

## **Appendix VIII**

### **SAMPLE VERIFICATION FORMS**

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

#### **Application Forms**

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

#### **Income Verification Forms**

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

#### **Allowances/Deductions from Income**

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

Cost of auxiliary apparatus  
Certification for disability reimbursement

**Screening**

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

**Miscellaneous**

Threat Assessment  
Imputed Welfare Income

**HOUSING AUTHORITY**  
**Administration Building**  
**Street, City, State, Zip**  
**Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_.**

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**Mail-in PRE-APPLICATION for PUBLIC HOUSING**

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

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

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

**except**

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

**The Housing Authority is an Equal Housing Provider**

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PHA use Only: Date of application: _____	Lottery Number: _____ Time of Application: _____
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**Pre-application for Public Housing**

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

**For Statistical Purposes Only**

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

**FAMILY INFORMATION**

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

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

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

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

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

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

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

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

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

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

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Co-applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

**HOUSING AUTHORITY (PHA)**

**Administration Building**

**Street, City, State Zip**

**Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_.**

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**APPLICATION for PUBLIC HOUSING**

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

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

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

**The Housing Authority is an Equal Housing Provider**

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

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

**For Statistical Purposes Only**

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

**FAMILY INFORMATION**

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

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

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

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

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

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

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

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

15. Have you ever been evicted from housing?  Yes  No If yes, why? \_\_\_\_\_  
 \_\_\_\_\_
16. Have you ever lived in public housing before?  Yes  No If yes, where? \_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_ Name of Lessee: \_\_\_\_\_  
 Do you owe any money to the housing authority?  Yes  No
17. Do you have any past due utility bills?  Yes  No If yes, please describe and give amount owed: \_\_\_\_\_  
 \_\_\_\_\_
18. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation?  Yes  No If yes, please explain the nature of the problem and who was involved: \_\_\_\_\_  
 \_\_\_\_\_
19. Is anyone in your household currently on parole or probation?  Yes  No If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Qualifying for Deductions in Calculating Rent:**

20. Is the head of household or spouse age 62 or older or a person with a disability?  Yes  No If yes, please answer the following questions. If no, please skip down to question # 22.
21. Does your household have any medical expenses (include insurance, medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)?  Yes  No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Monthly medical expense: \$\_ Please give us the name, address & phone # of someone who can verify the expense: \_\_\_\_\_  
 \_\_\_\_\_
22. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work?  Yes  No If yes, describe the nature of the expense and the monthly amount: \_\_\_\_\_  
 \_\_\_\_\_ Please give us the name, address & phone # of someone who can verify the expense: \_\_\_\_\_  
 \_\_\_\_\_
23. Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training?  Yes  No If yes, please list the name, address and phone # of your child care provider: \_\_\_\_\_  
 Monthly unreimbursed child care cost: \$ \_\_\_\_\_
24. Is any member of the household age 18 or older other than the family head and spouse a full time student or a person with a disability?  Yes  No If yes, please give us the name of the family member and the name and address of someone who can verify this information:  
 Name of family member: \_\_\_\_\_ Please give us the name, address & phone # of someone who can verify this information: \_\_\_\_\_  
 \_\_\_\_\_
25. Drivers License or State ID #: Applicant: \_\_\_\_\_ Co-applicant: \_\_\_\_\_  
 Automobile: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License: \_\_\_\_\_

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

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

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Applicant Signature

Date

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Co-applicant Signature

Date

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

**Housing Authority**

**ANNUAL INCOME CHECKLIST**

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

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

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

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

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**Resident's Certification**

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

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

## Housing Authority

### ANNUAL INCOME WORKSHEET

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

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

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

**SUM OF TOTALS:** \_\_\_\_\_

**ASSET INCOME** \_\_\_\_\_

**From Asset Income Worksheet**

**ANNUAL INCOME:** \_\_\_\_\_

**Housing Authority**  
**ASSET CHECKLIST**

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

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

**Tenant's Certification**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Housing Authority**  
**ASSET DIVESTITURE DATA-GATHERING SHEET**

