



## SPRINGDALE HOUSING AUTHORITY



P.O. Box 2085 5 Applegate Drive. Springdale, Ar. 72765  
Phone: 479-751-0560 Fax: 479-756-8059 TTY/TDD 800-285-1131 or 711

### Application ñan dreloñ ilo Springdale Housing Authority

#### Melele ko elap aer aurök

#### Jouj im lukun riit e melele kein mokta jen am kadedelok application eo

Elañe kwe ak juon uwaan bamle eo ewör nañinmej ilo anbwın/komalij, im kwoj aikuji juon waween eo ñan am maroñ kõjrbal talepen in program im service ko, jouj im kebaak opij eo an Housing Authority.

- Armij eo an application in ej E eo ej kadedelok application eo ilo jeje. Elañe ejjab dedelok inem eban wönmaanlok
- Armij eo eloñ disabilities(utame) iben, ejjab maron riit, jeje, kenono ak melele kajin belle emaroñ kjaitök jibañ ilo kadedelok application eo iban rijerbal eo an Opiij eo an Housing
- Laajrak e etan aolepen bamle eo ilo application in einwot an walok ilo Social Security card eo
- Jouj im likit ilo print aolep uaak ko
- Uaak aolep kajitök ko ilo application eo. Jab jolok juön kajitok. Elañe ejjab ekkar kajitök eo einwöt ba"jete telephone nömbe eo ak ejelok am nömbe, jei "ejelok"
- Aolep kajitok ko ikijen Aet/Jab rej aikuji uaak ekkar ñan "Aet" ak "Jab"
- Elañe ejjab BWE jikin ñan uaak ko am, kwemaroñ likit ilo juon pepa im kobaiki tok iban application eo
- Household /spouse ak co-head (ne eloñ) ro rej aikuji sign im date i application eo
- Ijoko ej kalikar ilo form in, kajitök in ejelet aolep uaan bamle eo emöj likit er ilo application eo
- Melele ko kwöj likit ilo application eo rej aikuji in mol im dedelok. Kwoj kakure Kakien ko ilo am jab mol ilo application eo ñan jiban ikijen housing, elañe kwejab melele juon kajitok, jouj im kajitök iben rijerbal ro an housing authority
- Jela bwe PHA enaj kõmane criminal background check eo im sex offender ñan aolep ritto ro ilo bamle eo kobalok armij eo ej lale bamle member eo ewör naninmej in anbwın iban(live-in aids)



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### **Nan am maroñ drelon ilo Housing ko, kwoj aikuij:**

- Juon bamle eo emōj kalikar ilo Housing Authority Admission eo im Continued Occupancy Policy (ACOP) ñan Public Housing im Administrative Plan (ADMIN) eo kon Housing Choice Voucher program. Juon copy in ACOP im ADMIN emōj dror ilo online ilo [www.springdalehousingauthority.com](http://www.springdalehousingauthority.com) ak epad ilo opij eo an housing authority.
- Tōbar men in aikuij ko HUD ej aikuiji ikijen citizenship ak status in am drelon tok eo am nan amerka in.
- Drettan jaan eo kwoj kōmane iloaan juon iio ejjab aikuj ella jen jonan eo emoj an HUD karok e. Ewor ilo opij eo pepa eo ej kwalok income limit ko bareinwot ilo PHA website eo.
- Boktok social nōmba ko aolep ro ilo bamle eo ak letok juon pepa in kamool ke elon social security nōmba
- Kolla iki likjab ko am iban PHA ak Housing Authority ko jet.
- Jain in pepa in melim ko bwe PHA en maroñ kōmane etale ko ñan maroñ buk program kein.
- Ejelok armij eo register iumin sex offender im emōj kar na ruon kin methamphetamine enaj maroñ buk jipan kein ikijen housing.
- Ejelok uaan bamle eo ej pad ilo criminal im rej kauwōtata ñan mour, ejmour, kojbarok, jimwe eo ilo an jokwe ilo melan eo, bareinwōt pad ilo jabrewot drug ko im manit nana ko relap einwot ba criminal.
- Public Housing WŌT – Ej kalikar kwoj ke juon eo ebojak im tiljek ilo rent elikin an PHA kōmane screening eo kin waween am kar rent.

