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
Mail-in PRE-APPLICATION for PUBLIC HOUSING

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

1. To be qualified for admission to public housing an applicant must:
   (a) Be a family as defined in PHA’s Admission and Continued Occupancy policy;
   (b) Meet the HUD requirements on citizenship or immigration status;
   (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD posted in PHA offices;
   (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
   (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session; and
   (f) Meet the screening requirements related to criminal activity and alcohol abuse.

2. Complete applications will be entered on the waiting list in the order received. The waiting list will then be sorted according to unit type and size and applicant admission preferences.

3. Applications will be accepted by mail only, sent to the following address, postmarked within dates when PHA is accepting applications:

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

except

4. Applicants with disabilities may seek assistance with the completion of the application at PHA’s Admissions and Occupancy Department, at the address above.

5. Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.

6. Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.

The Housing Authority is an Equal Housing Provider
PHA use Only: ____________________________ Lottery Number: __________________________
Date of application: ____________________________ Time of Application: __________________________

Pre-application for Public Housing

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

For Statistical Purposes Only

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

FAMILY INFORMATION

<table>
<thead>
<tr>
<th>First Name &amp; Last Name if different from Head’s</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Social Security Number</th>
<th>Relation to Head</th>
<th>Disabled Person?</th>
<th>Birthplace: Country</th>
<th>Full-time Student?</th>
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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, SSDI, Unemployment, Worker’s Compensation, Child Support, etc.

<table>
<thead>
<tr>
<th>Family Member Name</th>
<th>Income Source</th>
<th>Amount $</th>
<th>Frequency – Per</th>
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<td>Week, Month, Year</td>
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13. Current Landlord’s name and phone # ____________________________
   Date Family Moved to this location ____________________________

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

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

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

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

__________________________________________  ______________________________
Applicant Signature                     Date

__________________________________________  ______________________________
Co-applicant Signature                  Date

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

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

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

1. This application is valid for all public housing properties operated by the Housing Authority.

2. To be qualified for admission to public housing an applicant must:
   (a) Be a family as defined in PHA’s Admission and Continued Occupancy policy;
   (b) Meet the HUD requirements on citizenship or immigration status;
   (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices.
   (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
   (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session, if requested to do so;
   (f) Pay any money owed to PHA or any other housing authority;
   (g) Not have had a lease terminated by PHA in the past 12 months;
   (h) Be able and willing to comply with the Housing Authority lease; and
   (i) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.

3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.

4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.

5. Applicants with disabilities may seek assistance with the completion of the application at PHA’s Admissions and Occupancy Department, at the address above.

6. PHA will conduct a criminal record check on all applicants age 15 years and older.

The Housing Authority is an Equal Housing Provider.
PHA use Only: Pre-app Pref claimed: Displacement Upward Mobility

Date of application: Time of Application: App # Tier I Tier II

1. Name of head of household:

3. Name of adult co-head of household:

3. Current address, Street, Apt. # Current City, State and Zip

Current Area Code, Home & Work Phone #s

For Statistical Purposes Only

4. Race of Head: Caucasian/White , African American/Black , Asian or Pacific Islander

Native American/Alaskan Native

5. Ethnicity of Head: Hispanic/Latino , Non-Hispanic/Non-Latino

FAMILY INFORMATION

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

<table>
<thead>
<tr>
<th>First Name &amp; Last Name if different from Head’s</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Social Security Number</th>
<th>Relation to Head</th>
<th>Disabled Person?</th>
<th>Birthplace: Country</th>
<th>Full-time Student?</th>
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</table>

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, SSDI, Unemployment, Worker’s Compensation, Child Support, etc. Example: Wages, $150/week, SSI, $421/month

<table>
<thead>
<tr>
<th>Family Member Name</th>
<th>Income Source</th>
<th>Amount $</th>
<th>Frequency – Per</th>
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21. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.?  Yes  No  If yes, describe the type of asset(s) please: ____________________________

What is the market value of all assets?  ____________________________

22. Do you own any real estate?  Yes  No  If yes, what is the address: ____________________________

23. Have you sold any real estate in the past two years?  Yes  No  If yes, what was the address?  ____________________________

24. Current Landlord’s name and phone #  ____________________________

Date Family Moved to this location  ____________________________

13. Most recent former address, Street, Apt. #  ____________________________

Most recent former City, State and Zip  ____________________________

Most recent former Area Code and Phone #  ____________________________

14. Most recent prior landlord’s name, phone #  ____________________________

Date Family Moved to this location  ____________________________

**Screening Questions**: A “yes” answer will not necessarily disqualify you for admission.
15. Have you ever been evicted from housing?  Yes  No  If yes, why? 

