Low Income Public Housing
Application for Admission Packet

Twin Falls Housing Authority
200 Elm Street North
Twin Falls, ID 83301
Phone: 208-733-5765

INFORMATION & INSTRUCTIONS
FOR APPLICANTS

You are encouraged to read all information in this Application for Admission Packet. Additionally, you may request the Violence Against Women Act Notice and the Community Service and Self Sufficiency Requirement Policy from the Agency or download a copy from the website. **Please be aware that all public housing rental units and common areas are smoke-free.**

Note: A single person with disabilities or a family that includes a person with disabilities may request a reasonable accommodation at any time during the application or occupancy process.

The application and all supplemental forms must be filled out in full and signed by all adult family members. If all information required on the application and listed below is not received by the Housing Agency within ten (10) calendar days of the application date, the application will be denied.

If an applicant's spouse is ***temporarily*** absent from the home, he/she must be listed on the application and is subject to the same screening criteria as all other household members. If a spouse is ***permanently*** absent, he/she should not be listed on the application and will not be allowed to live in the rental unit.

A criminal history check will be run on all household members aged eighteen (18) and over. The PHA may require that a family member provide fingerprints to be run through the FBI's national fingerprint system if criminal activity is revealed in the local or state systems. The PHA is screening for specific criminal backgrounds stipulated in the Admissions and Continued Occupancy Policy, as well as criminal activities that prohibit a person from receiving housing assistance during his/her lifetime. Lifetime prohibitions include persons required to register under a state lifetime sex offender registration program and persons who have been convicted of methamphetamine production in federally assisted housing. An application will not be denied if the criminal history check reveals a single minor or petty criminal activity. ***If an applicant is offered an apartment before the background check information is received by the PHA and the results of the check reveals drug-related or violent criminal activity, any lease agreement executed may be terminated.***

In addition to completion of the written application and signing all forms in the application packet, the applicant must provide:

- Social Security numbers and original Social Security cards
- Birth Certificates or current Passport for all members of the household
- A current driver's license or state-issued photo identification for each adult household member
- Verification of Eligible Immigrant Status (I-551, I-688, I-688B)
- Additional verification forms as determined necessary by the PHA

Upon completion the application should be returned to the Administrative Office, where original documents provided will be copied by the PHA and returned to the applicant. Applications may be returned by mail, however do not include original documents. Call the office to make an appointment to return the application packet.

EQUAL HOUSING OPPORTUNITY

The application will be reviewed upon receipt to determine completeness and initial eligibility. After determining initial eligibility, the application will be placed on the waiting list. Information provided will be verified as the applicant nears the top of the waiting list to determine suitability and final eligibility. The applicant will be contacted if additional information is required.

If it is determined during the review process that the applicant failed to disclose relevant information requested or provided false information on the application or at the interview, the application will be denied.

The applicant will be mailed a letter of initial eligibility or denial at the address provided on the application. If the application is denied, the applicant may, within ten (10) days of the date of the denial, request an informal meeting, at which time he/she could provide documentation that would disprove the validity of the information relied upon in denying the application.

Eligible applicants are placed on the appropriate waiting list and offered an apartment in accordance with the TFHA Admissions and Continued Occupancy Policy, which is available for review upon request in the management office. Applicant screening and offers of rental units will be made without discrimination regarding race, color, religion, sex, age, handicap, familial status, or national origin.

All applicants determined eligible initially will be contacted/interviewed prior to determining final eligibility and suitability and being offered a rental unit. At that time, current verifications of income, assets, and deductible expenses will be obtained for use in calculating rent. These required verifications must be original documents less than 60 days old at the time of the interview.

The applicant must notify the PHA in writing of any changes in income, household members, assets, address, or telephone number while on the waiting list. This information is used in determining eligibility and unit size for which the family is eligible and for contacting the applicant. If the PHA is unable to contact the applicant due to a change in address or telephone number that has not been reported in writing, the application will be removed from the waiting list. If the applicant can provide verification that he/she was unable to respond due to circumstances beyond his/her control, the application may be reinstated.

