OMB Control #2502-0581

Optional and Supplemental Contract 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, 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 contract information, but if you choose to do so, please include the relevant information on this form.

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

Applicant Name:	
Mailing Address:	
Telephone Number:	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 for 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 participating in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant	**Date**

The information collection requirements 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 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 an 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 mother 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.

EQUAL HOUSING OPPORTUNITY

City of Crescent City Housing Authority
235 H Street
Crescent City, CA 95531
(707)464-9216/fax (707)464-2692

ANNUAL RECERTIFICATION PACKET

PART 1: PERSONAL DECLARATION ALT PHONE:_____
NAME:_____ PHONE:_____
MAILING ADDRESS:_____
ASSISTED UNIT ADDRESS (if different) : _____
EMAIL ADDRESS:_____
I PREFER TO BE CONTACTED BY: Phone_____ Email _____ Mail _____

PART II: HOUSEHOLD COMPOSITION

List every person living in your household, including Live-in-Aides and children that live with you at least 50% of the time. Attach a separate sheet if more space is needed.

Name	Relation to head	Disabled Y/N	Gender M/F	Date of Birth
	SELF			

1. Does anyone outside your household pay for any of your bills or contribute money to your household for bills?
   YES NO
   If yes, please list the name of the person/agency and the amount they are contributing:

   _____

   _____

PART III: HOUSEHOLD INCOME

Please provide supporting documentation for all income received by the family. It is necessary to provide Social Security/SSI benefit letters. Also, if you have specific amounts being withheld from your full monthly benefit, please provide that letter as well. Attach a separate sheet if more space is needed.

Family Member and Type of Income	Income Source and Contact Information (Employer/Agency Name)	Gross Amount (before taxes or other deductions)
Family member: _____ Type of income _____	Income source: _____ Phone number: _____	$_____ Per: (check one) _____Hour _____Week _____Month _____Year
Family member: _____ Type of income: _____	Income source: _____ Phone number: _____	$_____ Per: (check one) _____Hour _____Week _____Month _____Year
Family member: _____ Type of income: _____	Income source: _____ Phone number: _____	$_____ Per: (check one) _____Hour _____Week _____Month _____Year
Family member: _____ Type of income: _____	Income source: _____ Phone number: _____	$_____ Per: (check one) _____Hour _____Week _____Month _____Year
Family member: _____ Type of income: _____	Income source: _____ Phone number: _____	$_____ Per: (check one) _____Hour _____Week _____Month _____Year

PART IV: HOUSEHOLD ASSETS

List all assets held or owned by every member of the household. Examples of assets that must be disclosed: checking/savings, IRA, CD, Stock, real estate, money market, trust, life insurance policies with cash value, retirement, 401K, capital investments, or cash held (safety deposit box, etc.). If you have any questions about what might be considered an asset, please ask your case worker at the time of your appointment.

☐ **Yes** ☐ **No – Are your total household assets over $54,898? If yes, please provide evidence of assets such as bank statements or other documents provided by your financial situation.**

☐ **Yes** ☐ **No – Do you own property? If yes, please provide evidence of why your household can't live there.**

Family member	Type of asset (see above)	Current value	Interest rate	Name of bank

1. Have you or any other family member disposed of any assets for less that fair market value in the last two years?_____
2. Have you or any household member sold an asset/property in the last two years?

   _____
3. Have you or any household member cashed in an asset (such as a CD) in the past 60 days?
   If yes, how much did you receive?

   _____
4. Have you or any other household member received any of the following types of lump sum payments in the last two years: lottery winnings, inheritances, insurance settlements?
   If yes, were these lump sums disposed of (spent) or deposited into an account?

   _____

PART V: HOUSEHOLD DEDUCTIONS

Please provide supporting documentation for any deductions that you intend to claim.

1. **Child Care**. Do you have out of pocket childcare expenses? YES NO If yes, please provide the following information.

Name of Child	Name, Address, and Phone Number for Childcare Provider	Amount you pay to the provider

2. **Full-Time Student**. Is any adult family member (**18 years and older**) attending school or college OR taking part in a job training program? YES NO If yes, please provide the following information.

Name of student	Name of school or training program	Full time or part time?	List all financial aid received (grants, etc.)