16. Have you ever lived in public housing before?  Yes  No  If yes, where? 
Dates: From__ To__ Name of Lessee:__________
Do you owe any money to the housing authority?  Yes  No 

17. Do you have any past due utility bills?  Yes  No  If yes, please describe and give amount owed:____

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

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

Qualifying for Deductions in Calculating Rent:

20. Is the head of household or spouse age 62 or older or a person with a disability?  Yes  No  If yes, please answer the following questions.  If no, please skip down to question #22.

21. Does your household have any medical expenses (include insurance, medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)?  Yes  No  If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses:  Type of expense:__________
Monthly medical expense:$_ Please give us the name, address & phone # of someone who can verify the expense:__________________________

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

23. Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training?  Yes  No  If yes, please list the name, address and phone # of your child care provider:__________________________
Monthly unreimbursed child care cost:$_

24. Is any member of the household age 18 or older other than the family head and spouse a full time student or a person with a disability?  Yes  No  If yes, please give us the name of the family member and the name and address of someone who can verify this information:  Name of family member:__________ Please give us the name, address & phone # of someone who can verify this information:________________________

25. Drivers License or State ID #: Applicant:__________ Co-applicant:__________
Automobile: Year__ Make:____ Model:____ License:____________
PHA will be contacting all former landlords for the period three years from the date of application.

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

__________________________________________   ________________________________
Applicant Signature                              Date

__________________________________________   ________________________________
Co-applicant Signature                            Date

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

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<tr>
<th>Family Member Name</th>
<th>Income Amount</th>
<th>Date Verified</th>
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1) a. Will any household members be receiving any type of income from employment?  Yes, No

b. If yes, list names of such family members who will receive employment income.

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<th>Name</th>
<th>Amount</th>
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</table>

2) a. Will any household members be receiving income from a family-operated business or be otherwise self-employed?  Yes, No

b. If yes, list names of such family members who will receive income from self employment.

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<th>Name</th>
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</table>

3) Will anyone in the household receive Social Security or SSI Benefits?  Yes, No

If yes, list names of such recipients.

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</table>

4) Will anyone in the household receive periodic payments from Annuities, Insurance policies, retirement funds, pensions, disability or death benefits, or other similar amounts?  Yes, No

If yes, list first names of recipients.

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<th>Name</th>
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Appendix VIII - Public Housing Verification Forms: Page 328
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<th>Family Member Name</th>
<th>Income Amount</th>
<th>Date Verified</th>
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<tbody>
<tr>
<td>5) Will anyone in the household receive unemployment compensation, disability compensation, workers' compensation or severance pay?</td>
<td>Yes No</td>
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<td>If yes, list family members who are recipients.</td>
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<td>6) Will anyone in the household be receiving public assistance benefits?</td>
<td>Yes No</td>
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<td>7) Will anyone in the household be receiving alimony or child support payments?</td>
<td>Yes No</td>
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<td>If yes, list first names of such family members who are recipients.</td>
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<td>8) Will anyone in the household be receiving income from assets?</td>
<td>Yes No</td>
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<td>If yes, list first names of such family members who are recipients.</td>
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<td>9) Is any household member, 18 or older, receiving pay as a member of the Armed Services?</td>
<td>Yes No</td>
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<td>If yes, list family members who are recipients.</td>
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<td>Family Member Name</td>
<td>Income Amount</td>
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10) Is any household member receiving lottery winnings, paid periodically?  Yes  No

If yes, list family members who are recipients.

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<th>Family Member Name</th>
<th>Income Amount</th>
<th>Date Verified</th>
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</table>

11) Is any household member receiving recurring monetary contributions or other gifts or payments from a non-household member?  Yes  No

If yes, list family members who are recipients.

<table>
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<th>Family Member Name</th>
<th>Income Amount</th>
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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.

