



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

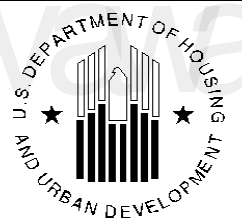
- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

HUD- 1140-OIG THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION





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:

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

Signature

Date

Printed Name

A

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the Housing Authority of the City of Bloomington any information or materials needed to complete and verify my application for housing assistance and/or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority in administering and enforcing program rules and policies.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be requested, this includes but is not limited to:

Identity and Marital Status	Residences and Rental Activity	Income
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation in a housing assistance program.

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords	Veterans Administration	Social Security
Retirement/Pension	Welfare Agencies	Administration
Public Housing Agencies	Schools and Colleges	Utility Companies
Law Enforcement Agencies	Credit Bureaus and Providers	
Support and Alimony Providers	Financial Institutions (Banks)	
Medical and Child Care Providers	Courts	

I understand and agree that the Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to exchange such automated information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; Department of Defense; Office of Personnel Management; U. S. Postal Service; Social Security Agency and State Welfare and food stamp agencies.

I agree that a photocopy of this authorization may be used for the purposes listed above. This authorization will stay in effect for as long as I remain an applicant/participant/resident in any housing program administered by the Housing Authority.

I understand refusal to sign this or any required consent form may result in the denial of assistance or the termination of assisted housing benefits.

SIGNATURES

PRINT NAME

DATE

Head: _____

Spouse: _____

Adult Member: _____

Adult Member: _____

Adult Member: _____

Adult Member: _____

VAWA Application And Verification List: Please Read Thoroughly!

Interpreter Services Available By Request

In order to process your application we must make copies of the following items in the original document form (please do not bring copies):

The application will NOT be accepted with out these items.

• **Identification**

- ☐ Drivers License or government issued picture I.D. for the household members that are age 18 and over
- ☐ Social Security /cards for ALL household members
- ☐ Proof of birth (government issued birth certificate) for ALL household members

• **Income-From ALL sources: Including but not limited to:**

- ☐ Employment-Pay stubs ☐ Unemployment ☐ TANF/Food Stamp Award Letter
- ☐ Disability Income From A Job ☐ Worker's Compensation ☐ Military Pay
- ☐ Military Pension ☐ Retirement Pension ☐ Odd/Seasonal Jobs
- ☐ Child Support-Divorce Decree or Print Out
- ☐ Social Security-ANY form-including but not limited to: SS, SSDI, SSI, SS Widows, SS Survivors, ANY Back-pay that is received
- ☐ Prior year's tax records (tax forms filed, W-2's, etc.)
- ☐ Student Aid-ANY form-including but not limited to: Grants, Loans, Scholarships, Fellowships, Work Study, Internships, Apprenticeships
- ☐ Self-Employment: we will need a signed and dated statement of self-certification
- ☐ Trustee Assistance: we will need a statement on the trustee's letterhead
- ☐ Energy Assistance: we will need the SCCAP worksheet, or a statement on SCCAP letterhead
- ☐ Assistance from churches/other agencies: we will need a statement on letterhead
- ☐ Lottery/Gambling winnings-**including but not limited to:** any form of Hoosier Lottery, any other State Lottery, Pull-tabs, Scratch Offs, Bingo winnings
- ☐ Selling/Reselling/Salvaging Items including but not limited to: Plasma, Aluminum/Steel (Pop/Beer) Cans, Scrap Metals, Yard/Garage sales, Card Collections (Baseball, Basketball, Football, etc.), any type of Collection selling
- For the following income types we will need a signed and dated statement that includes the phone number from the person(s) giving the money:
 - ☐ Work for Cash ☐ Baby Sitting ☐ Money From family/friends
- **ANY other income that is not listed above MUST be reported on the application and documents supporting the income must be brought in for verification.**

• **Assets-must be a current statement (dated within last 60 days)-Including but not limited to:**

- ☐ Checking accounts ☐ Savings accounts ☐ CD's
- ☐ Stocks ☐ Bonds ☐ IRA's
- ☐ Money Market accounts ☐ UTMA accounts ☐ House
- ☐ Mobile Home ☐ Trailer ☐ Land
- ☐ Investments ☐ Inheritance ☐ ANY other assets

• **Children & Child Care**

- ☐ Proof of Custody/Guardianship ☐ Title XX statement ☐ Signed statement from childcare provider
- ☐ If you are expecting a child we will need proof of pregnancy or a signed doctor's statement.