**PART I. LAND**

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

**PART II. HOUSES OR OTHER REAL ESTATE**

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

**PART III. STOCKS OR BONDS**

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

**PART IV. CASH, CERTIFICATES OF DEPOSIT**

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

**PART V. PERSONAL PROPERTY HELD AS AN INVESTMENT**

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

**PART VI. BUSINESS EQUIPMENT**

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

**Housing Authority**

**ASSET INCOME WORKSHEET**

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

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

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

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

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

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

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

**Housing Authority**  
**ALLOWANCE CHECKLIST**

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

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

**Family Member Name**

**Date  
Verified**

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: List any optional PHA deductions here**

\_\_\_\_\_

**Tenant's Certification**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Head of Household's name

Head of Household's signature

PHA witness

**Housing Authority**

**ADJUSTED INCOME WORKSHEET**

1. \_\_\_\_\_ **Annual Income (From Annual Income Worksheet)**

2. **Dependent Deduction**

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

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

3. **Child care Expenses**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8. \_\_\_\_\_ Adjusted Income. Line 1 minus Line 7 equals Adjusted Income.

## RENT CALCULATION WORKSHEET (Non-welfare rent state)

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

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

**The worksheet below performs this operation.**

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

### Calculating income-based rent

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

### Choice of Rent

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

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

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

## **Notice to all Applicants:**

### **Reasonable Accommodations for Applicants with Disabilities**

The Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, disabled families, and single people. PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, PHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is a structural change a PHA can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to make effective use of a PHA's programs. Examples of reasonable accommodations would include:

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

## SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the \_\_\_\_\_ Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant Name \_\_\_\_\_ File \_\_\_\_\_

Interview Conducted By \_\_\_\_\_ Date \_\_\_\_\_

1. Will you, or any member of your family require any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> A separate bedroom          | <input type="checkbox"/> Unit for Vision-Impaired    |
| <input type="checkbox"/> A barrier-free apartment    | <input type="checkbox"/> Unit for Hearing-Impaired   |
| <input type="checkbox"/> One-level unit              | <input type="checkbox"/> Bedroom & Bath on 1st floor |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> Extra Bedroom               |

**Live In Attendant**

2. Can you and all family members use the stairs unassisted? Yes  No

If No, please indicate how the PHA should accommodate your family: \_\_\_\_\_

3. Will you or any of your family members need a live-in aide to assist you? Yes  No

If Yes, please explain \_\_\_\_\_

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed.

\_\_\_\_\_

5. What is the name of the family member needing the features identified above?

\_\_\_\_\_

Whom should we contact to verify your need for a special apartment?

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**VERIFICATION OF NEED FOR UNIT WITH SPECIAL FEATURES**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Applicant \_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam:

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

Sincerely; \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_

1. Name of family member with special housing need: \_\_\_\_\_

2. Nature of need(s):

**Special Unit:**

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

**Live In Attendant**

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

4. Name of person providing verification \_\_\_\_\_ Signature : \_\_\_\_\_  
Name of Agency \_\_\_\_\_  
Phone # \_\_\_\_\_ Agency address \_\_\_\_\_ Date \_\_\_\_\_

I \_\_\_\_\_ hereby authorize the release of the requested information  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Verification of Income from Employment**

Re. \_\_\_\_\_

Social Security # \_\_\_\_\_

Dear Sir/Madam;

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

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

Sincerely: \_\_\_\_\_

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

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Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Applicant/Tenant Release**

I \_\_\_\_\_ hereby authorize the release of the requested information.

---

Signature

Date

**Verification of Receipt of Public Assistance Income**

Re. \_\_\_\_\_

Social Security # \_\_\_\_\_

Dear Sir/Madam;

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

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

**Sincerely:** \_\_\_\_\_

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

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Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Applicant/Tenant Release**

I \_\_\_\_\_ hereby authorize the release of the requested information.