When an apartment of the appropriate size becomes available, the applicant will be contacted in writing at the most recent address provided. **The applicant must accept the apartment offered or decline it within five (5) calendar days from the date of the offer.** If the apartment offered is declined, but the applicant desires to remain on the waiting list, his/her name will be moved to the appropriate place on the waiting list as detailed in the Tenant Selection and Assignment Plan. Failure to respond to an offer within five (5) calendar days will result in removal from the waiting list unless the applicant can provide verification that he/she was unable to respond due to circumstances beyond his/her control at the time of the offer.

If the offer is accepted, the applicant must:

1. Execute the lease and lease addendum within five (5) business days of the offer date
2. Pay the security deposit (and pet deposit, if applicable).
3. Pay the pro-rated rent for the month in which he/she is renting.
4. Inspect the unit with a PHA representative. Any repairs needed in the apartment that are not noticed at the move-in inspection may be reported and recorded within seven (7) calendar days of execution of the lease. After that time, the tenant assumes responsibility for any needed repairs beyond normal wear and tear.

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. You can write the Hotline at:

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

TWIN FALLS HOUSING AUTHORITY
HOUSING AUTHORITY OF THE CITY OF JEROME
200 ELM STREET NORTH
TWIN FALLS, ID 83301
208.733.5765 / 208.733.5878 FAX

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

- A change in the rules or policies or how we do things that would make it easier for to live here and use the facilities or take part in programs on site,
- A change or repair in your unit or special type of unit that would make it easier for you to live here and use the facilities or take part in programs on site,
- A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in programs on site, or
- A change in the way we communicate with you or give you information,

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

If you can show that you have a disability and if you request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer in 21 days unless there is a problem getting the information we need or unless you agree to a longer time period. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

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

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION REQUEST FORM at the Housing Authority located at 200 Elm Street North in Twin Falls or download from our website www.TFHA.com.

For lease violation or eviction:

If this problem is as a result of a disability, you have the right to a reasonable accommodation – some plan that would enable you to meet the terms of your lease. If you think such a plan or change is likely to correct the problem, you can call the housing authority office within 14 days of notice of lease violation or eviction. If you make such a request, you will need some evidence that the problem was caused by the disability and that the plan is likely to work. If it involves someone else, you need evidence that they will provide the assistance.

TWIN FALLS HOUSING AUTHORITY
200 ELM STREET NORTH
TWIN FALLS, IDAHO 83301
208-733-5765

Twin Falls Housing Authority does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin and is an equal opportunity provider and employer.

FOR OFFICE USE ONLY

Date:_____ Time: _____
Preference:_____
Approved:_____ Denied: _____
Withdrawn:_____

This application is valid for all Public Housing Properties operated by Twin Falls Housing Authority

ALL HOUSING AUTHORITY PROPERTIES ARE SMOKE AND TOBACCO FREE

Please provide accurate information. MUST COMPLETE USING BLUE OR BLACK INK – PRINT CLEARLY
Complete every item on the application - leave nothing blank. Print *NIA* if an item does not apply to you.

Head of Household Name:_____Male:____Female:____
Last First Middle

Address _____
Street City State Zip Code

Personal Phone: _____ email address: _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: _____ Hispanic/Latino
(Check One) _____ Not Hispanic/Latino

Race: ___White Black/African American
(Check All That Apply) ___American Indian/Alaska Native
____Asian ____Native Hawaiian/Other
____Pacific Islander

HOUSEHOLD COMPOSITION:

Names of all Family Members	Sex M/F	Relation to Head	Date of Birth	Age	Social Security Number	Place of Birth
		Head				

HOUSEHOLD COMPOSITION CONTINUED:

Do you or a member of your household qualify for a reasonable accommodation due to a disability? YES____ NO_____

Accommodation Requested:_____

Do you or any member of your household have a history of substance abuse that has not been abated through rehabilitation?

