

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. 1/31/2014

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

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

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(I)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

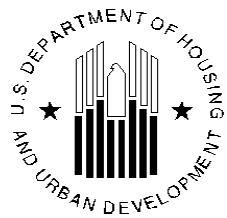
Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing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

Penalties for Misusing this Consent:

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

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

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



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

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.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

San Antonio Housing Authority
 820 South Flores
 San Antonio TX 78204

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name

FAMILY OBLIGATIONS AND REASONS FOR TERMINATION

Initials	The family must find a SAHA-approved unit prior to the Housing Choice Voucher expiration date. Any requests for an extension of the voucher term must be submitted to SAHA in writing before the voucher expiration date. If SAHA extends the voucher term, the family must use the voucher to lease a unit before the extension expiration date stated on the voucher.
Initials	The family must supply any information that SAHA or HUD determines necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status.
Initials	The family must disclose and verify social security numbers and must submit consent forms for obtaining information.
Initials	The family must supply any information requested by SAHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
Initials	The family must attend all reexamination appointments scheduled by SAHA. The family may reschedule an appointment for good cause, or if it is needed as a reasonable accommodation for a person with disabilities. <i>Good cause</i> is defined as an unavoidable conflict, which seriously affects the health, safety or welfare of the family. Requests to reschedule appointments must be made orally or in writing.
Initials	The family must report to SAHA in writing any change of income within 10 business days of the change.
Initials	The composition of the assisted family residing in the unit must be approved by SAHA. The family must notify SAHA in writing of the birth, adoption, or court-awarded custody of a child within 10 business days .
Initials	The family must request SAHA approval to add any other family member as an occupant of the unit. No other person except members of the family may live in the unit except for SAHA-approved foster children or live-in aids.
Initials	The family must notify SAHA in writing within 10 business days if any family member no longer lives in the unit.
Initials	The family must supply any information requested by SAHA to verify that the family is living in the unit or information related to family absence from the unit.
Initials	If any family member will be absent from the unit for a period greater than 45 consecutive days, the family must notify SAHA in writing within 10 days of the member leaving the unit.
Initials	The family must notify SAHA and the owner before moving out of the unit or terminating the lease. The family must comply with lease requirements regarding written notice to the owner. The family must provide written notice to SAHA at the same time the owner is notified.
Initials	Any information supplied by the family must be true and complete.
Initials	The family is responsible for any Housing Quality Standards (HQS) deficiencies caused by the family caused by 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. Damages beyond normal wear and tear will be considered to be damages which could be assessed against the security deposit.
Initials	The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease. [Form HUD-52646, Voucher]

Initials	The family must allow SAHA to inspect the unit at reasonable times and after reasonable notice.
Initials	The family must not commit any serious or repeated violation of the lease. Serious and repeated lease violations include, but are not limited to, nonpayment of rent, disturbance of neighbors, destruction of property, living or housekeeping habits that cause damage to the unit or premises, and criminal activity.
Initials	The family must provide SAHA a copy of any eviction notice within 10 business days of the date on the notice from the landlord or the date on the court judgment.
Initials	The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
Initials	The family must not sublease the unit, assign the lease, or transfer the unit. Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.
Initials	The family must not own or have any interest in the unit.
Initials	Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
Initials	Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
Initials	Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
Initials	An assisted family or member of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
Initials	A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless SAHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. [Form HUD-52646, Voucher]
Initials	The family must repay all debts owed to SAHA. If the family enters a repayment agreement with SAHA, the family must abide by the terms of the repayment agreement.

By signing below, I acknowledge that I have been informed of the Section 8 certification process, my obligations as a participant in the Section 8 program, and the reasons SAHA may terminate my housing assistance. I understand that failure to abide by the HUD regulations and SAHA policies listed above will result in termination of my family's housing assistance.

