

**DOCUMENT LIST**  
Annual Recertification / Move Packet

If any member of your household receives any of the following types of income listed below, you are **required** to provide the supporting documentation and submit it with your Participant Information Form.

**I. INCOME**

EMPLOYMENT INCOME- For every member of your household that is working, please provide the following:

- ♦ Paystubs – Current & consecutive for the last 60 days
- ♦ Documentation of other types of income such as tips, commissions, etc.
- ♦ For new employment, you must provide a statement from your employer providing the date of hire, average hours worked per week, and hourly rate or salary amount. The statement must be on company letterhead; OR you may provide your employer with our Employment Verification Form that is available on our website at [www.bcacha.org](http://www.bcacha.org) or in our office lobby.

SOCIAL SECURITY / SSI / SSDI

- ♦ If you or a family member have been receiving Social Security, SSI, or SSDI for more than 3 months you are not required to provide an award letter.
- ♦ If you have been receiving this source of income for less than 3 months or the amount you receive has changed (not including COLA) you must provide a copy of a current award letter dated within the last 60 days. If you are unable to provide the document(s), you may request a copy of your award letter by calling 1-800-772-1213 or going to [www.ssa.gov](http://www.ssa.gov).

SELF EMPLOYMENT

- ♦ You must complete a Self-Employment Form to include the income and expenses for the last 12 months. Receipts for expenses must be attached to the form. The form is available online at [www.bcacha.org](http://www.bcacha.org) or in our office lobby.
- ♦ You must also provide a copy of your most recent tax return. If you do not have a tax return because it is new employment, please indicate that on the form.

CHILD SUPPORT:

- ♦ If you have an open case with Idaho you do not need to provide a printout
- ♦ If you receive child support from another state, you must provide a printout of the last 12 months
- ♦ If you don't have an open case but receive child support you must provide documentation of the payments received (ex. Notarized statement from the paying parent or copies of checks)

UNEMPLOYMENT BENEFITS:

- ♦ If you are currently receiving unemployment, you must provide a printout of the last 12 months. Screenshots will not be accepted.

GIFT CONTRIBUTION

- ♦ You must provide a notarized statement from the person(s) that give you money or pay your bills. This must include the amount they provide/pay on a monthly basis

OTHER INCOME:

- ♦ For all other income sources you must provide documentation from the source stating the monthly amount received. For example, VA pension, Pension, Annuities, Disability Income, Workmen's Compensation, Alimony, etc.

## DOCUMENT LIST Continued

### II. ASSETS

#### BANK STATEMENTS

- ♦ Current bank statements for all accounts for all family members (i.e., Checking, savings, CDs, etc.)

#### STOCKS/BONDS

- ♦ Current statement indicating value of stock, and dividend amount.

#### LIFE INSURANCE

- ♦ Cash surrender value only (please attach table of cash value)

### III. FULL TIME STUDENT STATUS (including students 18 or older in high school and/or college)

- ♦ Please provide a LETTER from the school's REGISTRAR OFFICE indicating current full time student status (DO NOT provide an acceptance letter, bill, or schedule); and
- ♦ If enrolled in college, please provide a print out of Financial Aid award letter

### IV. MEDICAL EXPENSES- If you, your Spouse, or Co-Head are 62 years of age or older, disabled, and you have medical expenses that exceed your insurance coverage, your family may provide documentation of out of pocket medical expenses.

- ♦ For prescription medications you would need to provide a print out of the last 12 months from your pharmacy. Over the counter expenses are not eligible, even if prescribed by a Health Care Provider.
- ♦ If you have outstanding medical bills and you have entered into repayment agreement with a Health Care Provider and are currently making payments, you may provide your Health Care Provider with a Medical Verification Form that is available on our website at [www.bcacha.org](http://www.bcacha.org) or in our office lobby.
- ♦ Medical coverage (Only if you pay a premium).

### V. CHILD CARE EXPENSES- If you have children 12 years old or younger and you pay for child care to enable a family member to work, actively seek work, or attend school, you may qualify for a child care expense deduction.