Yes_____ No_____ If YES, Who and please explain:_____

_____

Do you have any pets? YES____ NO_____ If yes, what kind?_____

Size:_____ Weight_____

Have you or any member of your household been charged with a crime?

Yes_____ No_____ If YES, Who and please explain:_____

_____

Are you or any member of your household a registered sex offender? Yes_____ No____ If YES,

Who and please explain:_____

_____

INCOME AND EMPLOYMENT:

List the income for the all members 18 or older, including income received on behalf of household members under 18. Include all income you expect to receive in the next 12 months. This includes family members who are temporarily absent, such as members serving in the Armed Forces, or members temporarily employed away from home.

Income can include: Alimony, child support, disability benefits, assistance to attend school, food stamps, military pay, periodic gifts, retirement, self employment, social security benefits, SSI, unemployment, wages and salaries, welfare benefits, worker's compensation, lottery winnings in periodic payments, income from assets, etc.

Name of Family Member	Gross Amount Received	How Often Received	Source of Income or Employer Name	Employer Address
		Weekly Bi-Weekly Monthly		
		Weekly Bi-Weekly Monthly		
		Weekly Bi-Weekly Monthly		
		Weekly Bi-Weekly Monthly		
		Weekly Bi-Weekly Monthly		
		Weekly Bi-Weekly Monthly		
		Weekly Bi-Weekly Monthly		

Family members who are disabled, handicapped, or over age 62 may qualify for an income adjustment. Do you or any family member qualify under this provision? Yes_____No_____

ASSETS:

Please list assets of all household members. **Each item must be "YES" or "NO".** Please provide the name and complete address of the financial institution that can verify each asset item.

Cash on Hand: Amount$ _____

	YES or NO	Amount$	Name of Institution (Bank)
Checking			
Savings or CD's			
Stocks or Bonds			
Money Market Accounts			
Cash Value of Life Insurance			
Equity in Real Property			
Other			

RENTAL HISTORY: List ALL Addresses beginning with your current address and where you have resided at in the past three (3) years. Provide dates of occupancy - Be complete.

Current Address:_____ From:_____ To:_____

Landlord Information:_____
Name: Phone:

_____
Address: City: State: Zip Code:

_____
Email address:

Previous Address:_____ From:_____ To:_____

Landlord Information:_____
Name: Phone:

_____
Address: City: State: Zip Code:

_____
Email address:

Previous Address:_____ From:_____ To:_____

Landlord Information:_____
Name: Phone:

_____
Address: City: State: Zip Code:

_____
Email address:

DECLARATION OF CITIZENSHIP

PLEASE COMPLETE THIS FORM AND RETURN TO: TWIN FALLS HOUSING AUIBORTIY
200 ELM STREET NORTH
TWIN FALLS, ID 83301

PART 1: APPLIES TO ALL FAMILY MEMBERS

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

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

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

First Name	Last Name	Age	**I am a Citizen or National of the U.S.**		**I am a non Citizen with eligible immigration Status**	Signature of Adult Listed to the left, or signature of Guardian for Minors
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X

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

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

PART 2: APPLIES TO NONCITIZEN FAMILY MEMBERS ONLY

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following:

(1) Form I-551, Alien Registration Receipt Card
(2) Form I-94, Arrival-Departure Record with appropriate annotations of documents
(3) Form I688, Temporary Resident Card
(4) Form I-688B, Employment Authorization Card
(5) 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.

Please call the administrative office at 208-733-5765 to arrange for delivery and copying of original documents. DO NOT MAIL ORIGINAL DOCUMENTS TO THIS OFFICE.

If the documents are not presented and verified, your family's rental assistance may be denied or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeal process.