Signature of Head of Household

Date

Family Self-Sufficiency (FSS) Program

ABOUT THE FSS PROGRAM	BENEFITS / PROGRAM	APPLICATION PROCESS
<p>The San Antonio Housing Authority (SAHA) established the Family Self-Sufficiency (FSS) program to help Public Housing residents and Housing Choice Voucher Program (Section 8) participants to achieve economic independence.</p> <p>SAHA supports the belief that change is within reach for all families. The FSS program pulls together training, skills development and supportive resources to foster the self-confidence necessary to earn an income that can support the family without assistance.</p> <p>The goal of the program is to encourage, motivate, assist and provide tools for participants to seek higher education or job training and gain permanent employment in a good paying job with a positive financial future.</p>	<ul style="list-style-type: none"> • Develop tools to become self-sufficient • Learn about job training opportunities • Receive social services referrals • Escrow Account or • Simplified EID <p style="text-align: center;">SERVICES</p> <ul style="list-style-type: none"> • Personal case management services • Education and Training Career Counseling Parenting Skills Financial Literacy • Referrals for social services 	<p>Interested head of households should contact the FSS office to complete an application and meet with an FSS case manager.</p> <p>Eligible applicants will sign a five year contract of participation and complete an individual training and service plan (ITSP) that will serve as a roadmap for achieving goals.</p> <p>The five years of program participation will be set on achieving the goals listed on the ITSP. The FSS case manager will provide resources and feedback to assist in every participant's success.</p> <p style="text-align: center;">Contact us at (210) 477-6273 or Email: megan_lucio@saha.org</p>

ELIGIBILITY: To be eligible for the program, applicants must meet the following guidelines:

- Residents of Public Housing or the Housing Choice Voucher (HCV) Program (Section 8)
- Head of Household must be willing to sign a Contract of Participation
- Participant must be able to obtain full-time employment (32+ hours per week)
- Family should be in good standing with the San Antonio Housing Authority

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818 South Flores Street | San Antonio, Texas 78204 | 210-477-6262 | www.saha.org

Family Self-Sufficiency (FSS) Program/Follow Up

Are you interested in receiving services that can help you become self-sufficient?

THE FSS PROGRAM CAN HELP!

SERVICES:

- ✓ Personal case management services
- ✓ Education and training
- ✓ Career counseling
- ✓ Parenting skills
- ✓ Financial literacy
- ✓ Referrals for social services

BENEFITS/PROGRAM:

- ✓ Develop tools to become self-sufficient
- ✓ Learn about job training opportunities
- ✓ Receive assistance with job placement
- ✓ Receive social services referrals

For more information, please provide the following information and return today.

Name: _____ Last 4 of SSN: _____

Current Address/Property: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Annual Income: \$ _____ Number of Members in Household: _____

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> I am looking for a job | <input type="checkbox"/> I have a job but I need help with transportation |
| <input type="checkbox"/> I need job training | <input type="checkbox"/> I am interested in higher education opportunities |
| <input type="checkbox"/> I need help getting my GED | <input type="checkbox"/> I am interested in getting my High School Diploma |
| <input type="checkbox"/> I have a job but I need help with childcare | <input type="checkbox"/> I would like to take a financial literacy class |

Signature

Date

Referred by: _____



818 South Flores Street | San Antonio, Texas 78204 | 210-477-6262 | www.saha.org

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HOUSING ASSISTANCE APPLICATION

BASIC INFORMATION

Head of Household's name: _____ SSN: _____
 Co-head/spouse: _____ SSN: _____
 Main Telephone: _____ Alternate Telephone: _____
 Work Phone: _____ Email Address: _____
 Current Address: _____
 City: _____ State: _____ Zip Code: _____

