____.

Witness

Head of household

Resident



APPLICATION FOR PARKING SPACE

Complete and sign below: (please print clearly)

Resident/Owner name: Last, first & middle initial

Phone number

Complete address: Apartment number, Street address, City and State

Vehicle make & model

Year of vehicle

Color

License Plate Number

State

Expiration date

Resident signature

Date

To be completed by designated WHA personnel:

- _____ Copy of current, valid Connecticut driver's license
- _____ Copy of current, valid Connecticut registration
- _____ Copy of current, valid insurance card
- _____ Copy of Signed Parking Policy

_____ Approved

_____ Denied: Reason _____

_____ Date space issued

_____ Parking Space Assigned

_____ Signature of Designated WHA staff

_____ Date

Winchester Housing

80 Chestnut Street, Winsted CT 06098



Equal Housing Opportunity



Senior Housing (860) 379-4573

Fax (860) 379-0430

www.winchesterhousing.org

NO VEHICLE

I have received a copy of the Parking Policy. I do not own a vehicle at this time. However, I understand that if I purchase or lease a vehicle, I must complete an Application for Parking Space and supply all the necessary information before I park the vehicle on WHA premises.

I further understand that if I fail to notify WHA, my vehicle may be towed at my expense.

If I should have an overnight visitor with a vehicle, I agree to call the **HOUSING MANAGER at (860) 379-4573 Ext. 104.**

Dated this _____ day of _____, _____.

Resident signature

Print – Resident Name

Address

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VISITOR PARKING REQUEST

Dates Being Requested: _____

Resident Name: Last, first & middle initial _____

Phone number _____

Resident Apartment number, Street Address, City and State _____

Vehicle Owner Name and Address _____

Vehicle make & model _____

Year of vehicle _____

Color _____

License Plate Number _____

State _____

Provide WHA personnel with:

Copy of current,

_____ Copy of current, valid driver's license

_____ Copy of current, valid Connecticut registration

_____ Copy of current, valid insurance card

The Parking Policy shall apply to all guests, visitors, or anyone on the premises with resident's authorization and violation of this Parking Policy by any such guest, visitor or authorized person shall constitute a violation of this Parking Policy by the resident.

Resident Signature _____

Date _____

To be completed by designated WHA personnel:

_____ Copy of current, valid Connecticut driver's license

_____ Copy of current, valid Connecticut registration

_____ Copy of current, valid insurance card

_____ Approved

_____ Denied: Reason _____

_____ Date space issued

_____ Parking Space Assigned

_____ Signature of Designated WHA staff

_____ Date



PET POLICY TENANT AGREEMENT

TENANT: _____ Description of Pet: _____

ADDRESS: _____

Name of Pet: _____

City License No. _____

TELEPHONE: _____

PURPOSE:

The purpose of this policy is to allow individual residents and families to keep a pet, while at the same time, to ensure that ownership of a pet does not interfere with the rights of all residents to enjoy clean, peaceful, and safe surroundings.

WINCHESTER Housing Authority will allow for ownership of a pet in developments, with written pre-approval of the Housing Authority. Residents must keep written approval available. Residents are responsible for any damage caused by the pet in their ownership, including costs of fumigating or cleaning of their units. In exchange for this right, residents assume full responsibility and liability for the pet in their possession and agree to hold the Winchester Housing Authority harmless from any claims caused by action or inaction of their pet.

TYPES and RESTRICTIONS ON PETS ALLOWED AND IN WHICH PROPERTIES:

With prior written permission, the Winchester Housing Authority will allow one domesticated dog or cat, up to 2 small birds in a cage, or fish in an aquarium in all of its housing properties that have exterior, individual, and/or private entryways to the unit. However, due to tenant density and lack of open space for designated areas for pet waste and exercise:

- The pet may not exceed twenty (20) pounds or twelve (12) inches in height at maturity; all dogs and cats must be spayed or neutered and be current with inoculations. Only dogs that are "housebroken" and obey on command will be allowed.
- Any more than two (2) small, caged birds, i.e. canary, parakeet, finches, etc., shall be subject to the Pet Policy.
- Aquariums may not exceed ten (10) gallons and must be sealed against leakage.



APPLICATION FOR PET PERMIT:

Residents must have prior approval of the Housing Authority before moving a pet into the unit. Residents must request an Application for Pet Permit that must be fully completed before the Housing Authority will review the request. After the review, a written decision will be given to the applicant/resident.

Residents shall provide written proof of the following before a pet will be permitted into the premises: (Specifically cats and dogs)

1. Current Certificate of licensing by the Town of Winsted will be provided to the Authority prior to the approval of any dog. Documentation of Certificate of Licensing shall be submitted **annually** at annual re-certification time. It is understood that this license may be subject to change in accordance with any new Local, State and/or Federal regulations.
2. Current inoculation against rabies, distemper, parvovirus, and other conditions in accordance with State and local laws and/or ordinances by a licensed veterinarian or a State or local authority empowered to inoculate animals and shall be updated in accordance with State and local laws and/or ordinances.
3. Evidence/verification that the cat or dog has been spayed or neutered. If the pet is too young, the applicant/resident hereby agrees to have it neutered or spayed when it reaches a medically approved age. The applicant/resident will provide the Authority with written proof of distemper, boosters and rabies boosters as required by Local, State and/or Federal regulations.
4. A picture and description of the pet sufficient to identify the pet.
5. Proof of liability insurance will be required prior to pet occupancy.