<table>
<thead>
<tr>
<th>Family Member Name</th>
<th>Earned Income</th>
<th>Welfare, Soc Sec, SSI</th>
<th>Pension, Annuity, Retire.</th>
<th>Unemploymen t Workers comp</th>
<th>Contribution Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>9.</td>
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<tr>
<td>Totals</td>
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<td>$</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Family Member Name</th>
<th>Value of Asset</th>
<th>Date Verified</th>
</tr>
</thead>
</table>

1) Do you have cash
   - in a savings account?  Yes  No
   [Value] [___/___] / /
   - in a checking account?  Yes  No
   [Value] [___/___] / /
   - in a safety deposit box?  Yes  No
   [Value] [___/___] / /
   - at home?  Yes  No
   [Value] [___/___] / /
   - anywhere else?  Yes  No
   [Value] [___/___] / /

2) Do you have trust funds available to your household?  Yes  No
   [Value] [___/___] / /

3) Do you have any equity in rental property or other capital investments?  Yes  No
   [Value] [___/___] / /

4) Do you have any stocks, bonds, treasury bills, certificates of deposit or money market funds?  Yes  No
   [Value] [___/___] / /

5) Do you have any retirement or pension funds?  Yes  No
   [Value] [___/___] / /

6) Will you receive any lump sum receipts?  Yes  No
   [Value] [___/___] / /

7) Are you holding any personal items as investments (antique cars, coin or stamp collections, etc.)?  Yes  No
   [Value] [___/___] / /

8) Do you have a “Whole Life” Life Insurance Policy?  Yes  No
   [Value] [___/___] / /

---

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

f) Reasonable $ absorbed by tenant during divestiture

e) Best source of Market Value

PART III. STOCKS OR BONDS
a) Date divested

b) Amount received $________
c) Issuer of Stock/Bond

d) Purchaser/recipient

f) Reasonable costs absorbed by tenant during divestiture $________
e) Best source of Market Value

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

f) Reasonable costs absorbed by tenant during divestiture $________
e) Best source of Market Value

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.

<table>
<thead>
<tr>
<th></th>
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<tbody>
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<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td><strong>$</strong></td>
<td><strong>$</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

\[
\text{Total Cash Value of Assets} \times \text{passbook savings rate} \times \% = \text{imputed income from assets.}
\]

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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Verified</th>
<th>Family Member Name</th>
<th>Dependence Deduction</th>
<th>Child care Allowance</th>
<th>Disability Expense Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

1. **Dependent Deduction**

   a) Do you have any household members, other than head, spouse, foster children, and live-in attendants who are under age 18?  
      Yes  
      No

   b) 18 or older and either a full-time student or disabled?  
      Yes
      No

   c) If yes, list names of such family members

      __________
      __________
      __________
      __________

2. **Child care Allowance**

   a) Is the family paying for care of children under age 13 so:
      an adult can work?  
      Yes
      No
      a family member can go to school?  
      Yes
      No

   b) List the names of children for whom care is provided

      __________
      __________
      __________
      __________

3. **Disability Expense Allowance**

   a) Is the family paying for care or apparatus for a disabled family member so that an adult family member can work?  
      Yes
      No

   If yes, list family member for whom care/apparatus is being provided

      __________
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?  Yes  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?  Yes  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)
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_____________________________________

Interview Conducted By ________________________________ Date______

1. Will you, or any member of your family require any of the following:
   A separate bedroom   Unit for Vision-Impaired
   A barrier-free apartment   Unit for Hearing-Impaired
   One-level unit   Bedroom & Bath on 1st floor
   Other modifications to unit Extra Bedroom

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Address</th>
<th>Applicant</th>
</tr>
</thead>
</table>

**Dear Sir/Madam:**

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

Sincerely,

Name ___________________________ Signature ______________

---

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

2. Nature of need(s):

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

   **Live In Attendant**

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

---

4. Name of person providing verification ______________________________________ Signature: ______________

Name of Agency __________________________

Phone # ______ Agency address __________________________ Date __________

I __________________________ hereby authorize the release of the requested information

Signature __________________________ Date __________________________
Verification of Income from Employment

Re: ___________________________  Social Security # ___________________________

Dear Sir/Madam;

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

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

Sincerely: ____________________________________________________________

1. Employed Since: __________________

2. Job Title: __________________________

3. Salary, Base Pay Rate: $_________ per hour $_________ per week $_________ per month

4. Average hours worked at Base Pay Rate: ________ hrs/week, or ________ hrs/month in year.

5. Is this person likely to get Overtime?  Yes   No   If yes, Overtime Pay Rate $________ Hr

6. Average number of Overtime hours expected during the next 12 months: ________ Hrs/Month

7. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.? For ___________________________ $_________ per ___________________________

8. Is pay received for vacation?  Yes   No   If yes, number of days/year: ___________________________

9. Total Base Pay Earnings for last 12 months: $_______________________________________

10. Total Overtime Earnings for the last 12 months: & __________________________________

______________________________________________________________

Firm Name: __________________________ Address: __________________________

Name of Person Completing this Form: ___________________________ Date:____________

Title: ___________________________ Signature: ___________________________

______________________________________________________________

 Applicant/Tenant Release

I __________________________ hereby authorize the release of the requested information.