3. **Elderly/Disabled Households & Medical Costs.** If the Head of Household and/or spouse is disabled or elderly (62 years and older) you may be eligible to receive a medical expense deduction for any out of pocket, unreimbursed medical expenses.
   -Are you elderly/disabled with medical expenses (paid out of pocket)? YES NO
   -Is your spouse elderly/disabled with medical expenses (paid out of pocket)? YES NO

   If you answered yes to one of the above, please describe the type of medical expenses your household has that are out of pocket and unreimbursed, including travel for medical appointments that are out of the area, supplemental insurance premiums, prescription costs, dental work, optometry, office visit co-pays, etc. If you have questions about what might be considered a medical expense, please ask your case worker at your appointment.

   _____
   _____
   _____
   _____

   Do you have amounts being deducted from your social security/SSI benefit in order to cover supplemental insurance premiums (Medicare; Part D; etc.) YES NO

   If yes, please state the amount that is being deducted per month:_____

PART VI: HOUSEHOLD DECLARATIONS

1. Has any member of the family become an adult (turned 18) within the last 12 months? YES NO
   If yes, please state the name of the household member(s) who is now an adult:
   _____
2. Has any member of the household been arrested and/or engaged in criminal behavior within the last 12 months? YES NO If yes, please state the name(s) of the household member(s) and the nature of the arrest/criminal activity:
   _____
3. Has any member of the household engaged in any drug-related criminal activity within the last 12 months? YES NO If yes, please state the name(s) of the household member(s):
   _____
4. Is any member of the household subject to a lifetime sex offender registration requirement?
   YES NO If yes, please state the name:
   _____

5. Have you or any member of the household ever lived in assisted housing prior to your participation with our agency? YES NO If yes, please state the approximate time and location:

_____

6. Have you or any other household member ever been terminated from a federally assisted housing program? YES NO If yes, please state the approximate time and location (NAME of Housing Agency):_____
7. Have you or any other household member ever been requested to repay any monies in connection with a federally assisted housing program? YES NO If yes, please state the amount, approximate time, name of Housing Agency, and whether the debt was repaid in full:

_____

8. Are any household members temporarily or permanently absent? YES NO If yes, please state the name of the absent member and duration of expected absence:

_____

- If you are a person with disabilities and you need additional assistance with our program as a result of your disability, please ask your case worker about the reasonable accommodation request paperwork.
- If you are a victim of domestic violence and you need help, please be advised that we have resources to assist you. All information will be kept strictly confidential. Under the VAWA (Violence Against Women Act) there are many protections afforded to victims of domestic violence, dating violence, sexual assault, and stalking with regard to housing. Please notify your case worker if you have any questions about the protections offered under the Violence Against Women Act. Paperwork is included in our lobby or on our website (www.crescentcity.org) for your reference.
- Please be advised that all household composition and income changes must be reported to the Housing Authority in writing **within 10 business days.**

Crescent City Housing Authority
235 H Street
Crescent City, CA 95531
(707) 464-9216 Phone
(707) 464-2692 Fax

AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose:

The US Department of Housing and Urban Development (HUD) and the above-named organization may use this authorization and information obtained with it to administer and enforce rules and policies.

Authorization:

I authorize the release of any information (including documentation about myself or my household) that is pertinent to eligibility for, or participation in, assisted housing programs. I authorize only HUD, an Indian Housing Authority or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered: *Inquiries may be made about –*

Child Care Expenses
Credit History
Criminal Activity
Family Composition
Employment, Income, Pension & Asset
Federal, State, Tribal & local benefits
Lottery Winnings
Enrollment/Student Status
Handicapped Assistance Expenses
Identity and Marital Status
Medical Expenses
Social Security Numbers
Residences and Rental History
Account History - Financial
Account History - Utilities

Individuals or Organizations that May Release Information:

Any individual or organization, including any governmental organization may be asked to release information.

For Example, Information may be requested from –

Banks and other financial institutions
Courts
Law Enforcement agencies
Credit Bureaus
Employers: Past & Present
Landlords: Past & Present
Providers of Alimony, Child Care, Child Support
Mental Health Agencies
Del Norte Child Care Council
State Employment Development Department
Handicapped Assistance
Medical Care
Pensions/Annuities
Schools and Colleges
US Social Security Administration
US Department of Veteran Affairs
Utility Companies
Del Norte Department of Social Services
Family Support Division
Educational institutions

Computer Matching Notice and Consent:

I agree that a Public Housing Agency, Indian Housing Authority or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The match will be used to verify information provided by the family.