- ♦ Provide the name, address, phone number and fax of your child care provider
- ♦ You must provide copies of the last 3 months receipts
- ♦ If applicable, a copy of your most recent ICCP award letter

*It is the policy of BCACHA to see that every individual regardless of race, religion, color, sex, age, national origin, familial status, gender identity, sexual orientation, or disability shall have equal opportunity in accessing affordable housing. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please submit a request in writing or contact our office at (208) 345-4097.*

## PARTICIPANT INFORMATION FORM

Are you reporting a change?  YES  NO If yes, please list change(s) \_\_\_\_\_

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

PRIMARY LANGUAGE: \_\_\_\_\_ TRANSLATION NEEDED?  YES  NO

Starting on the first line for the Head of Household, please supply the following information for all adults and children that will live in the housing unit to be assisted. List adults first, then children. Enter one of the following codes in box 6 to identify the household relationship of each adult and child listed.

H = Head of Household      K = Co-Head (Not Married)      Y = Youth Under 18      L = Live-in Aide  
S = Spouse (Married)      F = Foster Child/Adult      E = Full Time Student Over 18      A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation <b>H</b>	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number	
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number	
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number	
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8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number	
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number	
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number	

## **INCOME INFORMATION**

Check all sources of income received by everyone living in your household. This includes money from wages, self-employment, child support, Social Security, Workman's Compensation, retirement benefits, AABD, Veterans benefits, rental property income, alimony, gift contributions, and all other sources. **You MUST attach current documentation as proof of each source of income. See enclosed Document List.**

- |                                                |                                                       |                                              |
|------------------------------------------------|-------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Employment wages      | <input type="checkbox"/> Child Support                | <input type="checkbox"/> Retirement benefits |
| <input type="checkbox"/> Self- Employment      | <input type="checkbox"/> Alimony                      | <input type="checkbox"/> Pensions            |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Social Security              | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> SSI or SSDI           | <input type="checkbox"/> Veterans pension or benefits |                                              |
| <input type="checkbox"/> AABD payments         | <input type="checkbox"/> Gift contributions           |                                              |

**List all sources and amounts below:**

Household Member	Name of income source / Employer	Monthly Wages	Monthly Child Support	Social Security Benefits	Unemployment Benefits	All other Income (Gifts, Pensions, etc.)

### **ZERO INCOME CERTIFICATION**

Are you or any other adult claiming zero income? Yes No      If yes, who: \_\_\_\_\_

## **ASSET INFORMATION**

Bank Accounts & Other Assets: Check all assets that you or any member of the family has, including checking or savings accounts, savings bonds, stocks, real estate, money market accounts, CDs, etc. **You MUST attach current documentation for each asset. See enclosed Document List.**

Household Member	Checking Account?	If yes, current balance	Savings Account?	If yes, current balance	Other asset? (CDs, Stocks, Bonds, Annuities, Money Market accounts, retirement accounts, personal property)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

## MEDICAL EXPENSE ALLOWANCE

**May complete ONLY if the Head of Household, Spouse, or Co-Head is age 62 or older or disabled**

If you wish to claim an allowance for your out of pocket Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription Medicines, complete the following. **You MUST attach current documentation for each medical expense in order for it to be included.** Do not list health care providers whose services are covered entirely by insurance, or to whom you do not owe any amount.

Household Member	Type of Expense	Name of the Provider <b>You Pay</b> for this Expense	Amount You paid/pay "Out of Pocket"
	<input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Medications <input type="checkbox"/> Insurance Premium <input type="checkbox"/> Other:		
	<input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Medications <input type="checkbox"/> Insurance Premium <input type="checkbox"/> Other:		
	<input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Medications <input type="checkbox"/> Insurance Premium <input type="checkbox"/> Other:		
	<input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Medications <input type="checkbox"/> Insurance Premium <input type="checkbox"/> Other:		

## OTHER ALLOWANCE

Do <b>YOU</b> pay child care for a family member under the age of thirteen (13)?	If yes, what child(ren)?	Child Care Provider Name	Amount you pay
<input type="checkbox"/> Yes <input type="checkbox"/> No			

(You must attach acceptable documentation in order for this expense to be included. See enclosed Document List.)