	Name	Sex	Race	Marital Status	Highest Level of Education Completed
Head of Household	Last _____ First _____ SSN _____ DOB _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK / AFRICAN <input type="checkbox"/> AMERICAN <input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON-LAW / LIVE-IN PARTNER <input type="checkbox"/> WIDOWED	<input type="checkbox"/> ELEMENTARY <input type="checkbox"/> MIDDLE <input type="checkbox"/> GED <input type="checkbox"/> HIGH <input type="checkbox"/> TECHNICAL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> ASSOCIATE'S <input type="checkbox"/> BACHELOR'S <input type="checkbox"/> POST-GRAD <input type="checkbox"/> NOT APPLICABLE
<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse Relationship _____	Last _____ First _____ SSN _____ DOB _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK / AFRICAN <input type="checkbox"/> AMERICAN <input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON-LAW / LIVE-IN PARTNER <input type="checkbox"/> WIDOWED	<input type="checkbox"/> ELEMENTARY <input type="checkbox"/> MIDDLE <input type="checkbox"/> GED <input type="checkbox"/> HIGH <input type="checkbox"/> TECHNICAL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> ASSOCIATE'S <input type="checkbox"/> BACHELOR'S <input type="checkbox"/> POST-GRAD <input type="checkbox"/> NOT APPLICABLE
Relationship _____	Last _____ First _____ SSN _____ DOB _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK / AFRICAN <input type="checkbox"/> AMERICAN <input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON-LAW / LIVE-IN PARTNER <input type="checkbox"/> WIDOWED	<input type="checkbox"/> ELEMENTARY <input type="checkbox"/> MIDDLE <input type="checkbox"/> GED <input type="checkbox"/> HIGH <input type="checkbox"/> TECHNICAL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> ASSOCIATE'S <input type="checkbox"/> BACHELOR'S <input type="checkbox"/> POST-GRAD <input type="checkbox"/> NOT APPLICABLE
Relationship _____	Last _____ First _____ SSN _____ DOB _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK / AFRICAN <input type="checkbox"/> AMERICAN <input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON-LAW / LIVE-IN PARTNER <input type="checkbox"/> WIDOWED	<input type="checkbox"/> ELEMENTARY <input type="checkbox"/> MIDDLE <input type="checkbox"/> GED <input type="checkbox"/> HIGH <input type="checkbox"/> TECHNICAL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> ASSOCIATE'S <input type="checkbox"/> BACHELOR'S <input type="checkbox"/> POST-GRAD <input type="checkbox"/> NOT APPLICABLE
Relationship _____	Last _____ First _____ SSN _____ DOB _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK / AFRICAN <input type="checkbox"/> AMERICAN <input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON-LAW / LIVE-IN PARTNER <input type="checkbox"/> WIDOWED	<input type="checkbox"/> ELEMENTARY <input type="checkbox"/> MIDDLE <input type="checkbox"/> GED <input type="checkbox"/> HIGH <input type="checkbox"/> TECHNICAL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> ASSOCIATE'S <input type="checkbox"/> BACHELOR'S <input type="checkbox"/> POST-GRAD <input type="checkbox"/> NOT APPLICABLE

Continued...

Any individual with a disability or other medical need who requires an accommodation should contact the San Antonio Housing Authority at (210) 477-6262. **Si usted no comprende este documento porque está escrito en inglés, por favor llame al (210) 477-6262 para asistencia.**



Relationship _____	Name Last _____ First _____ SSN _____ DOB _____	Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Race <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK / AFRICAN <input type="checkbox"/> AMERICAN <input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	Marital Status <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON-LAW / LIVE-IN PARTNER <input type="checkbox"/> WIDOWED	Highest Level of Education Completed <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> MIDDLE <input type="checkbox"/> GED <input type="checkbox"/> HIGH <input type="checkbox"/> TECHNICAL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> ASSOCIATE'S <input type="checkbox"/> BACHELOR'S <input type="checkbox"/> POST-GRAD <input type="checkbox"/> NOT APPLICABLE
Relationship _____	Name Last _____ First _____ SSN _____ DOB _____	Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Race <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK / AFRICAN <input type="checkbox"/> AMERICAN <input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	Marital Status <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON-LAW / LIVE-IN PARTNER <input type="checkbox"/> WIDOWED	Highest Level of Education Completed <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> MIDDLE <input type="checkbox"/> GED <input type="checkbox"/> HIGH <input type="checkbox"/> TECHNICAL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> ASSOCIATE'S <input type="checkbox"/> BACHELOR'S <input type="checkbox"/> POST-GRAD <input type="checkbox"/> NOT APPLICABLE

1. Is any member of the family a veteran of the U.S. Armed Forces? YES NO
If Yes, please provide the name (s) of the family member (s) and branch of service.

