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Boise, Idaho 83702  
(208) 345-4907  
(208) 345-4909 (fax)

Deanna Watson  
Executive Director  
[www.bcacha.org](http://www.bcacha.org)

## RENTAL APPLICATION CAPITOL PLAZA and FRANKLIN PLAZA

### APPLICATION

Thank you for applying to rent one of our public housing apartments. We want each resident's stay to be a positive experience for the resident and the community. We work with our residents to keep our apartments safe and livable. That effort begins with our screening process.

Placement on the waiting list is based on initial date and time of application. At least 40% of admissions must be within 30% of the median income.

### WHO IS ELIGIBLE

You may qualify if your household includes one of the following:

1. You and/or your spouse is 62 years of age or older, or
2. You and/or your spouse is a person with a disability

Public housing is limited to low-income individuals. The housing authority determines your eligibility based on, 1) annual gross income; 2) whether you qualify as elderly or a person with a disability, and 3) U.S. citizenship or eligible immigration status. The housing authority will check criminal background, credit history and landlord references. The housing authority will deny admission to any applicant whose habits and practices may be expected to have a detrimental effect on other tenants or the project's environment.

The housing authority uses income limits developed by HUD. HUD sets the lower income limit at 80% and very low income limit at 50% of the median income for the county or metropolitan area in which you chose to live.

### COMMUNITY INFORMATION

Capitol Plaza and Franklin Plaza are high-rise apartment complexes for residents who are 62 years of age or older or for persons with disabilities. There are 93 apartments at Capitol Plaza and 67 apartments at Franklin Plaza, consisting of studios, one and two-bedroom units.

Rent is based on 30% of monthly adjusted income. Rent includes water, sewer and trash removal. Within the two communities, there are seven (7) studio apartments specifically adapted for individuals needing accessible features.

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## **ELIGIBILITY SCREENING REQUIREMENTS**

When applying for residency, applicants will be required to complete forms pertaining to their household composition and income. After your name has reached the top of the waiting list, you will be contacted to schedule a pre-screening interview. This interview is to review the information on your application before beginning the screening process. The screening criteria include:

1. **No false information**: Inaccurate or false information will be grounds for denial. If inaccurate or false information is found after a rental lease is signed, your lease will be terminated.
2. **Verifiable, positive residential history**: We will need complete information to contact past landlords.
3. **No past due debts for rental obligations**: A consumer credit check will be run on each household member who is over 18 years of age. These reports will be used to check for evictions, debts owed to meet previous rental obligations and to confirm information provided by the applicant(s). Applicants who have past due debts to meet rental obligations will generally be denied. However, if past due debt was caused by an excessive rent burden, the housing authority may make an exception. This includes debts owed to a housing authority, to a previous landlord, or to meet any obligation legally required by a rental agreement. Applicants are encouraged, therefore, to settle or have current repayment agreements on any such debts prior to making an application for housing.
4. **Criminal activity or other dangerous behavior prohibited**: The housing authority is required to deny admission to multifamily housing for a family member or individuals who:
  - a. **Are subject to a state sex offender lifetime registration requirement. We use a national database for the criminal background checks.**
  - b. **Have ever been convicted of drug-related criminal activity for manufacture of methamphetamine on the premises of federally assisted housing.**

If you have questions or need more information, please feel free to call (208) 345-4907 between the hours of 10:00 am and 3:00 pm, Monday through Friday.

**\*\*\*PLEASE NOTE: IF AN APPLICANT IS PLACED ON THE WAITING LIST, IT IS THE APPLICANT'S RESPONSIBILITY TO INFORM THE HOUSING AUTHORITY, WITHIN 10 BUSINESS DAYS, OF CHANGES IN FAMILY COMPOSITION AND/OR CONTACT INFORMATION, INCLUDING CURRENT RESIDENCE, MAILING ADDRESS, AND TELEPHONE NUMBER. THE CHANGES MUST BE SUBMITTED IN WRITING \*\*\***



**BOISE CITY / ADA COUNTY HOUSING AUTHORITY  
APPLICATION FOR ASSISTANCE**

Please print clearly and legibly.

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ Primary Speaking Language: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MESSAGE PHONE: \_\_\_\_\_ Do you need assistance with language interpretation? Y / N

HOUSEHOLD COMPOSITION AND CHARACTERISTICS Are you Homeless? Y / N

1. **List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the Head.**

| Member's Full Name | Relation to Head of Household | Birth Date<br>MM / DD / YYYY | Age | Sex<br>M / F | Disabled<br>Y / N | Social Security<br>Number |
|--------------------|-------------------------------|------------------------------|-----|--------------|-------------------|---------------------------|
|                    | SELF                          |                              |     |              |                   |                           |
|                    |                               |                              |     |              |                   |                           |
|                    |                               |                              |     |              |                   |                           |
|                    |                               |                              |     |              |                   |                           |
|                    |                               |                              |     |              |                   |                           |

Has any household member used another name or social security number? Please explain: \_\_\_\_\_