## PARTICIPANT CERTIFICATION

\*\*All household members 18 or older MUST sign\*\*

**I certify that all the information provided on this form, including household composition, family income and assets, and allowances is true and complete to the best of my knowledge and belief. I know that I am required to provide supporting documentation in order to verify each source of income, asset, or expense. I understand that if I don't provide adequate documentation, the expenses will not be included and/or my housing assistance may be terminated. I understand that false statements or information is punishable under Federal Law.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse / Co-Head / Other Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member Signature

\_\_\_\_\_  
Date

# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

Boise City Ada County Housing Authorities  
1001 S. Orchard St.  
Bosie, ID 83705

IHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.





## **FAMILY OBLIGATIONS & HOUSING CHOICE VOUCHER (HCV) REPORTING REQUIREMENTS**

### **POLICY ACKNOWLEDGEMENT** (Please read both pages of this form carefully)

The guidelines outlined in this document are provided to help you comply with the rules and regulations of the Boise City/Ada County Housing Authority (BCACHA) HCV Program. In order to provide rental assistance to as many eligible families as possible, all participants in this HUD-funded program must properly utilize government funds and follow policy requirements. Fraud, willful misrepresentations, or intent to deceive with regard to reporting requirements of the HCV Program are criminal acts and may be prosecuted in a court of law.

### **ACTS OF FRAUD IN CONNECTION WITH HOUSING ASSISTANCE WILL RESULT IN IMMEDIATE TERMINATION FROM THE PROGRAM.**

Please read the family obligations and reporting requirements carefully. Your signature on this document serves as verification that you have read and understand the information contained within this document. If you have any questions regarding program requirements, please contact your Housing Representative at (208) 345-4907.

#### **FAMILY OBLIGATIONS**

The family obligations listed in this section are in accordance with the Code of Federal Regulations (CFR) Title 24, 982.551. A summary of the family obligations is provided below.

1. The Family must supply any information that BCACHA or HUD determines to be necessary in the administration of the program.
2. The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Any information supplied by the family must be true and complete.
4. The family is responsible for any Housing Quality Standards (HQS) breach by the family, including but not limited to, failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.
5. The family must allow BCACHA to inspect the unit at reasonable times and after reasonable notice.
6. The family may not commit any serious or repeated violation(s) of the lease.
7. The family must notify BCACHA and the owner, **IN WRITING**, before moving out of the unit or terminating the lease. A minimum 30-day notice is required.
8. The family must promptly give BCACHA a copy of any eviction notice.
9. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
10. The composition of the assisted family residing in the unit must be approved by BCACHA and the landlord. The family must promptly inform BCACHA of the birth, adoption or court-awarded custody of a child. The family must request BCACHA and landlord's approval to add any other family member as an occupant of the unit.
11. The family must promptly notify BCACHA if any family member no longer resides in the unit.
12. The family must not sublease the unit, assign the lease, or transfer the unit.
13. The family must promptly notify BCACHA of any extended absence from the unit. Extended absence is defined as any period greater than 30 calendar days.
14. The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
15. The family must not own or have any interest in the unit. A family must not receive HCV assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the

family, unless BCACHA has determined that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

16. The members of the family must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
17. The members of the family may not engage in drug-related criminal activity, violent criminal activity, other criminal activity, or the abuse of alcohol that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
18. An assisted family or member of the family may not receive HCV assistance while receiving any other housing subsidy for the same unit or a different unit under any other federal, state, or local housing assistance program.