#### **Disabilities Act eo nan Ri-Amerka ro**

Kemij aikuiji jipañ eo ami nan depij aolepen program ko, service ko, im makitkit ko nan ro ewōr utame ilo er nan aer buki. Ne kwoj loe juon waween eo emaroñ bobrae uk jen am buki aolepen benefit kein an program, service im makitkit ko, jouj im karoñ kem.



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## Application eo ñan dreloñ

Etan armij eo ej jeban bamle eo \_\_\_\_\_ Raan eo \_\_\_\_\_

\_\_\_\_\_ Public Housing \_\_\_\_\_ Housing Choice Voucher

Awa in belloko ko: Monday-Friday 7:30 AM- 4:30 PM. Kilök ilo 12:00-1:00pm nan mona in ralep

**Kemij ebbok Application ilo Mande-Taije ilo awa in jerbak ko.**

(Ijelokin raan kein jouj im kur tok (479-751-0560)

Jouj im boktok melele kein ilal an bamle eo. Kem maroñ köman copy ilo ejelok wöneen.

All Family Members (as applicable)	Assets (all household members)
Pepa in lotak im passport	Savings Account (6 months)
Social Security Card	Checking Account (6 months)
Picture Id (Aolep ritto)	Money Market Funds
Immigration Status	Certificate of Deposits
Pepa in Marre/Pepa in Jibil	IRA/Keogh Accounts
Custody/Adoption Orders	Stocks, Bonds, or Mutual Funds
	Real Estate/Rental Income
<b>Income Verification</b>	Inheritances/Trust Funds
Check Stubs	Whole Life Insurance Policies
Employer Statement	Other Retirement/Pension Funds
Most Recent Tax Return	
Unemployment Benefits	<b>Elderly / Disabled Families wot</b>
Military Pay	Out of pocket Medical Expenses
SNAP Benefits /Welfare Benefits	Prescriptions/Disability Expenses
Child Support	Doctor/Hospital/Clinics Expenses
Alimony	Medical Insurance Premiums
Social Security	
SSI/Other Disability Income	<b>Other Expenses</b>
Workman's Compensation	Statement from child care providers
Pension or other Retirement Funds	Disabled family member care expenses
Monetary Support from Family	
Self-Employment	<b>Armij eo ej kanne ñan Public Housing</b>
Educational Awards/Grants/Assistance	Landlord References (4)/Other

Elañe kwe ak juon ian bamle eo ej pad kin utame ilo anwin, im kwoj aikui juon waween eo nan maron kojerbañ program ko im service ko, jouj im kur tok Housing Authority. Si necesita ayuda para entender este documento, puede venir o llamar a la oficina para la asistencia. (479)751-0560. If you need help understanding this document you can come to the office or call for assistance at (479) 751-0560. Elane kwe ak ro uaan bamle eo eloiñ disabilities iben im kwoj aikuiñ talepen jiban ko iloan programs im service eo, jouj im kebaak office eo ak call e 479-751-0560.



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## Ewi Waween tōbar yuk?

### Jouj im Print

Etan armij eo ej jeban bamle eo: \_\_\_\_\_

Phone Nōmba : \_\_\_\_\_

Email Atōrej: \_\_\_\_\_

Atōrej eo am: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Mailing Atōrej eo am: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Etan ritto eo juon: \_\_\_\_\_

Phone Nōmba: \_\_\_\_\_

Email Atōrej: \_\_\_\_\_

Physical Atōrej eo am: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Mailing Atōrej eo am: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Ewi wōt iaer kwoj kōnnan ñan tōbar yuk? \_\_\_\_\_

Elañe melele kein am renaj oktak jouj im kalikar ilo jeje. Kwe maroñ itok im köman oktak ilo 5 Applegate Drive Springdale, AR 72764, ak mail e PO BOX 2085 Springdale, AR 72765 ñe ejjab email reception@springdaleha.org.