PETS NOT ALLOWED ON WINCHESTER HOUSING AUTHORITY PROPERTIES:

Pit bulls, Rottweilers, or any combination thereof, or any other pet deemed to be potentially harmful to the health or safety of others will not be allowed regardless of weight requirement compliance.

NO gerbils, rabbits, hamsters or other rodents, snakes, lizards or other reptiles, ferrets, birds of prey or other dangerous species, or any other pet unusual to the common household shall be kept at any of Winchester Housing Authority's premises. Puppies are not allowed.

Any pet that may pose a safety concern to other residents and/or staff is not allowed on the Housing Authority property.



PET DEPOSIT:

A \$300 pet deposit shall be paid in advance. The pet deposit will be used toward repairs, treatment for flea infestation including the costs of fumigating or cleaning of the unit, or replacement of any part of the apartment or premises damaged by the pet. This deposit is refundable if no damage is done, as verified by the Housing Authority, after the resident or residents vacate the premises.

Fish and up to two (2) small birds in a cage are not subject to the pet deposit or the insurance requirement.

INSURANCE REQUIREMENT:

Full insurance coverage on a dog or cat must be provided by the resident to cover any damage, injury or accident caused by the pet and proof of such coverage must be submitted to the Housing Authority. The resident understands that they shall be liable for all damages caused by the pet and agrees to indemnify the Housing Authority for all costs of pet-related litigation including attorney's fees. The resident agrees by signing this Policy that the Housing Authority may not be named as a party in any legal action.

FINANCIAL OBLIGATION OF RESIDENTS:

Residents shall pay for the costs of repairs for any and all damages caused by the pet to the building, grounds, flooring, trim, finish, tiles, carpeting, screens, and other appurtenances. If damage is in the nature of stains or as a result of using chemicals required for the removal of stains and such damage cannot be restored to the original condition, residents shall pay the full cost and expense of replacing the item and shall reimburse the Housing Authority within thirty (30) days of billing.

NUISANCE OR THREAT TO HEALTH OR SAFETY:

Pet owners should use every consideration to protect the safety and wellbeing of other residents by keeping the pet under control, quiet, and healthy.

Repeated, substantiated complaints by neighbors and/or WINCHESTER Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, waste, or other nuisance will result in the owner having to remove the pet or move him/herself.

The privilege of owning a pet may be revoked at any time subject to the Housing Authority's Grievance Procedure if the pet becomes destructive, a nuisance, or a safety/health hazard to other tenants or if the tenant fails to comply with the Housing Authority's Policy governing pets.

RULES AND REGULATIONS FOR PETS AND THEIR OWNERS



1. All pets must be kept in the owner's apartment or on a leash or in a carrier at all times when outside and are not allowed to roam freely; the pet must be appropriately and effectively restrained and under the control of a responsible individual while on Housing Authority property. If the pet is a bird, it shall be caged at all times.
2. Pets shall not be permitted in community rooms, laundry rooms, waiting rooms, or tied outside. **Pets will not be allowed in any other section of a building except when entering and/or exiting.** No outdoor cages/dog houses may be constructed. The dogs/cats cannot be tied outside. No outside pets will be permitted.
3. The pet owner shall be responsible for the removal of waste from the exercise area by placing it in a sealed plastic bag and disposing of it properly.
4. The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.
5. The pet owner must feed, bathe and care for his/her pet in accordance with established anti-cruelty, health and humane laws.
6. Pet owners must clean up after their pet and are responsible for proper disposal of waste. Cat litter should be disposed of properly by putting the soiled litter in a waterproof bag and placing it in the dumpster or garbage can. Residents owning cats shall maintain waterproof litter boxes for cat waste and must be cleaned at least once a day. Refuse from litter boxes shall not accumulate or become unsightly or unsanitary. **At no time shall litter be disposed of through plumbing fixtures or flushed down the toilet. Litter boxes cannot be stored in the bathtub/shower.** Residents with dogs are encouraged to purchase a "pooper-scooper" and to use it to remove pet waste immediately. Solid waste should be placed in a bag and put in the dumpster or garbage can. No other means of disposal will be allowed.
7. Pet owners who are not picking up and properly disposing of pet waste from the exercise area will be charged \$10.00 per incident.
8. **A resident that disposes of CAT Litter through plumbing fixtures or flushes down the toilet will be fully responsible for the amount charged to the PHA by the plumbing or any other company who is called out on site to fix damage(s) caused by tenant negligence.**
9. Residents must take appropriate action to protect their pets from fleas and ticks.
10. All dogs must wear identity collars bearing the resident's name, phone number and date of the latest rabies inoculation, in addition to the license.
11. Pets cannot be bred or used for any commercial purpose.