• **If you are handicapped/disabled or elderly (62 or over)**

- ☐ Spendown statement form Division of Family Resources
- ☐ Medical insurance statement-must show how often premium is paid
- ☐ Signed statements from doctors for your ongoing out-of-pocket expenses
- ☐ Signed statements or print out from pharmacies for your out-of-pocket expenses

• **Address Verification**

We will need residential address verification for the last five (5) years of all adult household members, regardless if they were on a lease or not.

- **VAWA:** please see the last page of this packet for the documents and information that is needed.



Bloomington Housing Authority
1007 N. Summit St. Bloomington, IN 47404
(812) 339-3491 (ext. 111) www.bhaindiana.net

PLEASE READ CAREFULLY AND THOROUGHLY
BEFORE SIGNING THIS PAGE!

1. I know and understand that I must provide the required documentation that is listed on the verification list page (page 1) for my application to be complete.

Signature

Date

2. I understand that if I fail to provide the required documentation my application will be incomplete, and therefore will **not** be accepted.

Signature

Date

3. I understand that failure to respond to any question on this application is grounds for termination.

Signature

Date

4. I know and understand that willfully making false statements or misinterpretations on any page of this application or in connection with this application is a criminal offense and grounds for termination.

Signature

Date

5. I know and understand that if I fail to sign or date any section my application will not be accepted.

Signature

Date

APPLICANT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowance and deductions is accurate and complete to the best of my knowledge: I have reviewed the application form and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report within ten (10) working days any changes in income and any changes in family household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in the current program. I will not live anywhere else without notifying the management office immediately in writing, I will not sublease my assisted residence.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes but is not limited to attending pre-scheduled meetings, completing and signing all required forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

SIGNATURE OF HOUSEHOLD ADULTS

1. _____
2. _____
3. _____
4. _____
5. _____

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

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

Bloomington Housing Authority
1007 N. Summit
Bloomington, IN 47404

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		_____ Other Family Member over age 18	
		_____ Date	
_____ Other Family Member over age 18		_____ Other Family Member over age 18	
		_____ Date	
_____ Other Family Member over age 18		_____ 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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

VAWA ELIGIBILITY APPLICATION FORM

Accessible format available on request. Contact the ADA Coordinator

Who is the Head of Household by Legal Name as it appears on Social Security Card?					
Last	First	M.I.	Gender M F	Date Of Birth / /	Age
Social Security Number — — — — —	Race <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander				Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Do you or does anyone in your household have any special needs or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below. If you do not understand this question, please ask.					

Household composition (members): List the legal names of all household members below. Start with the head of household, then spouse or co-head, then minors (oldest to youngest) and then any other adults.

Name	Relation to Head	Gender M/F	Social Security Number	Race	Date of Birth	Place of Birth: City/State	Occupation or School Name
	Self		— — — — —		/ /		
			— — — — —		/ /		
			— — — — —		/ /		
			— — — — —		/ /		
			— — — — —		/ /		

Do you expect anyone to move in or out of your household within the next 12 months? ☐ Yes ☐ No
 If yes, who? _____

Does anyone live with you now who is not listed on the application? ☐ Yes ☐ No
 Why are they not listed? _____

Do you claim any of the following local preferences?

- ☐ Disabled
- ☐ Victim of Domestic Violence
- ☐ Veteran
- ☐ Surviving Spouse of Veteran
- ☐ Working 35 hours or more
- ☐ Working 20 to 34 hours

- ☐ Monroe County Resident
- ☐ Morgan County Resident
- ☐ Owen County Resident
- ☐ Green County Resident
- ☐ Lawrence County Resident

NOTICE: Failure to respond to ANY question may jeopardize the approval of the application. If something does not apply write n/a.

Please note: Failure to list any form of income is considered inaccurate, incomplete, withholding of information and is grounds for termination of this application.

Income Information: Include income from ALL sources. *Please see the verification list on front page*

Family Member Name	Income: <u>including but not limited to</u> : Name of Employer, Child Support-Name of County where support comes from, SS, SSDI, SSI, SSW, SSS, TANF, Food Stamps, Unemployment, Military Income, Self Employment, Cash Paid by others, Student Aid, Worker's Comp, Any other income that is received by any household member must be listed in this column.	Income Amount	How Often Paid

Did you file a Federal Income Tax Return for the most recent year? ☐Yes☐No

Does anyone outside of your household pay any of your bills or expenses? ☐Yes ☐No

If yes, explain: _____

Asset Information: Including but not limited to: house, mobile home, trailer, land, stocks, bonds, IRA, CD's, Money Market Accounts, UTMA Accounts, Investments, Inheritance, etc.

Family Member Name	Asset Description	Current/Disposed	Market Value	Cash Value	Interest Rate %	Annual Income

Banking Information: Checking, Savings, of any account that a family member name appears on.