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## Armij eo ej jeban bamle eo: Kwe armij in ia im lal ta eo am

Riia: Kalikar kwoj armij in ia. (kwe maron kalikar e eloñ jen juon ne ewör)

\_\_\_\_ White \_\_\_\_ Black/African American \_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_ Asian \_\_\_\_ Native Hawaiian/Other Pacific Islander

Kajin ta eo am: \_\_\_\_ Hispanic ke Latino \_\_\_\_ Not Hispanic ke Latino

## Uaak kajitök kein kōn aolep ro uaan bamle eo:

1. Emōj ke ami kar jokwe ak pad ilo program ko an federal ako housing program ko mokta lok? \_\_\_\_AET \_\_\_\_JAB  
Elañe Aet, ia kab naat? \_\_\_\_\_
2. Ewör ke ilo mweo eloñ an pepa in jibil ak emōj an court kalikar ke rej jab jokwe iban droon. \_\_\_\_AET \_\_\_\_JAB  
Elañe aet, Wōn? \_\_\_\_\_
3. Eloñ ke ilo mweo ijleokin ritto ro rej share custody kōn ajir ro ilo mweo?  
\_\_\_\_AET \_\_\_\_JAAB  
Elañe aet, Wōn? \_\_\_\_\_
4. Eloñ ke ilo mweo ej bojak in keotak? \_\_\_\_AET \_\_\_\_JAB  
Elañe aet, wōn? \_\_\_\_\_
5. Eloñ ke juon ilo mwe emōj an kar kojebal bar juon et ilo Social Security nomba eo an ijelokin number eo ej kojerbale ilo application eo an? \_\_\_\_AET \_\_\_\_JAB  
Elane aet, wōn? \_\_\_\_\_
6. Eloñ ke enaj jokwe ilo mweo ej 18 iio drettan ak rittolok ej einwöt juon full-time rijukuul (high school ak technical school ko) ak pad ilo college full ak part time? \_\_\_\_AET \_\_\_\_JAB  
Elañe aet, Wōn? \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
7. Kwe ak ro uaan bamle eo ilo mweo ewör naninmej ilo anbwin enaj aikuji jet waween jipan ko ñan kojerbali ak bok program ko, service ko im makitkit ko kin jorren/nainmej ilo anbwin? \_\_\_\_AET \_\_\_\_JAB  
Elañe aet, Wōn \_\_\_\_\_ Ta eo ej aikuji? \_\_\_\_\_



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## Part B: Waween Kadkadim/Melele ko kin jikin jokwe ko am Kio im moktalok (Ro rej kanne ñan Public Housing Applicants wõt)

Kadkadim: Laajrak etaer, attrej, im telephone nōmba in armij ro kwejela kajjer ro im jemaron kenono ibaer ñan kwalok kadkadim, eman ke am kōlla, im kwar kōjbarok ke am jokwe.

Etan Armij eo: \_\_\_\_\_ Phone: \_\_\_\_\_

Atōrej : \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Atōrej: \_\_\_\_\_ Jete iiō: \_\_\_\_\_

Etan Armij eo: \_\_\_\_\_ Phone: \_\_\_\_\_

Atōrej: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Atōrej: \_\_\_\_\_ Jete iiō: \_\_\_\_\_

Dror Atōrej eo am kio im melele ko an landlord eo am. Inem lajraak e aolep atōrej ko im landlord ro am iloan 5 iiō emotlok.

1. Landlord eo kio: \_\_\_\_\_ Phone: \_\_\_\_\_

Atōrej: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Wōnnen rent eo: \_\_\_\_\_ Ewi aetokin? \_\_\_\_\_

2. Landlord eo moktalok: \_\_\_\_\_ Phone: \_\_\_\_\_

Atōrej: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Wōnnen rent eo: \_\_\_\_\_ Ewi aetokin? \_\_\_\_\_

3. Landlord eo moktalok: \_\_\_\_\_ Phone: \_\_\_\_\_

Atōrej \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Wōnnen rent eo: \_\_\_\_\_ Ewi aetokin? \_\_\_\_\_

4. Landlord eo moktalok: \_\_\_\_\_ Phone: \_\_\_\_\_

Atōrej: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Wōnnen rent eo: \_\_\_\_\_ Ewi aetokin? \_\_\_\_\_

5. Landlord eo moktalok: \_\_\_\_\_ Phone: \_\_\_\_\_

Atōrej: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Wōnnen rent eo: \_\_\_\_\_ Ewi aetokin? \_\_\_\_\_



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## Part C: Criminal Background im Melele ko jet

Kajitök kein rejelet kwe im aolep ro uaan bamle eo.