2. **Race of Head of Household:** (Check one – used for statistical purposes only)  
 White     Black / African American     Asian     American Indian/Alaskan Native  
 Native Hawaiian / Other Pacific Islander
3. **Ethnicity of Head of Household** (Check one – used for statistical purposes only)  
 Hispanic / Latino     Non Hispanic /Non- Latino
4. Are you a student enrolled in an institution of higher education and are;  24 years old,  a veteran,  
 Married or  has at least one dependent child?     None of these
5. Does anyone live with you now who is not listed above?     Yes     No
6. Does anyone plan to live with you in the future not listed above?     Yes     No
7. How many people live in your unit? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_
8. Do you own any real property?  Yes     No
9. Are you now living in a federally subsidized housing unit? \_\_\_\_\_
10. Have you ever lived in Public Housing?  Yes     No
11. Have you ever participated in the Certificate or Voucher Program?     Yes     No  
 If yes, enter the date(s) of occupancy: \_\_\_\_\_
12. Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 Program?  
 Yes     No  
 If yes, provide the following information: When? \_\_\_\_\_ For what reason? \_\_\_\_\_  
 Name of Housing Authority/Owner: \_\_\_\_\_
13. Do you owe money to any Housing Authority?  Yes     No
14. Has any member of your family been evicted from an assisted housing program within the last three (3) years because of drug activity?     Yes     No
15. Have you ever had your assistance or tenancy terminated in a subsidized Housing Program for fraud, non-payment of rent or failure to cooperate in recertification procedures?     Yes     No
16. Has any household member been charged with drug-related or violent criminal activity within the past three (5) years?     Yes     No
17. Is any household member subject to a lifetime registration requirement under a State sex offender registration program?     Yes     No
18. Has any family member disposed of any assets for less than fair market value during the previous two (2) years? If yes, please explain \_\_\_\_\_
18. Name and address of current landlord: \_\_\_\_\_ Phone: \_\_\_\_\_



**LIST ALL HOUSEHOLD INCOME:**

| Household Member Name | Source of Income/Type of Income | Annual Income |
|-----------------------|---------------------------------|---------------|
|                       |                                 |               |
|                       |                                 |               |
|                       |                                 |               |

**ASSETS:**

List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

| Household Member Name | Bank Name | Type of Account | Account Number | Balance |
|-----------------------|-----------|-----------------|----------------|---------|
|                       |           |                 |                |         |
|                       |           |                 |                |         |
|                       |           |                 |                |         |

Applicant names are placed on the waiting list by date and time of application. Date and time of application will be the primary selection criteria, and local preference will secondary.

**LOCAL PREFERENCES:**

I HEREBY CERTIFY THAT I DO QUALIFY FOR A LOCAL PREFERENCE AS DESCRIBED BELOW BECAUSE:

- \_\_\_ I am a current Public Housing Resident that is under or over housed.
- \_\_\_ I am employed at least 20 hours or more per week.
- \_\_\_ I am elderly (62 or older), disabled or handicapped and unable to work.

**REASONABLE ACCOMMODATION**

Do you require the features of an accessible unit and wish to be on the waiting list for mobility impaired accessible units? Yes \_\_\_ No \_\_\_

Do you require a unit designed for hearing or sight impaired? Yes \_\_\_ No \_\_\_

**If you or a household member is a person with a disability, and you require reasonable accommodation(s) in order to fully utilize our programs and services, please notify our office in writing.**

The BCACHA does not discriminate on the basis of race, religion, color, sex, gender identity, national origin, sexual orientation, familial status, or disability in access to, admission into, or employment in, its federally assisted programs or activities.

Applicant names are placed on the waiting list by date and time of the application. Date and time of application with be the primary selection criteria, and local preference (if any) will be secondary.

I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE UNDERSTAND THAT, BY SUBMISSION OF THIS APPLICATION FOR TENANCY, I/WE AGREE TO PROVIDE VERIFICATION OF INCOME, ASSETS, AND HOUSEHOLD COMPOSITION, SIGN A LEASE AGREEMENT, AND SIGN AN OWNER'S CERTIFICATION OF COMPLIANCE WITH HUD'S TENANT ELIGIBILITY AND RENT PROCEDURES, FOR HUD 50058/50059 WHEN REQUIRED BY THE HOUSING AUTHORITY.

WARNING: 18 U.S.C. 1001 PROVIDES, AMONG OTHER THINGS, THAT WHOEVER KNOWINGLY AND WILLINGLY MAKES OR USES A DOCUMENT OR WRITING CONTAINING ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OF ENTRY IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

**PLEASE NOTE: YOU MUST NOTIFY THIS AGENCY IN WRITING OF ANY CHANGE OF ADDRESS, PHONE NUMBER AND/OR FAMILY STATUS.**

Applicant's Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant's Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_

Please return application to:  
 Boise City / Ada County Housing Authority  
 1276 River Street, Suite #300  
 Boise, Idaho 83702  
 (208) 345-4907  
 www.bcacha.org