2. Is any member of the family a state registered lifetime sex offender? YES NO
If Yes, please provide the name (s) of the family member (s).

DISABILITY DEDUCTION

IMPORTANT: You are not required to notify SAHA if a member of your household has a disability. If you do not wish to disclose information about the disabilities of members in your household, proceed to question 3.

If a household member has a disability (verifiable by a qualified physician or other professional), you may qualify for deductions in your rent amount. If you wish to apply for a deduction in your rent amount due to a disability in your household, please provide the names of the disabled household members, **but do not include the nature of the disability / medical condition:**

Name: _____ Name: _____
 Name: _____ Name: _____

FAMILY INCOME INFORMATION

IMPORTANT: SAHA will utilize the U.S. Housing and Urban Development Enterprise Income Verification System (EIV) to verify your household income, to ensure that you are eligible for assisted housing benefits and that your benefits are in the correct amount. SAHA will compare the income information you provide on this application to the information provided to us by EIV. If this process reveals unreported income and / or unreported employment, your assistance may be denied or terminated.

3. Please list the source and amount of all income expected in the next 12 months for all family members.

- Include earnings and benefits received from TANF, VA, Social Security, Unemployment, Worker's Compensation, Child Support, etc.
- Include any contributions you receive, for example, from family or friends, or gifts given to you on a regular basis, which contribute to your annual income.
- Include all household members 17 years of age or older who are not currently receiving any income; write "No Income" on the line for *Income Source*.

Name	Income Source	Amount	Frequency
			<input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
			<input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
			<input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
			<input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
			<input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly

4. Do you have a checking or savings account or own any Certificates of Deposit (CD), stocks, bonds, etc.? YES NO
If Yes, please provide the information requested below before continuing to next question, You must provide a copy of your bank statements at the time you submit this application. If no, proceed to question 5.

Continued...

Name of Bank		Type of Account		Account Num. Ending		Current Balance	
CD or IRA	Amount	Cash Value	Interest Rate	Interest Earned YTD	Maturity Date		
<p>5. Do you own any real estate? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please provide the address. You must provide a <u>copy of the title deed (s)</u> at the time you submit this application. If no, proceed to question 6.</p>							
<p>6. Have you sold any real estate in the past two years? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please provide the address. You must provide a <u>copy of the contract (s) of sale</u> at the time you submit this application. If no, proceed to question 7.</p>							
EXPENSES AND ALLOWANCES							
<p>7. Is the head of household, spouse or co-head age 62 or older, <u>OR</u> is he/she a person with disabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please continue to question No. 8. If no, proceed to question 9.</p>							
<p>8. Does your household have any out of pocket medical expenses? (e.g., medical insurance, Medicare deduction, prescriptions, medical supplies, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please provide the information requested below. DO NOT itemize medical prescriptions. If no, proceed to question 9</p>							
Type of Expense	Monthly Payment	Name of Facility / Doctor	Address (street, city, zip)		Phone Number		
<p>9. Are any of the above expenses paid on behalf of a household member with a disability so an adult in the family, including the person with a disability, can work? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, name which expense (s). If no, proceed to question 10.</p>							
<p>10. Do you have childcare expenses for children 12 and younger, which are necessary to allow an adult in the family to work, go to school, or attend job training? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please provide the information requested. If no, proceed to question 11.</p>							
Child Care Provider	Address (Street, City, Zip)	Phone Number	Monthly Expense Amt.	Is Expense Reimbursed?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
PHA ASSISTANCE AND BAD DEBT VERIFICATION							
<p>11. Have you or any adult member of the household ever received rental assistance from SAHA Public Housing or any other housing authority / agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please list the name of the housing authority / agency. If no, proceed to question 12.</p>							
<p>12. Do you currently have an outstanding balance owed to SAHA or any other housing authority / agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please:</p> <ul style="list-style-type: none"> State the amount owed: \$ _____ State the name of the housing agency to whom the balance is owed: _____ Do you have an active payment agreement with the housing authority / agency? <input type="checkbox"/> YES <input type="checkbox"/> NO 							