1. Emōj ke am ak ro uaan bamle eo pad ilo crime ko ijleokin tiköt in kator eo?

\_\_\_AET\_\_\_ JAB Elañe aet, wōn ekar kōmane? \_\_\_\_\_

Jete alen? \_\_\_\_\_ Jouv im kōmelele iki (in naat kar kōmane, ebajet, im ia):

\_\_\_\_\_

\_\_\_\_\_

2. Eloñ ke uaan bamle eo ej pad iumin sex offender ilo kajojo state ko?

\_\_\_AET\_\_\_ JAB Elañe aet, wōn? \_\_\_\_\_

3. Eloñ ke iaan bamle eo kojerbal men ko rekajuur? \_\_\_AET\_\_\_ JAB

Elañe aer, wōn? \_\_\_\_\_

4. Eloñ ke iaan bamle eo ej kojerbal draan in karok ko enaj jelet kojbarok, ejmour im

waween pad ko an ro jet? \_\_\_AET\_\_\_ JAB

Elañe aet, Jouv im komeleiki: \_\_\_\_\_

5. Emōj ke kar kaduojlok bamle eo ikijen jabrewot jipan ko an housing?

\_\_\_AET\_\_\_ JAB Elañ Aet, Jouv im kalikar ñaat, ia im ebajet?

\_\_\_\_\_

6. Ewör ke ilo bamle eo emōj an kar kajeon riab ak koot ikijen program in jipan ko an

federal housing ak kajitök iban ñan korol muri ko am ñan Housing Authority ko?

\_\_\_AET\_\_\_ JAB Elañe aet, jouv im kameleleiki: \_\_\_\_\_

\_\_\_\_\_





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## Part D: Melel ko kin income eo an ro uaan bamle eo.

Income ko ekoba jaan ak contribution ko jen jabrewot im aolep ialen am ebok jaan in jipañ.

Kwe ak uaan bamle eo ekar ke file federal income tax return ilo iiõ eo lok?

\_\_\_\_\_AET \_\_\_\_\_JAB Wõn?\_\_\_\_\_

Kwe ak member in bamle eo ej ebok jipan kein ak bojak in ebok iloan 12 allon(uaak ilo am Droulul INNA ak JAB)

Wages, salaries, tips, fees, or commission from any employer? (Full or part time)	INNA	JAB
Compensation kõn jerbak ko am make?	INNA	JAB
Income jen operation ko an business ak profession?	INNA	JAB
Regular ak Special Kolla Military?	INNA	JAB
Payment jen Social Security?	INNA	JAB
Payment jen Disability Compensations?	INNA	JAB
Payments jen Worker's compensation?	INNA	JAB
Unemployment Benefits?	INNA	JAB
Severance Pay?	INNA	JAB
Welfare Assistance Payments?	INNA	JAB
TANF/TEA Payments?	INNA	JAB
Alimony Payments?	INNA	JAB
Child Support Payments?	INNA	JAB
Financial Assistance to attend school?	INNA	JAB
Bill ko am rej kolla iki ke jen jabrewot?	INNA	JAB
Regular gifts (monetary) jen jabrewot?	INNA	JAB
Interest, dividends, ak income ko jen assets?	INNA	JAB
Rental income jen mweoik ak mweo imom?	INNA	JAB
Payments nan annuities?	INNA	JAB
Payments jen Insurance Policies?	INNA	JAB
Payments jen retirement funds?	INNA	JAB
Payments jen Pensions?	INNA	JAB
Payments jen Disability Benefits?	INNA	JAB
Payments jen death benefits?	INNA	JAB
Lump-Sum Payment kon rumij in kolla?	INNA	JAB



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Likit waween im drettan aolepen income (jaan) kwoj kōtamane ñan drelon tok ilon 12 Allōn an AOLEPEN bamle eo jen aolep ijoko kajojo

Etan armij eo	Jaan in ta eo	Jete	Joñan emakijij in?

**Part E: Melele ko kōn Asset ko an aolep ro ilo bamle eo.**

Jouj im kadedelok melele kein "lalin \$5,000 Asset Certification eo" asset eo an bamle eo.

Likit juon "0" ilo Cash Value ne ejelok am asset.

**UNDER \$5,000 ASSET CERTIFICATION**

For households whose combined net assets do not exceed \$5,000.  
Complete only one form per household; include assets of children.

Household Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

Complete all that apply for 1 through 4:

1) My/our assets include:

Table with columns: (A) Cash Value\*, (B) Int. Rate, (A\*B) Annual Income, Source, (A) Cash Value\*, (B) Int. Rate, (A\*B) Annual Income, Source. Rows include Savings Account, Cash on Hand, Certificates of Deposit, Stocks, IRA Accounts, Keogh Accounts, Equity in real estate, Lump Sum Receipts, Life Insurance Policies, Other Retirement/Pension Funds, Personal property held as an investment, and Other (list).