---

Signature

Date

**Verification of Receipt of Social Security/SSI Income**

Re. \_\_\_\_\_

Social Security # \_\_\_\_\_

Dear Sir/Madam;

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

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

Sincerely: \_\_\_\_\_

---

1. Gross Monthly Payment \$ \_\_\_\_\_

2. Please check Type of Benefits Received by this family

(a) Social Security Retirement

Disability

Widow(er)

Child(ren)

(B) Supplemental Security Income (Including State Supplement)

Old Age

Disability

Blind

3. Monthly Medicare/Medicaid Deduction \$ \_\_\_\_\_

---

Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

---

**Applicant/Tenant Release**

I \_\_\_\_\_ hereby authorize the release of the requested information.

---

Signature

Date

**Verification of Receipt of Child Support Income**

Re. \_\_\_\_\_

Social Security # \_\_\_\_\_

Dear Sir/Madam;

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

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

Sincerely: \_\_\_\_\_

\_\_\_\_\_

Number of children on whom support is paid : \_\_\_\_\_

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

\_\_\_\_\_

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

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

Is Child Support Court Ordered? . Yes  No

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

\_\_\_\_\_

Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_

**Applicant/Tenant Release**

I \_\_\_\_\_ hereby authorize the release of the requested information.

\_\_\_\_\_

Signature

Date



**Verification of Receipt of V.A. Benefits**

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

Dear Sir/Madam:

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

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

Sincerely: \_\_\_\_\_

1. **Period of Active Duty:** From \_\_\_\_\_ To: \_\_\_\_\_ & From To \_\_\_\_\_

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

Name \$ Address of Employer: \_\_\_\_\_

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

For Service-connected: Disability  Death  Dependency and Indemnity

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

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

Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Applicant/Tenant Release**

I \_\_\_\_\_ hereby authorize the release of the requested information.

Signature

Date

**Verification of Receipt of Unemployment Benefits**

Re. \_\_\_\_\_

Social Security # \_\_\_\_\_

Claim # \_\_\_\_\_

Dear Sir/Madam;

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

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

Sincerely: \_\_\_\_\_

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Gross Weekly Payment: \_\_\_\_\_ \$ \_\_\_\_\_

Is Claimant eligible for further benefits?  Yes  No

Date of Initial Payment: \_\_\_\_\_

Duration of Benefits \_\_\_\_\_

How many weeks of Benefits remaining? \_\_\_\_\_

Amount of Benefits remaining? \$ \_\_\_\_\_

Termination date of Benefits is? \_\_\_\_\_

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Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

---

---

**Applicant/Tenant Release**

I \_\_\_\_\_ hereby authorize the release of the requested information.

---

Signature

Date

**Verification of Pension or Annuity Income**

Re. \_\_\_\_\_ Social Security # \_\_\_\_\_

ID # \_\_\_\_\_

Dear Sir/Madam;

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

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

Sincerely: \_\_\_\_\_

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Current Gross Monthly amount of Pension \$ \_\_\_\_\_ / Month

Current Gross Monthly amount of Annuity \$ \_\_\_\_\_ /Month

Deductions for Gross Medical Insurance Premium \$ \_\_\_\_\_ /Month

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

Date of Initial Award: \_\_\_\_\_

Effective Date of Current amount \_\_\_\_\_

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Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Applicant/Tenant Release**

I \_\_\_\_\_ hereby authorize the release of the requested information.

---

Signature

Date

**Self Employment Income Verification Form**

Full Name of Applicant or Tenant; \_\_\_\_\_

Present Address of Applicant or Tenant \_\_\_\_\_

\_\_\_\_\_

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

\$\_\_\_\_\_for the following work:

\_\_\_\_\_

\_\_\_\_\_

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

To\_\_\_\_\_ ) for the following work:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant or Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

Name of Notary Public: \_\_\_\_\_

Date Commission Expires: \_\_\_\_\_

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

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

### 1. Food Expenses

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

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

**This amount is income.**

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

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

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

### 2. Cleaning, Grooming and Paper Products Expenses

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

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

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

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

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

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

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

### 3. Transportation Expenses

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

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

Gas \$ \_\_\_\_\_ Maintenance \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_ Tires \$ \_\_\_\_\_