### **HOUSING CHOICE VOUCHER (HCV) REPORTING REQUIREMENTS**

\*\* For a change to be effective on the 1st of the month following the change, the change must be reported in writing by the 20th day of the preceding month. \*\*

1. **INCOME:** All Applicants/Participants must report all sources of income initially and at each annual reexamination. Examples include, but, are not limited to: Employment Wages; Child Support Payments; Social Security Income; Supplemental Income (SSI); Cash Assistance through Health & Welfare (AABD); Pension Income; Veteran's Benefits.
2. **CHANGES IN INCOME:** Participants must report all increases in income within 10 days of the occurrence.
3. **REPORT ALL HOUSEHOLD MEMBERS:** Identify all individuals who are residing in the unit, and/or any individuals who are expected to reside in the unit.
4. **NO UNAUTHORIZED PERSONS** may reside in the unit without prior written approval from the BCACHA and owner. No unauthorized person may receive any type of mail at the subsidized unit address.
5. **VISITORS.** HCV participants are allowed to have visitors for a total of no more than 30 days during any 12- month period.

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE RECEIVED A VOUCHER BRIEFING PACKET THAT INCLUDES THE FOLLOWING FORMS: 1) IS FRAUD WORTH IT? HUD-1141; 2) WHAT YOU SHOULD KNOW ABOUT EIV; 3) NOTICE OF OCCUPANCY RIGHTS AND HUD-5382; 4) INFORMATION ON HOW TO FILL OUT AND FILE A HOUSING DISCRIMINATION COMPLAINT FORM; 5) PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME; 6) LIST OF COMMON HQS FAILS.**

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I UNDERSTAND THE HCV PROGRAM FAMILY OBLIGATIONS AND THE REPORTING REQUIREMENTS. I HEREBY AGREE TO FOLLOW THE FAMILY OBLIGATIONS AND REPORT ANY OF THE ABOVE LISTED CHANGES TO THE BCACHA WITHIN TEN (10) DAYS OF THE CHANGE OR OCCURRENCE. I UNDERSTAND THAT FAILURE TO FOLLOW THE ABOVE RULES MAY RESULT IN TERMINATION OF MY HCV RENTAL ASSISTANCE. I UNDERSTAND THAT I CAN BE FINED UP TO \$10,000, OR IMPRISONED UP TO FIVE YEARS IF I FURNISH FALSE OR INCOMPLETE INFORMATION.**

Signature: \_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

Signature: \_\_\_\_\_  
Spouse/Co-Head/Other Adult

\_\_\_\_\_  
Date

Signature: \_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date

**\*\* THIS DOCUMENT MUST BE SIGNED BY ALL ADULTS IN THE HOUSEHOLD \*\***

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:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<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.

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**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.

**Boise City / Ada County Housing Authority  
Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**To all Tenants and Applicants**

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

**Protections for Applicants**

If you otherwise qualify for assistance under the Housing Choice Voucher Program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

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

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

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

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

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

If Housing Provider chooses to remove the abuser or perpetrator, Housing Provider may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, Housing Provider must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing. In removing the abuser or perpetrator from the household, Housing Provider must follow Federal, State, and local eviction procedures. In order to divide a lease, Housing Provider may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

**Moving to Another Unit**

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

- 1) **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

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

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

- 2) **You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- 3) **You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

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

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

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

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

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

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

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

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

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

**Confidentiality**

Housing Provider must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA. Housing Provider must not allow any individual administering assistance or other services on behalf of Housing Provider (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

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

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

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

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

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

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if Housing Provider can demonstrate that not evicting you or terminating your assistance would present a real physical danger that: 1) Would occur within an immediate time frame, and 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

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

#### **Other Laws**

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

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

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the Department of Housing and Urban Development, Seattle Regional Office, 909 First Avenue Suite 200, Seattle WA 98104-1000 or 1-206-220-5101.

#### **For Additional Information**

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

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

For questions regarding VAWA, please contact the Housing Programs Director at (208) 345-4907.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact the **Idaho Council on Domestic Violence and Victim Assistance at 1-800-291-0463**.

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

For help regarding sexual assault and stalking, you may contact the **Idaho Coalition Against Sexual and Domestic Violence at 1-888-293-6118**

**Attachment:** Certification form HUD-5382

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

_____
_____
_____
_____

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

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

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