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

- 2) [ ] Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received for each asset on which this occurred).
- 3) [ ] I/We have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
- 4) [ ] I/We do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ \_\_\_\_\_. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_ Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

**PENALTIES FOR MISUSING THIS VERIFICATION**  
Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.





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## Part F: Melele ko kōn waween diwojlok in jaan eo am.

Eiōn ke iaan bamle eo ej kōlla woneen aer lale ajri eo nejin im ej 12 iio drettan ak diklok bwe ren maron etal im jerbal, jikuul, ak kabok an jikin jerbal?

\_\_\_\_ AET \_\_\_\_ JAB

Elañe aet, Jouj im dror melele ko an ijin ilal:

	Jikin eo	Atōrej	Phone Nōmba	Wōnen aolep aloñ?

Eloñ ke jet iaan woneen kein rej reimbursed(roolwaj) jen agency ko ak armij?

\_\_\_\_ AET \_\_\_\_ JAB Elañe aet, jete ej roolwaj? \_\_\_\_\_

Kwoj kola ke woneen an armij lale juon eo e disable bwe kwon maroñ etal ñan jerbal?

\_\_\_\_ AET \_\_\_\_ JAB

Elañe AET, Jouj im kanne ijin ilal:

Care Attendant Name	Atōrej	Phone Number	Oneen aolep aloñ?

Kwoj kōlaki ke equipment ko an armij eo ej ewōr naninemej ilo anbwin iban bwe kwon maron etal nan jerbal? (kwe maron kōbaik armij eo enaninmej in anbwin/komalij)

\_\_\_\_ AET \_\_\_\_ JAB Elañe Aet, jete wōneen ilo juoñ aloñ? \_\_\_\_\_



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Kalikar jete kwoj jolok aolep aloñ ñan mour kake an aolep ro uaan bamle eo im lajraak ijin ilal:

Item	Monthly Amount	Last Date Paid	Paid by Whom?
Rent eo am			
Jarom eo am			
Kiaaj eo am			
Water/Sewer/Trash			
Telephone			
TV Cable			
Internet			
Wonen wa eo			
Car Insurance			
Gas for Car			
Life Insurance			
Health Insurance			
Loans			
Rentals			
Furniture			
Food			
Credit Cards			
Other			

### Medical Expenses ko (Kajitok kein ñan wõt (head, co-head, ak eo belele im 62 iiö drettan ak rittolok im disabled.)

Kwe ak ro uaan bamle eo ej ke kōlaiki men kein ilal?

Medical Insurance Premiums?	_____AET	_____JAB
Insurance ko aetok kitier	_____AET	_____JAB
Kōlaiki uno ko nimen jen e make?	_____AET	_____JAB
Kōlaiki bill in takto ko emōj aer pastdue?	_____AET	_____JAB
Bill in takto ko rej bojak in beddo tok?	_____AET	_____JAB



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Jouj im lajraak e joñan eo kwōj lomnak in jolok ñan bill in takto ko an bamle im kwenaj iloan naj 12 aloñ ko.

Wōn iaan bamle eo	Ta eo kwōj kōlaiki	Wōnnen lo kajojo aloñ

### Part G: Kajitōk ko ikijen Housing Choice Voucher eo ej itok ilo idiñ

Kwar emakit jen mweo imōm \_\_\_\_\_ (atōrej im ijo kwar jokwe ie)  
itok wōt jen Natural Disaster ak lañ ko rellap? \_\_\_\_AET \_\_\_\_JAB

Elañe Aet, Federal Government ekar ke kalikar ke epad iumin Federal Disaster Declaration eo?  
\_\_\_\_AET \_\_\_\_JAB

Imelele ke Housing Authority enaj aikuuj iō ñan kamool melele kein.