CERTIFICATION

IMPORTANT: According to Title 18, United States Code, Section 1001, it is a federal crime to knowingly or willfully make any materially false, fictitious or fraudulent statement or representation in any matter to a public housing authority.

THE FOLLOWING CERTIFICATION MUST BE SIGNED BY ALL HOUSEHOLD MEMBERS OVER THE AGE OF 17.

I hereby certify that all the information on this application is true and complete. I understand that by signing this document I authorize the San Antonio Housing Authority (SAHA) to:

- **Verify all reported information**, which includes comparing all reported information with information retrieved through independent sources. These verifications may include, but are not limited to, the following: Social Security and Supplemental Security Income, state wage information, collection agencies, current and former employers, Temporary Assistance for Needy Families (TANF), child support benefits, child care, financial institutions, veteran's benefits, worker's compensation, domestic employment, full-time student status, and pension.
- Obtain all of my **criminal history records**, if any, from any law enforcement agency. I understand that such records will include arrests and convictions for misdemeanors and felonies, if any, as well as any probation or parole information. This may include screening my records for state lifetime sex offender registrations, if any, using the *Dru Sjodin National Sex Offender Database* and/or other official federal, state, and local resources.
- Obtain all of my **credit history records**, if any, from any credit reporting agency, and to obtain a copy of my credit report.

I understand that I must inform SAHA of any changes in income and / or family composition in writing within 10 business days of the change.

SIGNATURES

DATE

Head of Household

Co-Head /Spouse

Household Member over the Age of 17

Household Member over the Age of 17

Household Member over the Age of 17

Household Member over the Age of 17

Household Member over the Age of 17

Optional and Supplemental 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.

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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.

Visit us online at
saha.org

For your convenience, many of our forms are available for download on our website www.saha.org by clicking **Residents > Section 8 Program Participants > Forms & Packets:**

- Change of income
- Change of family composition (to add/remove a person to your household)
- Request for transfer
- Request for tenancy approval
- Moving packets
- Recertification packets
- Agency referral listings
- Non-renewal notice
- and much more...

If you would prefer to skip a trip downtown,
completed forms may be faxed to us at 210-477-6206 or mailed to:

San Antonio Housing Authority
Assisted Housing Programs
P.O. Box 29
San Antonio, TX 78291-0029

THINGS I NEED TO SEND WITH MY RECERTIFICATION PACKET

(Formulario en español en la siguiente página)

All household members 17 years of age and older must sign the required recertification documents. Proof of income must be provided and must not be older than 180 days. The following documents are required. If you do not provide all required documents, the recertification process may be delayed. If you have any questions, please call (210) 477-6205.

***** Use this checklist to make sure you submit all the documentation required.
If a line item does not apply to you, please check the N/A box. *****