**Authorization for the Release of Information**

|  |  |
|--|--|
| PHA Requesting Release of Information<br>Boise City Ada County Housing Authority<br>1276 River St. Suite 300<br>Boise, Idaho 83702 |  |
|--|--|

|  |   |
|--|---|
| <p><b>Authority:</b> 42 U.S.C. 1437f and 3535(d), implemented at 24 CFR 982.551(b).</p> <p><b>Purpose:</b> In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to identity, family composition and marital status, 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.</p> <p><b>Uses of Information to be Obtained:</b> 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 of 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.</p> <p><b>Who Must Sign the Consent Form:</b> 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 age 18 who are the head of household or co-head and are considered emancipated minors.</p> <p><b>Failure to Sign Consent Form:</b> Your failure to sign the consent form</p> | <p>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, S8NC, Section 236, Affordable Housing and Low Rent Public Housing Informal Review and Hearing Procedures.</p> <p><b>Sources of Information:</b> The groups or individual that may be asked to release the authorized information include but are not limit to:</p> <p>Previous Landlord (including Public Housing Agencies)<br/>                 Courts, Post Offices, Legal Aid, Attorneys, Lawyers<br/>                 Schools and Colleges<br/>                 Law Enforcement Agencies<br/>                 Support and Alimony Providers<br/>                 Past and Present Employers<br/>                 Welfare, Federal &amp; State Agencies, E.I.V., U.I.V.<br/>                 State Unemployment Agencies<br/>                 Social Security Administration, Pension/Annuity Providers<br/>                 Medical and Child Care Providers<br/>                 Veterans Administration<br/>                 Requirement Systems<br/>                 Banks and other Financial Institutions, Insurance Companies<br/>                 Credit Providers and Credit Bureaus<br/>                 Utility Companies<br/>                 Case Managers/Coordinators/Trainers/Rehabilitation Specialists/Payees</p> |
|--|---|

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

Signatures:

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

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 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 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 \$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. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).



**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 10/31/2019.

**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.

|   |  |                    |
|---|--|--------------------|
| <p><b>This Notice was provided by the below-listed PHA:</b></p> | <p><b>I hereby acknowledge that the PHA provided me with the<br/><i>Debts Owed to PHAs &amp; Termination Notice:</i></b></p> |                    |
|   | <p><b>Signature</b></p> <p><b>Printed Name</b></p>   | <p><b>Date</b></p> |

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.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact: (Check all that apply)</b>  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> 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.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> 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.



## Citizen/Non-citizen Declaration

**INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner/agent if and when received)

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales. *Note from RBD – this Spanish translation was provided by a Microsoft translator tool. Be sure to verify with someone who speaks Spanish.*

### PENALTIES FOR MISUSING THIS FORM

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

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:



# Citizen/Non-citizen Declaration

## DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
    - (a) United States (U.S.) Passport
  - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided (*Note: Proof of identity is not required for minors*)
    - (a) U.S. Birth Certificate
    - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
    - (c) U.S. Citizen ID card issued by USCIS
    - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
    - (e) Certificate of Citizenship issued by USCIS
    - (f) American Indian card issued by USCIS for the Kickapoo tribe
    - (g) Final Adoption Decree
    - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
    - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
    - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
    - (k) Extract of U.S. hospital birth record established at the time of birth
  - (3) Proof of Identity includes
    - (a) Driver's License
    - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
    - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
    - (d) Day care or nursery record (minors only)
    - (e) School record or report card (under 16 only)
    - (f) School ID with picture
    - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child,



## Citizen/Non-citizen Declaration

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

*If you checked this block, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

- c. One of the following documents:
  1. Form I-551, Permanent Resident Card.
  2. Form I-94, Arrival-Departure Record annotated with one of the following:
    - a. "Admitted as a Refugee Pursuant to Section 207";
    - b. "Section 208" or "Asylum";
    - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
    - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
  3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
    - a. A final court decision granting asylum (but only if no appeal is taken);
    - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
    - c. A court decision granting withholding of deportation; or
    - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
  4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
  5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Citizen/Non-citizen Declaration

Check here if adult signed for a child.

### EXTENSION

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

---

Signature      Date

Check here if adult signed for a child.

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

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

---

Signature

Date

Check here if adult signed for a child.



# FACT SHEET

## For HUD ASSISTED RESIDENTS

### Project-Based Section 8

## “HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

*This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.*

### Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

### OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

### Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

### Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

#### What is Annual Income?

Gross Income – Income Exclusions = Annual Income

#### What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

### Determining Tenant Rent

**Project-Based Section 8 Rent Formula:**

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
  - 10% of the family's monthly income
  - Welfare rent or welfare payment from agency to assist family in paying housing costs.
- OR
- \$25.00 Minimum Rent

**Income and Assets**

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

**Annual Income Includes:**

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to

family assets, see Exclusions from Annual Income, below Welfare assistance

- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

**Assets Include:**

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

**Assets Do Not Include:**

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
  - Foreclosure
  - Bankruptcy
  - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

**Exclusions from Annual Income:**

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and

benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

**Federally Mandated Exclusions:**

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes

- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

## Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

## Reference Materials

### Legislation:

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

### Regulations:

- General HUD Program Requirements; 24 CFR Part 5

### Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

### Notices:

**"Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001**

### For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>