Etam \_\_\_\_\_

Atōrej/Phone Nōmba \_\_\_\_\_

Print i Etam \_\_\_\_\_

Jain i Etam \_\_\_\_\_



# SPRINGDALE HOUSING AUTHORITY

P.O. Box 2085 5 Applegate Drive. Springdale, Ar. 72765  
Phone: 479-751-0560 Fax: 479-756-8059 TTY/TDD 800-285-1131 or 711

## Applicant Certification

Ij kwalok im kamol ke aolep melele ko iaar likit ilo application in rej mol im dedelok. Ij melele ke ij aikuij kōjelaik Hosuing Authority ilo jeje(iloan 10 raan in jerbak ko) elañe ewōr uaan bamle emōj an emakit jen unit eo im bwe ijjab maroñ kadeloñ jabrewōt armij iloan mweo elañe ejelok melim jen Housing Authority eo. Ij bareinwot melele ke Na ij aikuij kōjelaik Housing Authority eo ilo jeje kin oktak ko an bamle eo ikijen Lotak, Kōkajiriri, ak ro ewōr aō pepa jen court ñan lale er. Ij bar melele bwe jabrewōt eo enaj kajeon riab ikijen melelele ko ej dror e kin e make im makoko in kwalok melele ko rejimwe ñan drelon ak diklok woneen mweo imon ilo Housing Authority enaj etal ñan e juon kajje eo ej itok ak pad iumin Federal State kakien eo.

**Kakōl:** Title 18, Section 1001 an United States Code eo ej ba einwōt in: Elañe juon armij ej guilty kōn Felony kin an jela ak ear kōnan likit melele ko rejjab mol ñan ra ko im agency ko rej pad iumin United States enaj jaaj ejjab laplok jen \$10,000 im kalbuuj iloan 5 iiō ko.

\_\_\_\_\_  
Signature eo an armij eo jeban bamle eo

\_\_\_\_\_  
Raan eo

\_\_\_\_\_  
Signature eo an Spouse eo ak Co-Head

\_\_\_\_\_  
Raan eo

\_\_\_\_\_  
Signature eo an Ritto eo

\_\_\_\_\_  
Raan eo

### Certification of PHA representative

Ij kamol ilo ao dror im jain e eta ke iaar kōmeleleiki aolepen kajitōk ko iloan application eo im etale melele ak uaak ko rej itok jen armij eo ej jeban bamle eo ñan kabin kajitōk im uaak ko ilo jimwe im jejjot .

\_\_\_\_\_  
Signature eo an Riberbal eo jen PHA

\_\_\_\_\_  
Raan eo



# SPRINGDALE HOUSING AUTHORITY

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Phone: 479-751-0560 Fax: 479-756-8059 TTY/TDD 800-285-1131 or 711

Tenant PI Nationwide Background Check  
Release of Arrest/Convictions Records  
Release of Rental History

**One form must be completed by each family member 18 years of age or older that will be residing in the household.**

PLEASE PRINT

<b>Date of Request</b>	<b>Housing Authority Personnel making the request</b>  Roselinda Katjang
<b>Name of Company</b>  Springdale Housing Authority	<b>Title/Position</b>  Housing Specialist
<b>Subject of Check-Your Name</b>	Other Name(s) Used
<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Street Address</b>	<b>City/State/Zip</b>
<b>Other Identifiers</b>	

I hereby authorize the completion of a background check for arrests and convictions and my rental history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

Applicant Name:

Mailing Address:

Telephone No:

Cell Phone No:

Name of Additional Contact Person or Organization:

Address:

Telephone No:

Cell Phone No:

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency                        | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you            | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit               | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent             |  |

**Commitment of Housing Authority or Owner:** If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

**Legal Notification:** Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant

Date

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

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

# EAH SECTION 214 DECLARATION FORM

## THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

Admission Number: \_\_\_\_\_ Nationality: \_\_\_\_\_  
(If applicable - from INS Form I-94, Departure Record) (Country to which you owe legal allegiance - may or may not be country of birth)

### DECLARATION

**INSTRUCTIONS:** Complete the declaration below by reviewing all three boxes and signing the ONE box that applies. A separate Declaration must be signed for each member of the assisted household.