______________________________  __________________________
Signature                        Date
Verification of Receipt of Public Assistance Income

Re. _________________________ Social Security # _________________________

Dear Sir/Madam;

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

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

Sincerely: ____________________________________________________________

Number in Family: _________ $ per Month

Temporary Assistance to Needy Families $ __________________________

General Assistance $ __________________________

Amount specifically designated for shelter and utilities (if any) $ ______________________

Other Assistance: Please specify: $ __________________________

TOTAL MONTHLY GRANT $ __________________________

Total Amount of Public Assistance provided in the past 12 Months $ __________________________

Agency Name: ________________________ Address: ________________________

Name of Person Completing this Form: ______________ Date: ______________

Title: ________________________ Signature: ________________________

Applicant/Tenant Release

I ________________________ hereby authorize the release of the requested information.

__________________________________________________________

Signature Date
Verification of Receipt of Social Security/SSI Income

Re.______________________

Social Security #____________________

Dear Sir/Madam;

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

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

Sincerely:

1. Gross Monthly Payment $____________________

2. Please check Type of Benefits Received by this family
   (a) Social Security Retirement
      Disability
      Widow(er)
      Child(ren)
   (B) Supplemental Security Income (Including State Supplement)
      Old Age
      Disability
      Blind

3. Monthly Medicare/Medicaid Deduction $____________________

Agency Name: ___________________________ Address: ___________________________

Name of Person Completing this Form: __________ Date: __________

Title: _________________________________ Signature: _____________________________

Applicant/Tenant Release

I __________________________ hereby authorize the release of the requested information.

Signature __________________________ Date ___________________________
Verification of Receipt of Child Support Income

Re. ____________________________  Social Security # ____________________________

Dear Sir/Madam;

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

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

Sincerely: ____________________________

____________________________________________________________________________

Number of children on whom support is paid: ______

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

____________________________________________________________________________

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

1. __________________________________________  2. __________________________________________

____________________________________________________________________________

Is Child Support Court Ordered? __________________________ , Yes , No

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

____________________________________________________________________________

Agency Name: __________________________ Address: __________________________

Name of Person Completing this Form: __________ Date: __________

Title: __________________________ Signature: __________________________

____________________________________________________________________________

Applicant/Tenant Release

I __________________________ hereby authorize the release of the requested information.

____________________________________________________________________________

Signature __________________________ Date __________
Verification of Military Pay

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: ____________________________________________

____________________ Years and __________ Months of Service of Pay Purposes

INCOME

Base Pay and Longevity Pay                      $ __________________________
Proficiency Pay                                  $ __________________________
Sea and Foreign Duty Pay                         $ __________________________
Hostile Fire Pay                                 $ __________________________
Subsistence Allowance                           $ __________________________
Quarters Allowance (Government contribution only) $ __________________________
Number of Dependents claimed: ________________
Other: Please Explain: __________________________ $ __________________________

TOTAL MONTHLY AMOUNT RECEIVED                  $ __________________________

________________________________________________________________________

Service Agency: _____________________________   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: For Service-connected: Disability, Death, Dependency and Indemnity
Non-Service-connected pension: Disability, Death, Effective Date of Award: ____________________

4. Other Payments (Monthly Insurance, etc.): ____________________ ________________ /Month

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

Applicant/Tenant Release
I ____________________ hereby authorize the release of the requested information.

Signature ____________________ Date ____________________
Verification of Receipt of Unemployment Benefits

Re. ______________________ Social Security # ________________
Claim # __________________

Dear Sir/Madam;

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

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

Sincerely: ________________________________

Gross Weekly Payment: $ __________

Is Claimant eligible for further benefits? Yes □ No □

Date of Initial Payment: __________
Duration of Benefits: __________
How many weeks of Benefits remaining? __________
Amount of Benefits remaining? $ __________
Termination date of Benefits is? __________

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

Applicant/Tenant Release

I __________________________ hereby authorize the release of the requested information.

