

APPLICATION FOR OCCUPANCY

CRHA

PO Box 1405 Charlottesville., VA 22902

(434) 326-4672 / TTY 711

Please Type or Print Clearly

For Office Use Only

Date Rec'd _____

Time Rec'd _____

Initials _____

What site are you applying for? _____

What type of unit are you applying for? PBV _____ LIHTC _____ PH _____ Market Rate (Dogwood or other available) _____

ATTENTION: If you chose PH (Public Housing), please check all preferences applicable to your present status. Verification of Preferences will be required.

- I qualify as "Homeless" according to the definition as follows: Homeless families consisting of more than one person, including at least one child or dependent. To qualify for this preference, a family must have a Coordinated Assessment with the Continuum of Care.**
- Local preference: I/We qualify for the local preference for housing as I/We live in the City of Charlottesville and/or at least one adult in the household works for or has been hired by an employer located in the City of Charlottesville.**
- Elderly Preference: Elderly (62+) Head of Household (HOH), Co-head or Spouse.**

I have read the preference criteria and certify, by my signature below, that I do qualify for all preferences selected. I understand that I am responsible for updating my application should my preferences change. I understand that providing false information or failing to update my information, should my preferences change, is grounds for my application to be denied.

Signature: _____ Date: _____

Applicant (Head of Household)

Spouse/Co-Head/ Other Adult

Name _____

Birthdate _____

S.S. # _____

Spouse Co-Head Other Adult

Marital Status: Married ____ Single ____ Separated ____ Divorced ____

Disability Status: Do you have a disability that requires a unit with accessibility features?..... Yes No
If yes, please document the specific accommodation that you require:(examples) roll-in shower, lowered peephole, roll-under sinks, wider doorways, etc.) _____

Do you expect any changes to your household composition in the next 12 months? Yes ____ No ____
If yes, please identify name, and relationship and reason for the delay

Current Subsidy Status: Are you currently receiving a government housing subsidy?..... Yes No

Current Address

Address _____				
Street	City	State	Zip	
Your Phone # _____		Your Email Address _____		
How long have you lived here? _____		<input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent \$ _____	
Current Landlord _____		Landlord's Phone # _____		
Landlord's Address _____				
Street	City	State	Zip	

Previous Address

Address _____				
Street	City	State	Zip	
<input type="checkbox"/> Rented <input type="checkbox"/> Owned	Dates you lived here? From: _____ to _____		Monthly Rent \$ _____	
Landlord's Name _____		Phone _____		
Landlord's Address _____				
Street	City	State	Zip	

** Please provide landlord information for your last two places of residence AND the last five years. If the total time that you lived in these two places is less than five years, additional landlord information can be included on a separate sheet of paper.

Please list any states in which you or any member of your household has ever resided: _____

Please list any aliases used by any member of your household: _____

Household Composition

List all persons who will be living in your home, with the head of household listed first.

Name of Household Member	Relationship	DOB	(Y/N)	Full or Part Time Student (Y/N)	Social Security Number*
1.	Head of Household				
2.					
3.					
4.					
5.					
6.					

*If a household member has no Social Security number and he/she was 62 or older on 01/31/2010 and receiving HUD assistance at any other location on 01/31/2010, he/she is exempt from disclosing and providing verification of an SSN.

Income Information

List all money earned, received, or anticipated by each member of your household. This includes wages, self-employment, child support, Social Security, SSI, Worker's Compensation, pensions, TANF, regular gifts, alimony, and other sources.

Household Member	Gross Monthly Wages*	Monthly TANF	Monthly Child Support	Monthly Social Security/SSI	Monthly Unemployment	All Other Income (Monthly)

*Include wages for household members 18 years of age or older. All other forms of income must be declared for household members of any age.

Assets

List all checking accounts, savings accounts, IRAs, 401Ks, Certificates of Deposit, stocks, bonds, and real estate of all household members.

Household Member	Type of Asset	Bank or Institution	Current Value/Balance

Have you sold or given away any assets in the last two years for less than its fair market value? Yes No

- Do you own an automobile?..... Yes No
- Do you own a pet? Yes No
If yes, what breed/weight? _____
- Have you or any member of your family been evicted in the last three years from federally assisted housing for drug-related criminal activity? Yes No
- Have you ever been terminated/evicted for non-compliance of any sort?..... Yes No
- Do you or any member of your household currently engaged in illegal use of drugs?..... Yes No

6. Is any member of your household subject to lifetime registration as a sex offender?..... Yes No
7. How did you hear about this community? _____
8. If you are unable to communicate (written/verbal) with us in English, in which language do you need information?

9. What type of apartment are you interested in? Studio 1 BR 2 BR 3 BR 4 BR

I/We certify that if selected to move into this community, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for occupancy. I/We authorize the owner/owner representative to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background and verification information that may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/ our knowledge and belief. I/We understand that false statements or information are punishable under federal law and may negate this application and any resulting rental agreement.

Signature: Applicant (Head of Household) _____ Date _____

Signature: Spouse/Co-Applicant _____ Date _____

Signature: Other Adult (18 yrs. and older) _____ Date _____

Signature: Other Adult (18 yrs. and older) _____ Date _____

Please check if a CRHA staff member assisted applicant(s) in completing this application. Name/
Signature name of Staff member name that provided assistance: _____



STATEMENT OF NONDISCRIMINATION ON BASIS OF DISABILITY: The owner and managing agent of this property do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, their federally assisted programs and activities. Applicants with a disability have the right to request reasonable accommodations when necessary to participate in the application process or make effective use of the housing programs. To request a Reasonable Accommodation, please contact the property's management office.

Housing Authority
ALLOWANCE CHECKLIST

INSTRUCTIONS: At the certification and recertification interviews, the head of household should answer the questions below about Allowances and sign the certification statement.

<u>Family Member Name</u>	<u>Date Verified</u>
1) Dependent Deduction	
a) Do you have any household members, other than head, spouse, foster children, and live-in attendants who are under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____
b) 18 or older and either a full-time student or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____
c) If yes, list names of such family members	
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
2. Child care Allowance	
a) Is the family paying for care of children under age 13 so: an adult can work? <input type="checkbox"/> Yes <input type="checkbox"/> No a family member can go to school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b) List the names of children for whom care is provided.	
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
3. Disability Expense Allowance	
a) Is the family paying for care or apparatus for a disabled family member so that an adult family member can work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list family member for whom care/apparatus is being provided.	
_____	____/____/____

Family Member Name

**Date
Verified**

4. **Elderly/Disabled Household Allowance**
Is the head, spouse or sole member of the household 62 or older or disabled? Yes No

If yes, list any members who are elderly or disabled.

____/____/____
____/____/____

5. **Medical Expenses Allowance**
Is the head, spouse or sole member of the household at least 62 or disabled? Yes No

Does the household expect unreimbursed medical expenses for the 12 months to be covered by the certification? Yes No

If Yes, list the household member(s) with unreimbursed medical expenses:

____/____/____
____/____/____

Note: List any optional PHA deductions here

Tenant's Certification

I hereby certify that I have answered the questions on this checklist truthfully and that I qualify for the allowances claimed on this form.

Head of Household's name

Head of Household's signature

PHA witness

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

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

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

Charlottesville Redevelopment Housing Authority

PO Box 1405

Charlottesville, VA 22902

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

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

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

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

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

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

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

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

Sources of Information to be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

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

Signatures:

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

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

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

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