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

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

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

**Note: Uninsured automobiles cannot be parked on PHA property.**

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

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

### 4. Entertainment Expenses

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

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

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

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

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

## 5. Clothing Expenses

What are the ages and sexes of all family members? \_\_\_\_\_

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

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

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

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

## 6. Smoking Expenses

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

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

## 7. Communications Expenses

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

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

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

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

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

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

## 8. Shelter Expenses

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

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

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

## 9. Medical Expenses

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

applicant/tenant household contributes toward medical expenses, who contributes? \_\_\_\_\_

**Such contributions are not income.**

**10. Miscellaneous Expenses**

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

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

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

### Worksheet for Income from Contributions

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

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

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

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

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

**Housing Authority**  
**ASSET VERIFICATION**

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

**Request for Verification of Deposit**

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

**Instructions:**

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

**Part 1. Request**

1. TO (Name and Address of Depository)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

3. \_\_\_\_\_  
Signature of Lender or Official of Local Processing Age      Date

5. \_\_\_\_\_

4. \_\_\_\_\_  
Title

6. \_\_\_\_\_  
Lender's Number (optional)

7. INFORMATION TO BE VERIFIED:

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

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

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


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

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

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

11. LOANS OUTSTANDING TO APPLICANT(S)

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. \_\_\_\_\_  
Signature of Depository Official

14. \_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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

**Housing Authority**  
**FULL-TIME STUDENT VERIFICATION**

Re: \_\_\_\_\_

Dear Sir/Madam:

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

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

Sincerely, \_\_\_\_\_

\_\_\_\_\_  
Name of Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Check Applicable Space:

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

Years Remaining to Complete Degree or Program: \_\_\_\_\_

Remarks: \_\_\_\_\_

**TENANT/APPLICANT RELEASE**

I, \_\_\_\_\_, hereby authorize the release of the requested information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Housing Authority**

**APPLICANT/TENANT CERTIFICATION FOR CHILD CARE EXPENSES**

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

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

**Reason for care (check one)**

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

Hours worked: \_\_\_\_\_ per \_\_\_\_\_ week, \_\_\_\_\_ month

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

Hours at school: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address & Phone # : \_\_\_\_\_  
\_\_\_\_\_

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

Signature, \_\_\_\_\_

**Housing Authority**  
**CHILD CARE VERIFICATION**

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

Sincerely yours,

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**VERIFICATION**

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

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

- Work                       Go to school

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

- once a week               every two weeks               once a month

Care during the week will be offered as follows:

Monday: \_\_\_\_\_ hours  
Tuesday: \_\_\_\_\_ hours  
Wednesday: \_\_\_\_\_ hours  
Thursday: \_\_\_\_\_ hours  
Friday: \_\_\_\_\_ hours  
Saturday: \_\_\_\_\_ hours  
Sunday: \_\_\_\_\_ hours

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_

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**TENANT/APPLICANT RELEASE**

I, \_\_\_\_\_, hereby authorize the release of the requested information.

Signature

Date

**Housing Authority**

**CHILD CARE EXPENSES VERIFICATION**

- Organization or Institution Provides Care -

Dear Sir/Madam:

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

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

Sincerely, \_\_\_\_\_

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

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

Day care facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

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

Total hours per week: \_\_\_\_\_ Total hours per month: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Address: \_\_\_\_\_

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

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**TENANT/APPLICANT RELEASE**

I, \_\_\_\_\_, hereby authorize the release of the requested information.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Housing Authority**  
**MEDICAL VERIFICATION**

Date: \_\_\_\_\_

RE: \_\_\_\_\_

Dear Sir/Madam:

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

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

Sincerely, \_\_\_\_\_

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

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

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

Projected Cost of Services During Next 12 Months \$ \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

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**TENANT/APPLICANT RELEASE**

I, \_\_\_\_\_, hereby authorize the release of the requested information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Housing Authority**

**PRESCRIPTION VERIFICATION**

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

Sincerely yours, \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pharmacy

\_\_\_\_\_  
Phone

**TENANT/APPLICANT RELEASE**

I, \_\_\_\_\_, hereby authorize the release of the requested information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Housing Authority**