Signature __________________________ Date __________
Verification of Pension or Annuity Income

Re.______________________  Social Security #____________________
ID #______________________

Dear Sir/Madam;

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

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

Sincerely:__________________________________________

<table>
<thead>
<tr>
<th>Current Gross Monthly amount of Pension</th>
<th>$ _____ / Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Gross Monthly amount of Annuity</td>
<td>$ _____ /Month</td>
</tr>
<tr>
<td>Deductions for Gross Medical Insurance Premium</td>
<td>$ ____________ /Month</td>
</tr>
<tr>
<td>Other Deductions, Please specify:</td>
<td>$ _______ /Month</td>
</tr>
</tbody>
</table>

Date of Initial Award: ____________________________________________
Effective Date of Current amount: ________________________________

Agency Name: ____________________________________________________________________________
Address: ________________________________________________________________________________

Name of Person Completing this Form: ________________________________ Date: __________________

Title: ________________________________ Signature: ________________________________

Applicant/Tenant Release

I ____________________________ hereby authorize the release of the requested information.

_________________________ Date

Signature
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 family’s 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? 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? 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? This amount is income.

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 a pager/beeper? Yes, No. If yes, how many members have beepers/pagers? What is the average monthly cost for the beepers/pagers? This amount is income.

How does the family pay for the cost of beepers/pagers? 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.

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

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

Appendix VIII - Public Housing Verification Forms: Page 357
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.
Appendix VIII - Public Housing Verification Forms: Page 359

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 I. 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. _______________________________ 5. _______________________________

Signature of Lender or Official of Local Processing Age

4. _______________________________ 6. _______________________________

Title Lender's Number (optional)
7. INFORMATION TO BE VERIFIED:

<table>
<thead>
<tr>
<th>Type of Account and/or Loan</th>
<th>Account/Loan in Name of</th>
<th>Account/Loan #</th>
<th>Balance</th>
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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)

<table>
<thead>
<tr>
<th>Type of Account Number</th>
<th>Current Balance</th>
<th>Previous 2 months</th>
<th>Average Balance</th>
<th>Opened</th>
<th>Date</th>
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</table>
11. LOANS OUTSTANDING TO APPLICANT(S)

<table>
<thead>
<tr>
<th>Loan #</th>
<th>Date of</th>
<th>Original per</th>
<th>Current per</th>
<th>Installments per</th>
<th>Secured</th>
<th># of Late per</th>
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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. ___________________________  14. ___________________________
Signature of Depository Official          Date

Title

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

Re: ____________________________

Dear Sir/Madam:

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

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

Sincerely, ____________________________

______________________________
Name of Educational Institution
______________________________
Address:
______________________________

Check Applicable Space:

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

Years Remaining to Complete Degree or Program: ____________________________

Remarks: ____________________________

______________________________

TENANT/APPLICANT RELEASE

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

______________________________
Signature ____________________

Date ____________________
Housing Authority

APPLICANT/TENANT CERTIFICATION FOR CHILD CARE EXPENSES
I/We hereby certify that the following represent true and accurate statements regarding our household circumstances related to child care:

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

Reason for care (check one)

Such care enables the following family member to work: ____________________________

Occupation: ___________________________________________________________________

Employer, address & phone number: ___________________________________________________________________

______________________________________________________________________________

Hours worked: ______ per ______ week, _____ month

Such care enables a family member to attend vocational or academic courses:

Member's name: _______________________________________________________________

Course: ______________________________________________________________________

Institution name, address & phone #:  ___________________________________________

______________________________________________________________________________

Hours at school: ___________________________________________________________________

____________________________________

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

Name: _______________________________________________________________________

Address & Phone #: ____________________________________________________________

______________________________________________________________________________

No adult household member can provide care during the hours care is required.

I/We do not receive reimbursement for child care costs from any agency or individual outside the household.

I/We recognize that the above statements are subject to third-party verification.

Signature, ______________________________________________________________________
Housing Authority

CHILD CARE VERIFICATION

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

Sincerely yours,

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

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

Work  Go to school

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

once a week every two weeks once a month

Care during the week will be offered as follows:

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

Name: ____________________________ Date: ____________________________
Signature: ____________________________ Phone #: ____________________________
Title: ____________________________

TENANT/APPLICANT RELEASE
I, ____________________________, hereby authorize the release of the requested information.

Signature: ____________________________ Date: ____________________________
Dear Sir/Madam:

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

1. 
2. 
3. 
4. 
5. 
6. 

Day care facility:

Address:

Phone #: Contact Person:

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

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

Total hours per week: _______ Total hours per month: _______

Cost of Care: $ _______ per week/month.