COMPLETED	N/A	Document
<input type="checkbox"/>	<input type="checkbox"/>	SIGNED SAHA Housing Choice Voucher Application
<input type="checkbox"/>	<input type="checkbox"/>	SIGNED Family Obligations & Reasons for Termination form
<input type="checkbox"/>	<input type="checkbox"/>	SIGNED Authorization for Release of Information forms
<input type="checkbox"/>	<input type="checkbox"/>	Proof of full-time student status for family members 18 years and older
<input type="checkbox"/>	<input type="checkbox"/>	Court Orders regarding Child custody or guardianships
Family Information		
<input type="checkbox"/>	<input type="checkbox"/>	Picture Identification for all family members 17 years and older
<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificates for new members only
<input type="checkbox"/>	<input type="checkbox"/>	Social Security card for new members only
Verification of Income (Examples)		
Please note food stamps ARE NOT a source of income.		
<input type="checkbox"/>	<input type="checkbox"/>	Employment verification (letter from employer in company letterhead or last 4 consecutive pay stubs)
<input type="checkbox"/>	<input type="checkbox"/>	Income tax records for previous year for self-employed family members
<input type="checkbox"/>	<input type="checkbox"/>	Child support court order or child support printout from Attorney General's Office
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment benefit award letter
<input type="checkbox"/>	<input type="checkbox"/>	Social Security/SSI award letter
<input type="checkbox"/>	<input type="checkbox"/>	TANF/SNAP award letter
<input type="checkbox"/>	<input type="checkbox"/>	Retirement/disability benefits
<input type="checkbox"/>	<input type="checkbox"/>	SIGNED Notarized letter from person providing income (such as general contributions, direct child support, babysitting, etc.), providing amount paid and frequency, and address of such person
Verification of Assets		
<input type="checkbox"/>	<input type="checkbox"/>	Current bank statements for checking and savings accounts
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Certificates of deposit (CDs), stocks, bonds, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Deeds for all real estate owned, tax office
Verification of Expenses		
Please DO NOT list the cost of prescription medications on the application.		
<input type="checkbox"/>	<input type="checkbox"/>	Handicap/disability expenses to care for a disabled family member
<input type="checkbox"/>	<input type="checkbox"/>	Child care expenses for children under the age of 12 (SIGNED notarized letter from child care provider to include amount paid, frequency and provider's address)
Elderly/disabled families only:		
<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy printout for medical prescriptions not covered by medical insurance for past 12 months
<input type="checkbox"/>	<input type="checkbox"/>	Medical expenses not covered by medical insurance and frequency
<input type="checkbox"/>	<input type="checkbox"/>	Cost of medical premiums for health insurance
Forms from your landlord		
<input type="checkbox"/>	<input type="checkbox"/>	SIGNED Request for Tenancy Approval (RTA) if you are going to continue to rent the same unit signed by participant (you) and your landlord
<input type="checkbox"/>	<input type="checkbox"/>	SIGNED Non-renewal Notice form signed by you and your landlord if you are moving
Reasonable Accommodation		
If you are a person with a disability and require a Reasonable Accommodation with respect to your housing assistance, please provide the contact information (i.e., name, address, telephone, and fax) of a physician or medical professional that will be able to verify your reasonable accommodation request. Please note that the continued need for a Reasonable Accommodation may need to be required and verified at the time of each recertification if there is a change in your circumstances.		

COSAS QUE NECESITO ENVIAR CON MI PAQUETE DE RECERTIFICACION

Todos los miembros de la familia mayores de 17 años deben firmar los documentos de recertificación requeridos y presentar sus comprobantes de ingresos, los cuales no deben tener más de 180 días de antigüedad. Los siguientes documentos deben ser presentados obligatoriamente. De lo contrario, su proceso de recertificación puede retrasarse. Para mayor información, por favor llame al (210) 477-6205.

***** Utilice esta lista de chequeo para asegurarse de presentar toda la documentación requerida. Si algún artículo no le aplica, por favor seleccione la opción "N/A". *****