### **CHECKLIST FOR DISABILITY ASSISTANCE EXPENSE VERIFICATIONS**

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

**Housing Authority**

**DISABILITY VERIFICATION FORM**

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

Sincerely yours, \_\_\_\_\_

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

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

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

Name and Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Phone \_\_\_\_\_

**TENANT/APPLICANT RELEASE**

I, \_\_\_\_\_, hereby authorize the release of the requested information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Housing Authority**

**DISABILITY EXPENSE ALLOWANCE VERIFICATION**

**(Transmittal Letter)**

Dear Sir or Madam:

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

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

Sincerely,

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**TENANT/APPLICANT RELEASE**

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

---

Signature

Date

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

Name of family member with disability: \_\_\_\_\_

Full name and address of professional completing this certification:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

The availability of the care or auxiliary apparatus enables:

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

If further information is required, please contact \_\_\_\_\_  
by calling (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Housing Authority**

**ATTENDANT CARE VERIFICATION**

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

Sincerely yours,

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**VERIFICATION**

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

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

Monday: \_\_\_\_\_ hours  
Tuesday: \_\_\_\_\_ hours  
Wednesday: \_\_\_\_\_ hours  
Thursday: \_\_\_\_\_ hours  
Friday: \_\_\_\_\_ hours  
Saturday: \_\_\_\_\_ hours  
Sunday: \_\_\_\_\_ hours

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_

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**TENANT/APPLICANT RELEASE**

I, \_\_\_\_\_, hereby authorize the release of the requested information

Signature

Date

**Housing Authority**

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

Name of family member with disabilities: \_\_\_\_\_

Full name and address of employer completing this certification:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

If further information is required, please contact \_\_\_\_\_  
by calling (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**TENANT/APPLICANT RELEASE**

I, \_\_\_\_\_, hereby authorize the release of the requested information

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Housing Authority**

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

Family member's name: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

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

- wheelchair  reading device  
 walker  other: \_\_\_\_\_

Indicate if apparatus is leased or purchased:

Date purchased: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cost: \$ \_\_\_\_\_  
Date leased: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cost: \$ \_\_\_\_\_

Are installment or lease payments being made?  yes  no

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

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

Estimated apparatus costs for upcoming 12 months \_\_\_\_\_.

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

Describe type of equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated cost (labor and materials): \$ \_\_\_\_\_

Type of vehicle modified:

Car: \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_ year \_\_\_\_\_ tag # \_\_\_\_\_  
Truck: \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_ year \_\_\_\_\_ tag # \_\_\_\_\_  
Van: \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_ year \_\_\_\_\_ tag # \_\_\_\_\_

Date modified: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Are payments being made on vehicle modifications?  yes  no

If yes, indicate frequency and amount: \$ \_\_\_\_\_

\_\_\_\_\_ weekly \_\_\_\_\_ monthly other: \_\_\_\_\_

Term of installment purchase: \_\_\_\_\_

(# of months), From \_\_\_\_\_ To \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact person:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Title

**Housing Authority**

**FAMILY CERTIFICATION FOR  
DISABILITY EXPENSE REIMBURSEMENT**

Name of family member with disability: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Housing Authority**

**SCREENING COVER LETTER**

Date: \_\_\_\_\_

RE: Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear Sir/Madam:

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

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

Sincerely yours,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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**TENANT/APPLICANT RELEASE**

I, \_\_\_\_\_, hereby authorize the release of the requested information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Housing Authority**  
**LANDLORD VERIFICATION FORM**

Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name of Landlord \_\_\_\_\_

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

Current Landlord \_\_\_\_\_ Previous Landlord \_\_\_\_\_ Other \_\_\_\_\_

Dates of Applicant's Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

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

**1. Rent Payment**

A. Amount of monthly rent: \_\_\_\_\_ \$ \_\_\_\_\_

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

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

How late? \_\_\_\_\_ How often? \_\_\_\_\_

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

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

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

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

**2. Caring for the Unit**

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

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

Describe: \_\_\_\_\_

Cost to repair? \$ \_\_\_\_\_ How often? \_\_\_\_\_

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

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

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

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

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

**3. General**

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

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

Describe: \_\_\_\_\_

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

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

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

**Housing Authority  
Applicant Notice of Rejection**

To: Applicant \_\_\_\_\_  
Address \_\_\_\_\_

Date \_\_\_\_\_

Dear \_\_\_\_\_,

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

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

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

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

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

This rejection is based on the following facts: \_\_\_\_\_

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

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

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

Sincerely, \_\_\_\_\_  
Signature Name and title

**Housing Authority  
PHA POLICE RECORD VERIFICATION**

Police Department: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Sir/Madam:

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

Sincerely, \_\_\_\_\_  
(Manager's Name) (Signature)

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

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

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

**APPLICANT'S RELEASE**

I hereby authorize the release of the information requested above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Housing Authority**

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

Name \_\_\_\_\_ Date \_\_\_\_\_ PHA File Number \_\_\_\_\_

Dear Sir/Madam:

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

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

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

Sincerely, \_\_\_\_\_  
Name Signature

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**Eligibility for Services: Agency Certification**

(Not applicable for individual service providers)

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

\_\_\_\_\_  
Name Signature \_\_\_\_\_  
Agency Name Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

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**Description of How Assistance will be Provided**

Description of assistance provided: \_\_\_\_\_

This assistance will be provided:

Several times each day \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Twice each week \_\_\_\_\_ Twice each month \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

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

\_\_\_\_\_  
Name Signature Date

\_\_\_\_\_  
Address and Telephone Number

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**For PHA use only:**

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

Name of agency staff contacted: \_\_\_\_\_

Date of contact: \_\_\_\_\_

Signature of PHA staff: \_\_\_\_\_

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

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

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Housing Authority**

**VERIFICATION OF ABILITY TO COMPLY WITH PHA LEASE TERMS**

Name of Applicant \_\_\_\_\_ File Number \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks \_\_\_\_\_

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

Name: \_\_\_\_\_ phone \_\_\_\_\_

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

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

7. Does the applicant share your home?  YES  NO

8. Rent Payment

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

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

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

How late \_\_\_\_\_ How often? \_\_\_\_\_

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

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

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

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

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

9. Caring for the Unit

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

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

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

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

10. General Lease Compliance

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

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

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

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

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

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

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

YES  NO Describe: \_\_\_\_\_

Name of person completing this form \_\_\_\_\_ Signature \_\_\_\_\_

Title of person completing this form \_\_\_\_\_ Agency/business name \_\_\_\_\_

Date \_\_\_\_\_ Agency/business address/phone \_\_\_\_\_

**APPLICANT RELEASE**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Housing Authority**

**PHA CHECKLIST: ABILITY TO COMPLY WITH LEASE TERMS**

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

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

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

**Applicant Name:** \_\_\_\_\_ **File #:** \_\_\_\_\_

**Interviewer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I. QUESTIONS FOR APPLICANTS on CARING FOR CURRENT RESIDENCE**

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

Name and Phone #: \_\_\_\_\_

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

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

If yes, please explain what happened and why: \_\_\_\_\_

**MEETING FINANCIAL OBLIGATIONS, ESPECIALLY RENT**

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

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

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

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

**REPORTING CHANGES IN INCOME OR FAMILY STATUS**

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

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

**FOLLOWING APPROPRIATE RULES**

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

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

Name and Phone: \_\_\_\_\_

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

**AVOIDING DISTURBING THE NEIGHBORS**

- 1. Are there neighbors near where you presently live?  YES  NO
- 2. Do you have any trouble getting along with your neighbors where you live now?  
 YES  NO If yes, please explain \_\_\_\_\_
- 3. Have you or any family members ever engaged in physical violence toward your neighbors, landlord, or landlord's staff?  YES  NO If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Have you or any family members ever engaged in verbal abuse (threats, swearing, etc.) toward your neighbors, housing provider, or staff?  YES  NO If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**AVOIDING CRIMINAL ACTIVITY**

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

Examples of Criminal Activity include but are not limited to:

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

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

**OTHER LEASE COMPLIANCE ISSUES**

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

**II. QUESTIONS TO BE COMPLETED BY INTERVIEWER**

1. Did the applicant exhibit any behavior that might cause a problem with lease compliance if the applicant were admitted?  YES  NO  
If Yes, describe behavior in detail: \_\_\_\_\_  
\_\_\_\_\_
2. Did the applicant engage in any verbal abuse, threats, or swearing during the application interview?  YES  NO  
If Yes, please describe behavior and what triggered it:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

**Housing Authority**  
**HOME VISIT REPORT**

Name of Applicant \_\_\_\_\_ File Number \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_

Home Visit Conducted by: \_\_\_\_\_

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

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

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**1. General cleanliness**

A. Living/Dining Room: \_\_\_\_\_ Good \_\_\_\_\_ Acceptable \_\_\_\_\_ Unacceptable  
Describe: \_\_\_\_\_

B. Bedrooms \_\_\_\_\_ Good \_\_\_\_\_ Acceptable \_\_\_\_\_ Unacceptable  
Describe: \_\_\_\_\_

C. Kitchen/ Cabinets/Appliances \_\_\_\_\_ Good \_\_\_\_\_ Acceptable \_\_\_\_\_ Unacceptable  
Describe: \_\_\_\_\_

D. Bathroom \_\_\_\_\_ Good \_\_\_\_\_ Acceptable \_\_\_\_\_ Unacceptable  
Describe: \_\_\_\_\_

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

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

**2. Applicant-Caused Damages to the Unit**

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

Why do you believe the applicant caused the damages? \_\_\_\_\_  
\_\_\_\_\_

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

C. Is there evidence of vermin infestation?  YES  NO

Describe \_\_\_\_\_

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

Describe \_\_\_\_\_

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

Please explain: \_\_\_\_\_

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

If yes, what is the pet? \_\_\_\_\_

Are there any pet-caused problems in the unit? \_\_\_\_\_

**4. Other comments**

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

B. Other comments by the PHA Staff:

**5. Other areas of lease compliance:**

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

Describe \_\_\_\_\_

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

YES  NO

Describe \_\_\_\_\_

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

Describe \_\_\_\_\_

**Housing Authority**

**UTILITY VERIFICATION FORM**

Name of Applicant: \_\_\_\_\_ PHA file # \_\_\_\_\_

Current Address \_\_\_\_\_

Name of Utility Supplier \_\_\_\_\_

Utilities Provided Electricity. Gas Water Other

Dates of Applicant's Service: From \_\_\_\_\_ To \_\_\_\_\_

A. Average amount of monthly bill: \$ \_\_\_\_\_

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

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

How late? \_\_\_\_\_ How often? \_\_\_\_\_

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

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

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

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

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

Signature of Utility Co. Representative \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

I \_\_\_\_\_ authorize the release of the information requested on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Housing Authority**  
**THREAT ASSESSMENT VERIFICATION**

Police Department: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Sir/Madam:

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

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

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

Sincerely, \_\_\_\_\_  
(Manager's Name) (Signature)

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**Description of the Threat claimed by the Family**

1. Name of Family head of household: \_\_\_\_\_
2. Current address: \_\_\_\_\_
3. Name of Family member(s) claiming threat (if different from head): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Reason for threat: \_\_\_\_\_
5. Nature of the threat claimed: \_\_\_\_\_

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**Law Enforcement Assessment of Threat**

1. In your opinion, is any member of this family reasonably subject to a threat?  Yes  No  
If yes, please explain: \_\_\_\_\_
2. Please describe the specific danger to the family: \_\_\_\_\_  
\_\_\_\_\_
3. Is any member of the family contributing to the threat?  Yes  No If yes, please explain: \_\_\_\_\_
4. Will the family be safe if we move them to another public housing development?  Yes  No
5. If the family will not be safe in another public housing development, will they be safe if we issue the family a housing voucher?  Yes  No

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

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**FAMILY'S RELEASE**

I hereby authorize the release of the information requested above.

Family head's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Imputed Welfare Income Verification Form**

Public Assistance Office

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(date)

**RE: Reason for Reduction in Public Assistance Benefits**

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dear \_\_\_\_\_:

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Thank you for your cooperation.

Sincerely;

Property Manager