$ received for care from family named above: $ _______ week/month.

$ received for care from others (if any): $ _______ week/month.

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

Address:

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

Signature Date

TENANT/APPLICANT RELEASE

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

Signature Date
Housing Authority

MEDICAL VERIFICATION

Date: __________________________

RE: __________________________

Dear Sir/Madam:

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

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

Sincerely, __________________________

____________________________________

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

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

- Physician Care
- Dental Care
- Hospital/Clinic Care
- Prescriptions
- Therapy
- Medical Insurance
- Medical Transportation
- Other (Please specify)

Projected Cost of Services During Next 12 Months $ __________________________

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

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

_________________________________________  __________________________

Signature  Date

Title

Address

____________________________________

TENANT/APPLICANT RELEASE

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

_________________________________________  __________________________

Signature  Date
Housing Authority

PRESCRIPTION VERIFICATION

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

Sincerely yours,

I hereby certify that ________________________________

(Person signing the release below) may anticipate the following costs for prescription medicines in the year beginning ______ and ending ____________________________, based on his/her past medical history.

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<tr>
<th>Cost per Refill</th>
<th>Frequency of Refill</th>
<th>Paid by Insurance?</th>
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</table>

Signature and Title __________________________ Date __________

Pharmacy __________________________ Phone __________

TENANT/APPLICANT RELEASE

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

Signature __________________________ Date __________
Housing Authority

CHECKLIST FOR DISABILITY ASSISTANCE EXPENSE VERIFICATIONS

- Attendant care frees a family member, including the handicapped family member, to work:
  - Written certification from attendant as to cost incurred.
  - Copies of canceled checks used to make attendant care payments, receipts from care source.
  - Written certification from Rehabilitation Agency or doctor that handicapped person requires care to be employed, or that care enables another family member to work.

- Auxiliary apparatus frees a family member, including handicapped family member, to work:
  - Receipts for purchase of apparatus.
  - Evidence of monthly payments or total payments for apparatus.
  - Where handicapped family member is employed, a statement from the employer that the apparatus is necessary for employment.
  - Written certificate from Rehabilitation Agency or doctor that handicapped person requires auxiliary apparatus to be employed, or to enable another family member to work.
  - Certification by family that no repayment is received for the costs associated with attendant care or auxiliary apparatus provided.
Housing Authority

DISABILITY VERIFICATION FORM

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

Sincerely yours, ____________________________

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

(1) A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.

(2) A developmentally disabled person is one with a severe chronic disability that:
   (a) is attributable to a mental and/or physical impairment;
   (b) as manifested before age 22;
   (c) is likely to continue indefinitely;
   (d) results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language, learning, mobility, self-direction, and economic self-sufficiency AND
   (e) requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.

(3) A disabled person is also one who has a physical, emotional or mental impairment that:
   (a) is expected to be of long-continued or indefinite duration;
   (b) substantially impedes the person's ability to live independently;
   (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

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

Name and Title__________________________________________ Date________________________
Signature__________________________________________ Phone________________________

TENANT/APPLICANT RELEASE

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

Signature__________________________________________ Date________________________
Housing Authority

DISABILITY EXPENSE ALLOWANCE VERIFICATION

(Transmittal Letter)

Dear Sir or Madam:

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

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

Sincerely,

_________________________________________________________________________

TENANT/APPLICANT RELEASE

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

Signature ______________________ Date ______________________

Appendix VIII - Public Housing Verification Forms: Page 370
Housing Authority
CERTIFICATION OF NEED FOR PERSON WITH DISABILITIES
FOR ATTENDANT CARE AUXILIARY APPARATUS

Name of family member with disability: ____________________________________________

Full name and address of professional completing this certification:

Name: ______________________________________
Address: ____________________________________

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

The availability of the care or auxiliary apparatus enables:

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

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

_________________________________________  ______________________
Signature                                      Date

_________________________________________
Title
Housing Authority

ATTENDANT CARE VERIFICATION

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

Sincerely yours,

______________________________

VERIFICATION

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

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

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

Name: ____________________ Date: ____________________

Signature: ____________________ Phone #: ____________________

Title: ____________________

______________________________

TENANT/APPLICANT RELEASE

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

______________________________ 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: $ _____________________________

Appendix VIII - Public Housing Verification Forms: Page 374
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
FAMILY CERTIFICATION FOR
DISABILITY EXPENSE REIMBURSEMENT

Name of family member with disability: __________________________

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

We do not receive reimbursement from any outside source such as insurance, Medicare, state grants, or individuals.