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12. Residents must not alter their unit, patio or any other portion of the premises to create an enclosure for a pet.
13. Residents shall take adequate precautions to prevent their pet from disturbing neighbors (e.g. barking, howling, meowing loudly, scratching, biting, etc.)
14. A pet owner must physically control or confine his/her pet during the times when Housing Authority personnel, agents of the Housing Authority, or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms, etc.
15. Visitors or guests are prohibited from bringing any unauthorized pet onto the grounds or into a unit.
16. Residents are prohibited from feeding stray animals. Feeding strays shall constitute having a pet without proper authorization.
17. If a pet exhibits behavior that constitutes an immediate threat to health or safety or causes harm to any person, the pet's owner shall immediately remove the pet from the WINCHESTER Housing Authority property. The Authority may contact the appropriate state or local authority (or designated agent of such authority) to immediately remove the pet from the premises and the pet owner may be subject to termination of his/her dwelling lease.
18. If ten (10%) percent or more of the residents in the housing development where a pet is housed complain in writing that the pet is a nuisance, said pet must be removed. If the Housing Authority determines that the pet is a nuisance, a threat to the safety or security of person or property, the Housing Authority may request the removal of the pet from the premises. A copy of the Housing Authority's Grievance Procedure will be made available to the Resident upon request.
19. The resident agrees that in case of an emergency or illness, the following person will remove their pet from their apartment and be responsible for its care:

NAME: _____

Relationship to resident: _____

ADDRESS: _____

Phone Numbers: Cell _____ Home _____ Work _____

Email: _____

I understand that if called by the Housing Authority, I will remove the resident's pet from the unit and care for it until such time as the resident is able to.

Signature of Responsible Person

Date

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20. The residents agree to abide by all Rules and Policies regarding pets established by the Housing Authority now and in the future
21. The applicant understands/resident agrees to this PET POLICY and agrees to submit proper documentation necessary to ascertain that the proper licenses, inoculations and insurance are up to date.

REMOVAL OF PETS:

The residents understand that if, for any reason, a pet is left unattended for 24 hours or more, the Housing Authority has the right to enter the apartment, remove the pet and transfer it to the proper authorities, e.g. the local pet shelter or humane society. The residents agree to hold harmless the Housing Authority in such circumstances.

The Housing Authority accepts no responsibility for the pet so removed. The pet owner assumes all responsibility for all expenses incurred.

Management and Resident agree to utilize the Grievance Procedure described in the lease to resolve any dispute between the resident and management regarding a pet, except in emergency cases.

Any willful, repeated violation of the Housing Authority Pet Policy and any rules pertaining to pets may constitute the removal of the pet and/or eviction of residents.

I have read the above Pet Policy, understand same, and agree to abide by all terms and conditions governing this agreement. I have also received a copy of the Pet Policy and the Application for Pet Permit. I further understand that this Pet Policy is hereby incorporated into the Lease by reference.

Dated this _____ day of _____ 20_____

Applicant/Resident's Signature

WINCHESTER HOUSING AUTHORITY

Print Name

PHA Representative

Print Address

Phone Number



SMOKE-FREE HOUSING POLICY

Per 24 CFR Parts 965 and 966 of the General Statutes of the State of Connecticut Instituting Smoke-Free Public Housing. This policy prohibits the use of all lit tobacco products and hookahs (or water pipes) inside all units, common areas, PHA administrative offices, and in all areas within 25 feet of buildings. (collectively, "restricted areas") in which public housing is located (the communities of Chestnut Grove and Greenwoods Garden). This policy is effective for all residents and guests who occupy a dwelling unit under a lease with The Housing Authority of the Town of Winchester (WHA) and all of the employees, contractors, business invitees who provide services to Chestnut Grove and Greenwoods Garden Facilities. This policy shall become effective to all residents as of April 1, 2017.

Failure of any resident to follow the smoke-free policy will be considered a lease violation and will subject the Tenant to all lease enforcement procedures under the WHA Admissions and Continued Occupancy Policy (ACOP), which include termination of lease.

"No Smoking" signs are posted outside and inside the buildings.

Smoking outside the building at Chestnut Grove is limited to the North and South entrances in designated smoking areas only. Smoking outside the buildings at Greenwoods Garden must be 25 feet away from any building or structure on the property.

In circumstances where smoking is observed and/or reported, WHA will seek the specific source of the tobacco or other smoke and take appropriate action consistent with the enforcement of this policy.

All residents will be given two (2) copies of the smoking policy. After review, the resident will sign one copy and return the executed copy to the Winchester Housing Authority Office. The signed copy will be placed in the resident's file.

RESIDENT CERTIFICATION

I have read and understand the above smoking policy, and I agree to comply fully with the provisions. I understand that failure to comply may constitute cause for termination of my lease.

Resident(s) Signature: _____

Apartment Number: _____ Date _____

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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.	

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

--	--

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.



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 record keeping 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 06/30/2026.

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 or such other period consistent with State Law.

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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



**What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)**

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - Child support
 - AFDC payments
 - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.



JULY 2009



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



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. ***Remember, you may receive rental assistance at only one home!***

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

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Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third-party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: https://www.hud.gov/program_offices/public_indian_housing/programs/ph/eiv

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date