

# **BARRE HOUSING AUTHORITY**

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

Website: [www.barrehousingauthority.com](http://www.barrehousingauthority.com)

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

**Dear Applicant:**

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

**Chellby Colombe at 622-0884**

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

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

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

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

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



November 2004

## Things You Should Know

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

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

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## ITEMS TO BRING TO THE INTERVIEW OR MAIL WITH APPLICATION

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

### **A Information About Your Income and Assets**

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

## CERTIFICATION OF VICTIM STATUS

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

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

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

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

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

## CONFIDENTIALITY

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

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

### Disclaimer

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

## For information in your area:

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

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

FORM HF-88 HOUSING FORMS, INC.

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



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



## Watch Out for Housing Assistance Scams!

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

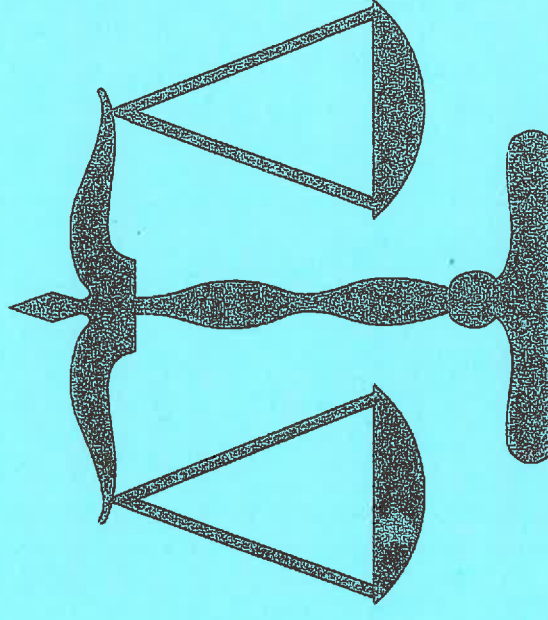
## Report Fraud

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

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

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

## APPLYING FOR HUD HOUSING ASSISTANCE?



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

For information in your area:

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



**EQUAL HOUSING  
OPPORTUNITY**

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

(The Fair Housing Amendments Act of 1988)

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

In the sale or rental of housing or  
residential lots

In the provision of real estate  
brokerage services

In advertising the sale or rental  
of housing

In the appraisal of housing

In the financing of housing

Blockbusting is also illegal

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

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

[www.hud.gov/fairhousing](http://www.hud.gov/fairhousing)

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

## Housing Assistance Application

[illegible]

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

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

(Office use only) Applicable Income Limit Low \_\_\_ Very Low \_\_\_ Total \_\_\_

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

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

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

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

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

Description of Asset	Cash Value*	Amount Received	Date Disposed

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

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

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

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



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

**Signature of Applicant**

**Date**

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

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

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

**AUTHORIZATION TO VERIFY INFORMATION**

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Maiden name (if applicable) If same, please indicate \_\_\_\_\_

Barre  
Housing  
Authority

30 Washington Street, Suite 1  
Barre, VT 05641

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

Charles W. Castle, Executive Director

## APPLICANT/TENANT CERTIFICATION

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

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

\_\_\_\_\_  
Signature of head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of spouse or co-head

\_\_\_\_\_  
Date

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

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

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

Rev. April 1992



## Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

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

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

NONE

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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



# DECLARATION OF CITIZENSHIP

PLEASE PROVIDE ALL INFORMATION REQUESTED AND RETURN TO:

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

## Part 1: Applies to All Family Members

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

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

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

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

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

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

## Head of Household Certification

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

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

## FEDERALLY MANDATED INCOME EXCLUSIONS

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

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

ITEMS THAT HAVE BEEN INDICATED YES, self-certification acceptable

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

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

## **NOTICE OF RIGHT TO REASONABLE ACCOMMODATION BARRE HOUSING AUTHORITY**

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

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

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

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

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

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

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

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

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





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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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



**Who will have access to the information collected?**

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

**This Notice was provided by the below-listed PHA:**

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

**Signature**

**Date**

**Printed Name**