We are receiving reimbursement for a portion of these costs from _______________ in the amount of $_________ per ______ week ______ month. We will provide third party documentation as to the frequency and amount of this reimbursement.

The cost of attendant care or auxiliary equipment is not paid to a family member living in our household.

__________________________________________  ______________________
Signature                                      Date

__________________________________________
Title
Housing Authority

SCREENING COVER LETTER

Date: _______________________________
RE: Name: __________________________
Address: ____________________________

Dear Sir/Madam:

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

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

(phone number)

Sincerely yours,

_____________________________    ______________________
Signature                      Date

Title

__________________________________________________________

TENANT/APPLICANT RELEASE

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

_____________________________    ______________________
Signature                      Date
Housing Authority

LANDLORD VERIFICATION FORM

Name of Applicant: ____________________________________________________________

Current Address: ______________________________________________________________

Name of Landlord: ____________________________________________________________

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

Current Landlord __________ Previous Landlord __________ Other ________________

Dates of Applicant’s Tenancy: From ___________________________ To ___________________________

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

1. Rent Payment
   A. Amount of monthly rent: $ ______________________________
   B. Does (did) applicant pay rent on time? YES NO
   C. Has (had) he/she ever paid 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: ________________________________________________________________

Appendix VIII - Public Housing Verification Forms: Page 378
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_____________________________  Date________________
Address________________________________________

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:

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<tr>
<td>1. Homicide/Murder</td>
<td>6. Drug Trafficking/Use/Possession/Manufacture</td>
</tr>
<tr>
<td>2. Rape or child molesting</td>
<td>7. Child Abuse/Domestic Violence</td>
</tr>
<tr>
<td>4. Threats or Harassment</td>
<td>9. Receiving Stolen Goods</td>
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<tr>
<td>5. Destruction of Property/Vandalism</td>
<td>10. Fraud</td>
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<tr>
<td>6. Assault or fighting</td>
<td>12. Prostitution</td>
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<tr>
<td>7.</td>
<td>13. Disorderly conduct</td>
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</tbody>
</table>

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<tr>
<th>Family Member Names</th>
<th>S.S #</th>
<th>D.O.B.</th>
<th>Crime(s)#</th>
<th>Status/Disposition</th>
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______________________________________________________________________________

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:

- Rent & utility paying
- Rule compliance
- Cleaning/Housekeeping
- Avoiding disturbances
- Avoiding criminal activity
- Maintaining peaceful, safe occupancy

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

Sincerely,

______________________________  __________________________
Name                               Signature

Eligibility for Services: Agency Certification

(Not applicable for individual service providers)

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

______________________________  __________________________
Name                               Signature

______________________________  __________________________
Agency Name                       Telephone Number

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

Appendix VIII - Public Housing Verification Forms: Page 382
For PHA use only:

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

Name of agency staff contacted: 
Date of contact: 
Signature of PHA staff: 

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

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

Applicant Signature ___________________________ Date: ___________________________
Housing Authority

VERIFICATION OF ABILITY TO COMPLY WITH PHA LEASE TERMS

Name of Applicant ___________________________ File Number ___________________________

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

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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

______________________________________________________________________________

______________________________________________________________________________

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

Years ___________ Months ___________ Weeks ___________

4. Can you give a personal or professional opinion about the applicant's ability to comply with a public housing lease?  YES  NO

If No, whom may we contact to determine potential lease compliance?

Name: ___________________________ phone ___________________________

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

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

7. Does the applicant share your home?  YES  NO

8. Rent Payment

A. Amount of monthly rent (if any): ___________________________

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

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

   How late ___________________________ How often ___________________________

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

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

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

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

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

______________________________________________________________________________

______________________________________________________________________________

9. Caring for the Unit

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

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

   Describe: ___________________________ Cost to repair: $ ___________________________

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

10. General Lease Compliance
A. Is (was) the applicant listed on the lease or occupancy agreement for the unit?    YES    NO
B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis?    YES    NO
C. Has (had) the applicant, family members or guests damaged or vandalized the common areas?    YES    NO
D. Does (did) the applicant, family members or guests create any physical hazards to the property or other persons?    YES    NO
   Describe:__________________________________________________________
E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other persons?    YES    NO
   Describe:__________________________________________________________
F. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity, on the property?    YES    NO
G. Is the applicant, family members or guests currently involved in the use or sale of illegal drugs, or has there been involvement in the recent past?    YES    NO
H. Has (had) the applicant given you any false information?    YES    NO
   Describe:__________________________________________________________
I. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward other persons including staff?    YES    NO
   Describe:__________________________________________________________
J. 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?
### Activity