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

Signature:_____ Date:_____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigrations status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left or Signature of Guardian for Minors	**Office Use Only INS VERIF#**
			X	
			X	
			X	
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

XI. REQUIRED SUPPLEMENTS TO APPLICATION

The following documents must be executed along with this application form for the application to be considered complete:

a. 214 Citizenship Declaration for each family member
b. Form HUD-92006, Emergency Contact Form
c. HUD Privacy Act/Release of Information (form HUD-9886) for Public Housing
d. Form HUD-52675, "Debts Owed to PHAs" signed by each adult household member
e. "What You Should Know About EIV" signed by each adult household member
f. Uniform "Authorization for Release of Information" signed by each adult household member
g. Include other release forms as applicable

XII. APPLICANT CERTIFICATION

All family members aged 18 or older must certify to the accuracy of the information provided and sign this application.

_____I/we certify that the information provided in this application is accurate and complete to the best of my/our knowledge and belief.

_____I/we understand I cannot add any person to my household, unless he/she has first completed an application, completed all verifications and been approved in writing by the Housing Authority, except by legally documented birth or adoption of a child.

_____I/we understand that all information provided in this application and required supplements and during the eligibility interview is subject to verification.

_____I/we further understand that any changes to information provided in this application must be provided to the PHA within 10 days of such change for this application to remain valid.

_____I/we understand that providing false statements or information is punishable under Federal Law and constitutes grounds for denial of my/our application, as well as termination of housing assistance and eviction after leasing a dwelling unit.

_____I/we understand we are required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending prescheduled meetings, completing, signing and returning all needed forms timely. I understand failure or refusal to do so may result in delays, denial or termination of assistance or eviction.

By my/our signature(s) below, I/we do hereby swear and attest that all information in this application is true and correct. *(Application must be signed by all adults who will live in the rental unit.)*

Signature of Head of Household	Date
Signature of Spouse of Head of Household or Co-Head	Date
Signature of Other Adult Family Member	Date
Signature of Other Adult Family Member	Date

WARNING: 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 OR AGENCY OF THE UNITED STATES GOVERNMENT.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777.

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
TWIN FALLS HOUSING AUTHORITY OCCUPANCY SPECIALIST 200 ELM STREET NORTH TWIN FALLS, ID 83301	

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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 expires 15 months after signed.

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 Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA 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 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

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 N*otice:**
TWIN FALLS HOUSING AUTHORITY 200 ELM STREET NORTH TWIN FALLS, ID 83301	**Signature** **Date** **Printed Name**

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)

RHIIP

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 <u>one</u> 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.

<u>Note:</u> 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. You may need to visit your local SSA office to have disputed death information corrected.

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

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

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

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: http://www.hud.gov/offices/pih/programs/ph/rhiip/uiv.cfm.

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**

Uniform Authorization for the Release of Information

PHA Requesting Release of Information: Attn: Housing Authority Occupancy Specialist Twin Falls Housing Authority 200 Elm Street North Twin Falls ID, 83301	Phone: (208)733-5765 FAX: (208)733-5878 Email: info@twinfallshousing.com Website: www.twinfallshousing.com

Authority: 42 U.S.C. 1437f and 3535(d), Implemented at 24 CFR 960.259

Purpose: In signing this consent form, you are authorizing HUD and the above named Housing Authority (HA) to request information including but not limited to identity, family composition, employment income, earned and unearned income, assets, residences and rental activity, medical or child care allowances, credit and criminal history. HUD and the HA need this information to verify your eligibility 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 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 pf determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosure or improper uses of the information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the Consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age. Also required to sign are those persons under the age of 18 who are the head of household or co-head and are considered emancipated minors.

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 Low Rent Public Housing Informal Review and Grievance Procedures.

Sources of Information: The groups or individual that may be asked to release the authorized information include but are not limited to:

Previous Landlord (including Public Housing Agencies)

Courts, Post Offices, Legal Aid, Attorneys, Lawyers

Schools and Colleges

Law Enforcement Agencies

Support and Alimony Providers

Past and Present Employers

Welfare, Federal & State Agencies, E.I.V., U.I.V.