COMPLETO	N/A	Documento
<input type="checkbox"/>	<input type="checkbox"/>	Aplicación para Vale de Vivienda SAHA FIRMADA
<input type="checkbox"/>	<input type="checkbox"/>	Obligaciones Familiares y Causas de Terminación FIRMADAS
<input type="checkbox"/>	<input type="checkbox"/>	Autorización para Divulgar Información FIRMADA
<input type="checkbox"/>	<input type="checkbox"/>	Comprobante de estatus como estudiante de tiempo completo para miembros de la familia mayores de 18 años
<input type="checkbox"/>	<input type="checkbox"/>	Órdenes Judiciales referentes a la Custodia y Tutela de menores
Información Familiar		
<input type="checkbox"/>	<input type="checkbox"/>	Identificación con foto para todos los miembros de la familia mayores de 17 años
<input type="checkbox"/>	<input type="checkbox"/>	Certificados de Nacimiento de los nuevos miembros de la familia solamente
<input type="checkbox"/>	<input type="checkbox"/>	Tarjetas del Seguro Social de los nuevos miembros de la familia solamente
Verificación de Ingresos (Ejemplos)		
Nota: las estampillas para alimentos no cuentan como fuente de ingreso		
<input type="checkbox"/>	<input type="checkbox"/>	Verificación de empleo (carta del empleador o los 4 últimos recibos de sueldo consecutivos)
<input type="checkbox"/>	<input type="checkbox"/>	Declaraciones del impuesto sobre la renta del año pasado de los miembros de la familia autónomos (que trabajan por su cuenta)
<input type="checkbox"/>	<input type="checkbox"/>	Orden judicial de pensión para menores o registro impreso de pensión para menores de la Oficina del Fiscal General
<input type="checkbox"/>	<input type="checkbox"/>	Carta de aprobación de beneficios de desempleo
<input type="checkbox"/>	<input type="checkbox"/>	Carta de aprobación del Seguro Social / SSI
<input type="checkbox"/>	<input type="checkbox"/>	Carta de aprobación de TANF / SNAP
<input type="checkbox"/>	<input type="checkbox"/>	Beneficios de jubilación / discapacidad
<input type="checkbox"/>	<input type="checkbox"/>	Carta notariada y FIRMADA de personas que aporten ingresos a la familia tales como contribuciones generales, pensión directa de menores, cuidado de niños, etc. La carta debe incluir la frecuencia y la cantidad pagada y el domicilio de esas personas
Verificación de Bienes		
<input type="checkbox"/>	<input type="checkbox"/>	Estados bancarios de cuentas corrientes y de ahorros actuales
<input type="checkbox"/>	<input type="checkbox"/>	Copia de certificados de depósito (CD's), acciones, bonos, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Escrituras de todos las propiedades inmuebles que posea
Verificación de Gastos		
FAVOR DE NO INCLUIR EL COSTO DE SUS MEDICAMENTOS EN LA SOLICITUD		
<input type="checkbox"/>	<input type="checkbox"/>	Gastos relacionados con el cuidado de miembros discapacitados de la familia
<input type="checkbox"/>	<input type="checkbox"/>	Gastos relacionados con el cuidado de niños menores de 12 años (carta notariada y FIRMADA del cuidador incluyendo la frecuencia, la cantidad pagada y la dirección del cuidador)
<input type="checkbox"/>	<input type="checkbox"/>	Solo para Familias con Ancianos / Discapacitados:
<input type="checkbox"/>	<input type="checkbox"/>	Registro impreso (de farmacia) de recetas médicas no cubiertas por seguro médico de los últimos 12 meses
<input type="checkbox"/>	<input type="checkbox"/>	Gastos médicos no cubiertos por seguro médico y frecuencia
<input type="checkbox"/>	<input type="checkbox"/>	Costo de las primas de seguro médico
Formularios Llenados por el Propietario		
<input type="checkbox"/>	<input type="checkbox"/>	Solicitud de Aprobación de Alquiler (RTA) FIRMADA si usted va a continuar alquilando la misma vivienda firmada por el participante (usted) y el propietario de la unidad.
<input type="checkbox"/>	<input type="checkbox"/>	Formulario de Aviso de No renovación FIRMADO por usted y el propietario si usted va a mudarse
Acomodación Razonable (RA)		
Si usted es una persona con alguna discapacidad que requiere una RA con respecto a su asistencia de vivienda, por favor proporcione los datos de contacto (dirección, teléfono, y fax) de un doctor o profesional médico, que pueda verificar su solicitud para un acomodación razonable. Por favor note que se le puede requerir que solicite y verifique la necesidad continua de un AR durante todas sus recertificaciones si hubiera un cambio en sus circunstancias.		