<table>
<thead>
<tr>
<th>Can Perform Alone</th>
<th>Needs Assistance</th>
</tr>
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<tbody>
<tr>
<td>Keep unit clean, sanitary and hazard-free</td>
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<tr>
<td>Avoid destruction of property</td>
<td></td>
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<tr>
<td>Manage finances/pay rent</td>
<td></td>
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<tr>
<td>Make timely utility payments</td>
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<tr>
<td>Respond to mail</td>
<td></td>
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<tr>
<td>Report income/status changes</td>
<td></td>
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<tr>
<td>Follow appropriate rules</td>
<td></td>
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<tr>
<td>Avoid disturbing neighbors</td>
<td></td>
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<tr>
<td>Avoid criminal activity</td>
<td></td>
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</tbody>
</table>

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: ____________________________________________

---

**APPLICANT RELEASE**

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

Signature ______________________________________  Date _______________________

---

**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 _______________________

---
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: ____________________________

3. If no, are there rules of tenancy where you now live? YES NO

4. 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
2. Rape or child molesting
3. Burglary/Robbery/Larceny
4. Threats or Harassment
5. Destruct. of Prop./Vandalism
6. Assault or fighting
7. Drug Trafficking/Use/Possession
8. Child Abuse/Domestic Violence
9. Public Intox/Drunk & Disorderly
10. Receiving Stolen Goods
11. Fraud
12. Prostitution
13. Disorderly conduct
2. Can and will you avoid being involved in any criminal activity in a PHA apartment?
   YES    NO   PHA will also be checking with the police for any history of criminal activity.

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

II. QUESTIONS TO BE COMPLETED BY INTERVIEWER
1. Did the applicant exhibit any behavior that might cause a problem with lease compliance if the applicant were admitted?   YES    NO
   If Yes, describe behavior in detail: ________________________________
   _______________________________________________________________

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

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

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

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

HOME VISIT REPORT

Name of Applicant __________________________ File Number __________________________
Address __________________________ Date __________________________

Home Visit Conducted by: __________________________________________________________

Dates of Applicant’s Residency in This Unit: From: ____________ To: ____________

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

1. General cleanliness
   A. Living/Dining Room: _______ Good ______ Acceptable _______ Unacceptable
   Describe: ____________________________________________________________
   B. Bedrooms _______ Good ______ Acceptable _______ Unacceptable
   Describe: ____________________________________________________________
   C. Kitchen/ Cabinets/ Appliances _______ Good ______ Acceptable _______ Unacceptable
   Describe: ____________________________________________________________
   D. Bathroom _______ Good ______ Acceptable _______ Unacceptable
   Describe: ____________________________________________________________
   E. Halls, stairways, laundry area: _______ Good ______ Acceptable _______ Unacceptable
   Describe: ____________________________________________________________
   F. Yard (if applicable): _______ Good ______ Acceptable _______ Unacceptable
   Describe: ____________________________________________________________

2. Applicant-Caused Damages to the Unit
   A. Are there any applicant-caused damages to the unit? YES NO
   Describe: ____________________________________________________________
   Why do you believe the applicant caused the damages? __________________________

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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 there may be crime in the neighborhood, for example);
• the crime that the family is being threatened by and the source of the threat, if known;
• whether any member of the family is contributing to the threat; and
• whether moving the family to a different development in a different part of town or issuing the family a housing voucher would remove the crime threat.

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

Sincerely,

(Manager's Name)                                   (Signature)

____________________________________________________________________________

Description of the Threat claimed by the Family

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

Law Enforcement Assessment of Threat

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

FAMILY'S RELEASE

I hereby authorize the release of the information requested above.

Family head's Signature ___________________________ Date ___________________
Imputed Welfare Income Verification Form

Public Assistance Office

______________________________
______________________________
______________________________

(date)

RE: Reason for Reduction in Public Assistance Benefits

Client Name: ________________________________
Client Address: ________________________________
Social Security Number: ________________________________

Dear ________________________________:

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

_______ Benefits have been reduced because the named individual committed welfare fraud, or

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

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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

Thank you for your cooperation.

Sincerely,

Property Manager