State Employment Agencies

Social Security Administration, Pension/Annuity Providers

Medical and Child Care Providers

Veterans Administration

Requirement Systems

Banks and other Financial Institutions, Insurance Companies

Credit Providers and Credit Bureaus

Utility Companies

Case Managers/Coordinators/Trainers

Rehabilitation Specialists/Payees

Consent: I hereby authorize the release of the requested information.
Signatures:

_____		_____	
Head of Household	Date	Other Family Member over age of 18	Date
_____		_____	
Co-Head or Spouse	Date	Other Family Member over age of 18	Date
_____		_____	
Other Family Member over age of 18	Date	Other Family Member over age of 18	Date

This release will expire 15 months from the date signed

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 HA and any other owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of the information collected based on the Consent form. Use of the information collected based on this 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 $5000. Any applicant or participant affect by negligent disclosure of information may bring civil action for damages, and seek other relief, as Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) & (8). Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) & (8).

Twin Falls Housing Authority

CRIMINAL HISTORY BACKGROUND CHECK

Housing Agencies are authorized under Public Law 104-120 signed 3/28/96 and amended in 1998 (codified in 24 CFR part 5) to obtain local and national criminal history records of all adult applicants for, or tenants of, public housing and the Section 8 housing choice voucher programs for purposes of applicant screening, lease enforcement, and eviction.

Criminal history background checks may be performed for drug-related activity, violent criminal activity, sex crimes, and alcohol abuse. If any state or national history is revealed in this search, the specific information may be verified for the Housing Authority by the State and/or NCIC. If matching records are revealed, the applicant/tenant may be required to submit fingerprints for positive identification of records. Failure to submit fingerprints when a possible match has been made is grounds for immediate termination of the application process or housing assistance. Failure to provide authorization for these checks is grounds for denial of application.

Applicant/Tenant authorizes, by signature below, these criminal history checks during both the application process and during program participation. This form will expire 15 months from the date of signature.

LAST NAME _____ FIRST NAME _____ MIDDLE _____ MAIDEN/OTHER SURNAMES USED _____

Social Security : __ __ __-__ __ - __ __ __ __ Date of Birth:___/___/___ Race_____ Sex:_____

Signature of Applicant/Tenant:_____ Date:_____

DO NOT WRITE BELOW THIS LINE – FOR SCREENING USE ONLY

Date of initial Criminal History Background Check on this applicant/tenant:_____

Law Enforcement Agency performing criminal history check:_____

Other Agency performing criminal history check:_____

□ No records with State or NCIC □ Possible match with State □ Possible match with NCIC

□ No records of conviction for activity, criminal activity, or sex crime

□ Registration required under lifetime State Sex Offender Registration program

□ Local record of activity described below

Type of activity with local police department	Date	Disposition
Type of activity with local police department	Date	Disposition

Signature of Law Enforcement Officer _____ Date _____

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful statements of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