The governmental agencies include:

US Office of Personnel Management
US Social Security Administration
US Department of Defense
US Postal Service
State employment security agencies
State welfare and food stamp agencies

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this Authorization, I also understand that my housing assistance may be denied or terminated.

_____ _____
Signature Head of Household Date

_____ _____
Signature of Spouse/Other Adult Date

_____ _____
Signature of Other Adult Date

SECTION 8 FAMILY OBLIGATIONS
24CFR 982.551

Department of Housing and Urban Development (HUD) regulations for the Housing Choice Voucher Program permits CCHA to terminate assistance to participants in these programs in any household members or guests do not abide by the following family obligations once the unit is approved and the HAP contract has been executed.

1) The Family MUST:
   a) Supply any information that CCHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in regularly scheduled reexamination or interim re-examination of family income and composition.
   b) Disclose and verify social security numbers and sign and submit consent forms for obtaining information
   c) Supply any information requested by the CCHA to verify that the family is living in the unit or information related to family absence from the unit.
   d) Notify the CCHA in writing if any family member(s) no longer reside in the unit.
   e) Notify the CCHA in writing when the family or a family member(s) is away from the unit for an extended period of time in accordance with CCHA policies
   f) Notify the CCHA and the owner in writing before moving out of the unit or terminating the lease.
   g) Allow the CCHA to inspect the unit at reasonable times and after reasonable notice. Two missed appointments for inspection are considered a breach of this family responsibility.
   h) Use the assisted unit for residence by the family. The unit must be the family's only residence.
   i) Notify the CCHA in writing of the birth, adoption or court-awarded custody of a child.
   j) Request the CCHA's written approval to add any other family member as an occupant of the unit. Additional family members must not move into the unit until approved by the CCHA.
   k) Give the CCHA a copy of all notices including any owner eviction notice.
   l) Pay utility bills and supply appliances that the owner is not required to supply under the lease.
   m) You may have guests, but such guests may not occupy the premises for more than thirty (30) days unless otherwise stated in the lease agreement between the tenant and owner.
   n)
2) The Family (including each family member) MUST NOT:
   a. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
   b. Commit any serious or repeated violations of the lease.
   c. Commit fraud, or bribery or any other corrupt or criminal act in connection with the program.
   d. Participate in illegal drug or violent criminal activity
   e. Sublease or let the unit or assign the lease or transfer the unit.
   f. Receive Housing Choice Voucher Program tenant-based housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance programs.
   g. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
   h. Engage in threatening, abusive or violent behavior toward any CCHA personnel.
   i. Be related to the landlord (owner). The landlord/owner cannot be the parent, child, grandparent, grandchild, sister or brother of any member of the participating family including minors. The only exemption that may be approved by the CCHA is if a family member is a person with disabilities.
   j. Engage in illegal use of a controlled substance; or the abuse of alcohol that threatens the health and safety or right to peaceful enjoyment of the premises by other residents.

ANY INFORMATION THE FAMILY SUPPLIES MUST BE TRUE AND COMPLETE

By its signature, the family agrees to fulfill the program responsibilities noted above, and understands that failure to do so, BY ANY FAMILY MEMBER, may result in termination of your housing assistance, repayment of housing subsidy or both.

_____ Signature of Head of Household

_____ Signature of Spouse/Other Adult

_____ Signature of Other Adult

_____ Signature of Other Adult

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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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:**
	Signature **Date**
	Printed Name

CERTIFICATION OF
SMOKE DETECTORS
AND
CARBON MONOXIDE (C02) DETECTORS

Smoke detectors must be placed within 15 feet of each bedroom.

C02 detectors are required in homes that have at least one of the following: Wood stove, fireplace, pellet stove, monitor heater, any propane use, or an attached garage. C02 detectors must be installed in the room where the heat source is as well as 15 feet from each bedroom.

If the smoke detector/C02 detector is not working, immediately contact the owner/manager of the property. If the owner/manager does not contact you, please call the Housing Authority office at 707-464-9216 ext.73.

I certify I have checked and pre-tested all smoke detectors and C02 detectors to ensure they are in working condition in case of fire or carbon monoxide leak.

Name_____Date_____