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here   
**If you sign this box, no further information is required.**

2. I am a non-citizen with eligible immigration status, as described on reverse.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here   
**If you sign this box, you must go on to complete the reverse side including the Verification Consent.**

### REQUEST FOR AN EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, and as described on reverse, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here   
**If you sign this box, you must go on to complete the reverse side including the Verification Consent.**

3. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here   
**If you sign this box, no further information is required. You are NOT eligible for housing assistance.**

## THIS SECTION TO BE COMPLETED BY MANAGEMENT

SAVE verification Number: \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. . . . Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*



## EAH SECTION 214 DECLARATION FORM (continued)

### THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

- 1. A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- 2. A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
- 3. A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- 4. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- 5. A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- 6. A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- 1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 2. Form I-94, Arrival-Departure record, with one of the following annotations:
  - a. "Admitted as Refugee Pursuant to Section 207"
  - b. "Section 208" or "Asylum"
  - c. "Section 243(h)" or "Deportation stayed by Attorney General"
  - d. "Paroled pursuant to Section 212(d)(5) of the INA"
- 3. If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - a. A final court decision granting asylum (but only if no appeal is taken);
  - b. A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- 4. Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- 5. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- 6. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;
- 7. Form I-152, Alien Registration Receipt Card.

### VERIFICATION CONSENT

CONSENT: I, \_\_\_\_\_ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **NOTIFICATION:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature \_\_\_\_\_

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here )

Date \_\_\_\_\_



Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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

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

Springdale Housing Authority 5 Applegate Drive Springdale, AR72764

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

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

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

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

Public Housing  
Housing Choice Voucher  
Section 8 Moderate Rehabilitation

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

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

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

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

**Signatures:**

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

**Privacy Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



# SPRINGDALE HOUSING AUTHORITY

P.O. Box 2085 5 Applegate Drive. Springdale, Ar. 72765  
Phone: 479-751-0560 Fax: 479-756-8059 TTY/TDD 800-285-1131 or 711

## AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

The Housing Authority of the City of Springdale is required to verify all information submitted by applicants / participants in the Public Housing, Section 8 Housing, and TBRA Programs.

As an Applicant/ Participant of these program(s), I hereby authorize the Housing Authority to verify through any Federal, State, Local Agency, organization, business, or individual any and all information relevant to determining my eligibility and/or continued eligibility for assistance. I further authorize these agencies, organizations, businesses, and individuals to release the information requested to the Housing Authority.

I further understand that the information may be used to determine my eligibility and/or continued eligibility to receive assistance from the Housing Authority of the City of Springdale. I also understand that the information may be given to the Department of Housing and Urban Development in administering and enforcing program rules.

Verifications and inquiries may include but not be limited to:

Identity and Marital Status      Credit and Criminal Activity      Medical or Child Care allowances  
Residences and rental activity      Employment, Income, and Assets

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, U understand that I have a right to notification of any adverse information found and a chance to disapprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense: Office of Personnel Management; the US Postal Service; the Social Security Agency; and state welfare and food stamp agencies. The Head of Household may view the EIV information for all families.

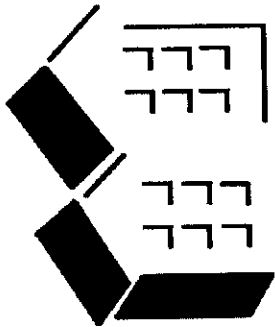
I understand that a photocopy of this Authorization for Release of Information may be attached to the Housing Authority verification forms and used by the Housing Authority for Program Management purposes. I further have the right to review documents received by the Housing Authority upon request and may also request correction to information that I prove is not valid. This form is valid for a period of 15 months.

_____	_____	_____
Head of Household Signature	Print Name	Date
_____	_____	_____
Spouse or Co Head Signature	Print Name	Date
_____	_____	_____
Other Adult Member Signature	Print Name	Date
_____	_____	_____
Other Adult Member Signature	Print Name	Date

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please call 479-751-0560 or email [reception@springdaleha.org](mailto:reception@springdaleha.org).



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



**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

## ***What You Should Know About EIV***

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

#### **What is EIV?**

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

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

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

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

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

#### **What is the EIV information used for?**

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

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

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

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

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

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

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

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

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

#### **What are my responsibilities?**

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

*February 2010*

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

### **What are the penalties for providing false information?**

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

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

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

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

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

### **What do I do if the EIV information is incorrect?**

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

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

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

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

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

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

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

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

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

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/peiv](https://www.hud.gov/program_offices/public_indian_housing/programs/peiv)

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

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

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

Signature

Date





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

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

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

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

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

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

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

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

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

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

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

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

**How will this information be used?**

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

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

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

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

**Signature**

**Date**

**Printed Name**



SPRINGDALE HOUSING AUTHORITY

P.O. Box 2085 5 Applegate Drive. Springdale, Ar. 72765  
Phone: 479-751-0560 Fax: 479-756-8059 TTY/TDD 800-285-1131 or 711

Pepa kein jet ebed melele ko ñan armij eo ej  
kanne. Ejjab aikuij in jain i. Kwe maron buki am.