I Speak Statements

- ☐ Unë flas **shqip** (Albanian)
- ☐ **አማርኛ** እናገራለው (Amharic)
- ☐ انا اتكلم اللغة العربية. (Arabic)
- ☐ Ես խոսում եմ **հայերեն** (Armenian)
- ☐ আমি বাংলা ভাষী। (Bengali)
- ☐ Ja govorim **bosanski jezik** (Bosnian)
- ☐ ကျွန်တော်မြန်မာစကားပြောသည်။ (Burmese)
- ☐ 我说中文 (Chinese Simplified)
- ☐ 我說中文 (Chinese Traditional)
- ☐ Ja govorim **hrvatski**. (Croatian)
- ☐ اینجانب به زبان **فارسی** صحبت می کنم (Farsi)
- ☐ Je parle **français**. (French)
- ☐ Je parle le **Français haïtien** (French Creole)
- ☐ Μιλάω **ελληνικάι**. (Greek)
- ☐ હું ગુજરાતી બોલુ છું (Gujarati)
- ☐ Mwen pale **Kreyòl**. (Haitian Creole)
- ☐ मैं **हिंदी** बोलता हूँ (Hindi)
- ☐ Kuv hais **lus hmoob**. (Hmong)
- ☐ Ana m a sụ **Igbo** (Igbo)
- ☐ Parlo **Italiano** (Italian)
- ☐ 私は日本語を話します (Japanese)
- ☐ Mi chat **Jamiekan langwjij** (Jamaican Creole)
- ☐ y k t ɓ **k q ɗ** l f l ɓ (Karen)
- ☐ ខ្ញុំនិយាយភាសាខឺតឌីស (Khmer)
- ☐ 본인의 모국어는 **한국어**입니다 (Korean)
- ☐ ئه ز زمانی **کوردی** ده ئاخڤم. (Kurdish)
- ☐ Ṅ a po **Klào** Win. (Kru)
- ☐ ຂ້າພະເຈົ້າເວົ້າ **ພາສາລາວ**. (Lao)
- ☐ Yie gorngv **Mienh** waac. (Mien)
- ☐ म **नेपाली** बोल्छु (Nepali)
- ☐ Mówię **po polsku**. (Polish)
- ☐ Eu falo **Portugês**. (Portuguese)
- ☐ ਇ ਸ੍ਪੇਅਾਕ ਪੰਜਾਬੀ (Punjabi)
- ☐ Cunosc limba **Română.** (Romanian)
- ☐ Я говорю **по-русски**. (Russian)
- ☐ Ou te tautala **faaSamoa**. (Samoan)
- ☐ Govorim **srpski**. (Serbian)
- ☐ Waxaan ku hadlaa **Somali**. (Somali)
- ☐ Yo hablo **español**. (Spanish)
- ☐ أتحدث **السودانية** (لغوي سوداني) (Sudanese)
- ☐ Marunong po akong magsalita ng **Tagalog**. (Tagalog)
- ☐ ข้าพเจ้าพูด **ภาษาไทย** (Thai)
- ☐ **ኣነ ትግርኛ ይዛረብ እየ**. (Tigrinya)
- ☐ Я розмовляю **українською**. (Ukrainian)
- ☐ میں **اردو** بولتا/ بولتی ہوں . (Urdu)
- ☐ Tôi nói tiếng **Việt**. (Vietnamese)
- ☐ **יידיש** רעד איך (Yiddish)
- ☐ Mo gbọ **Yoruba** (Yoruba)

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

Twin Falls Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act[1]

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.[2] The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Twin Falls Housing Authority** 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 **Twin Falls Housing Authority,** 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 **Twin Falls Housing Authority,** you may not be denied assistance, terminated from participation, or be evicted from your rental

[1] Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

[2] 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.

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 **Twin Falls Housing Authority** 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.

Removing the Abuser or Perpetrator from the Household

HP 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 HP chooses to remove the abuser or perpetrator, HP 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, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, 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, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP 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, HP 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, HP 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 housing provider 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 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, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider 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.

HP 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.

HP's emergency transfer plan provides further information on emergency transfers, and HP 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

HP 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 HP must be in writing, and HP 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. HP 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 HP 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 HP 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 he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

If HP 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), HP 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, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP 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.

HP must not allow any individual administering assistance or other services on behalf of HP (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.

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

- You give written permission to HP to release the information on a time limited basis.
- HP 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 HP or your landlord to release the information.

VAWA does not limit HP'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, HP 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 HP 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 HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

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 a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with National Domestic Violence Hotline: 1-800-799-7233 or Hud Housing Discrimination Hotline: 1-800-669-9777.

For Additional Information

You may view a copy of HUD's final VAWA rule at:

https://www.hud.gov/program_offices/housing/mfh/violence_against_women_act

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

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.

Attachment: Certification form HUD-5382

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.