**EXHIBIT 16-1: NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE  
AGAINST WOMEN ACT, FORM HUD-5380**

**Springdale Housing Authority**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that public housing is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under public housing, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under public housing, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under public housing solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

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<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

The PHA will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

The PHA's emergency transfer plan provides further information on emergency transfers, and the PHA must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

The PHA can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from the PHA must be in writing, and the PHA must give you at least 14 business days (Saturdays, Sundays, and federal holidays do not count) from the day you receive the request to provide the documentation. The PHA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to the PHA as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by the PHA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that they believe that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that the PHA has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, the PHA does not have to provide you with the protections contained in this notice.

If the PHA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), the PHA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, the PHA does not have to provide you with the protections contained in this notice.

## **Confidentiality**

The PHA must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

The PHA must not allow any individual administering assistance or other services on behalf of the PHA (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable federal, state, or local law.

The PHA must not enter your information into any shared database or disclose your information to any other entity or individual. The PHA, however, may disclose the information provided if:

- You give written permission to the PHA to release the information on a time limited basis.
- The PHA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires the PHA to release the information.

VAWA does not limit the PHA's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

## **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, the PHA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if the PHA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

1. Would occur within an immediate time frame, and
2. Could result in death or serious bodily harm to other tenants or those who work on the property.

If the PHA can demonstrate the above, the PHA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Removing the Abuser or Perpetrator from the Household**

The PHA may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If the PHA chooses to remove the abuser or perpetrator, the PHA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, the PHA must allow the tenant who is or has been a victim and other household members to remain in the unit for 30 days, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, the PHA must follow Federal, State, and local eviction procedures. In order to divide a lease, the PHA may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, the PHA may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, the PHA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the PHA may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- 1. You are a victim of domestic violence, dating violence, sexual assault, or stalking.**  
If your PHA does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- 2. You expressly request the emergency transfer.** Your PHA may choose to require that you submit a form, or may accept another written or oral request.
- 3. You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report your PHA for violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, the PHA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **[insert name of program or rental assistance contact information able to answer questions on VAWA]**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **[Insert contact information for relevant local organizations]**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **[Insert contact information for relevant organizations]**

Victims of stalking seeking help may contact **[Insert contact information for relevant organizations]**.

**Attachment:** Certification form HUD-5382 **[form approved for this program to be included]**



**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_  
\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_  
\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

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

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**EMERGENCY TRANSFER  
REQUEST FOR CERTAIN  
VICTIMS OF DOMESTIC  
VIOLENCE, DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

**The requirements you must meet are:**

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.**

If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.

**(2) You expressly request the emergency transfer.** Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

**Submission of Documentation:** If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. Such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER**

1. Name of victim requesting an emergency transfer: \_\_\_\_\_

2. Your name (if different from victim's) \_\_\_\_\_

3. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_

4. Name(s) of other family member(s) who would transfer with the victim: \_\_\_\_\_  
\_\_\_\_\_

5. Address of location from which the victim seeks to transfer: \_\_\_\_\_

6. Address or phone number for contacting the victim: \_\_\_\_\_

7. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

8. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

9. Date(s), Time(s) and location(s) of incident(s): \_\_\_\_\_  
\_\_\_\_\_

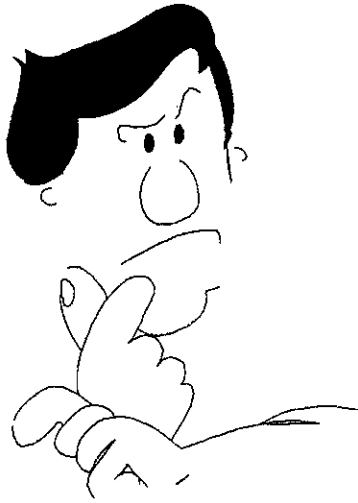
10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. \_\_\_\_\_

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.  
\_\_\_\_\_  
\_\_\_\_\_

12. If voluntarily provided, list any third-party documentation you are providing along with this notice: \_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

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

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

## Do You Know...

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

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

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

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

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

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

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

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

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

## Ask Questions

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

## Watch Out for Housing Assistance Scams!

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

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410