Family Member Name	Name of Bank	Account Number	Account Type	Individual or Joint	Current Balance

Elderly/ Disability Assistance Expenses: Including but not limited to: Spendown, Physician Co-Payments, Pharmacy Out-Of-Pocket Expenses, Health Aid Necessities. Attach additional sheet if necessary.

Family Member	Expense Description	Amount	Frequency	Annual Expense

What is your present address? Please note: All correspondence will be sent to correspondence address.

Street Address

Street

City

State

Zip Code

Correspondence Address

Street

City

State

Zip Code

Home Phone () —

Business Phone () —

Cell () —

Housing Suitability Screening

Previous housing references: List the address and landlord information (if applicable) for the last **five (5) years**. Attach additional sheet if necessary. We cannot process the application without this information.

Address Include Street, City, State	From Month/ Year	To Month/ Year	Rent/Own/ Live With Someone/ Other	Landlord, Home Owner Name, even if you were not on a lease	Landlord, Home Owner Telephone Number

For All adult members over 18 years of age, please list their name, address, City, State, then the Zip Code that they have lived in for the last **five (5) years**. Attach additional sheet if necessary.

Name	Address	City	State	Zip Code

If we were unable to reach you, whom could we contact locally?

Name _____

Telephone _____

Address _____

Relation _____

For ALL adult members age 18 and over, please read, sign, and date the following: I give my permission for the Bloomington Housing Authority to run a criminal background check for the past five (5) years.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Program Integrity Information

Have you or any other household member ever been evicted? ☐ Yes ☐ No (If more than one eviction, list the additional information on page 13.)

If Yes: By Whom? _____ When? _____ Why? _____

Have you or any other household member ever lived in assisted housing before? ☐ Yes ☐ No

If Yes: When? _____ Where? _____

Under what name? _____ Who was Head of Household? _____

Has any household member ever been terminated from a HUD-assisted housing program? ☐ Yes ☐ No

If Yes: Who? _____ When? _____ Where? _____

Do you or any other household member owe any money to a Public Housing Agency? ☐ Yes ☐ No

Has any household member ever used a name other than the one you are using now? ☐ Yes ☐ No

If Yes: What name(s)? _____

Has any household member ever used a social security number other than the one you listed on the application? ☐ Yes ☐ No

If Yes: What number(s) have you used? _____

Has anyone in your household been engaged in violent crime, sex crime, the use, sale, manufacture or distribution of controlled substances? ☐ Yes ☐ No

If Yes: Who? _____ When? _____ What? _____

Has any household member been arrested for any reason in the past 12 months? ☐ Yes ☐ No

If Yes: Who? _____ When? _____ Why? _____

Are you or any member of the household subject to lifetime state sex offender registry in ANY state?

☐ Yes ☐ No If yes, what state? _____

Notice: Failure to answer any question will jeopardize the approval of this application.

Vehicles: What vehicle does the family own?

Owner as appears on Registration	Make	Model	Year	Color	License Plate/ Tag Number	State

Authorizations, Representations and Certifications

I do hereby authorize Bloomington Housing Authority to obtain a 'consumer report' as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

NOTICE: Any attempt to obtain Public Housing, any rent subsidy, or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under Indiana State Code

Signature of
Head of Household _____

Signature of
Spouse or Co-Head _____

Signature of
Other Adult Member _____

Signature of
Other Adult Member _____

****PLEASE READ CAREFULLY****

You MUST fill out this form completely to apply for housing assistance.

BY SIGNING THIS FORM:

You certify that the information given by you to the Bloomington Housing Authority (BHA) on household composition, income, net family assets, allowance, and deductions is accurate to the best of your knowledge and belief.

If you make false statements or give false information to the BHA you may be prosecuted under federal and/or state laws. YOU ACKNOWLEDGE that the making of false statements or the giving of false information to the BHA may be grounds for denial or termination of application and/or tenancy.

YOU AUTHORIZE the BHA to conduct an investigation and make inquiries for the purpose of verifying the information given by you to the BHA ANY TIME DURING YOUR TENANCY WITH THE BHA OR FOR A PERIOD OF ONE (1) YEAR AFTER THE TERMINATION OF YOUR LEASE THE BHA MAY RUN A CREDIT REPORT.

PLEASE NOTE: It is a policy of the Bloomington Housing Authority to run a criminal record report on all applicants and their household members.

THIS FORM IS NOT A CONTRACT. If you fill out and sign this form, you are not required to accept housing assistance, and the BHA may not be required to provide you with housing assistance.

WARNING: Section 1001 of the U.S. Code makes it a criminal offense to willfully make false statements or misrepresentation to the BHA on this form, or in connection with your application for housing assistance.

I am aware that I may file a housing discrimination complaint online through the HUD website:

<https://www5.hud.gov/Hud903/main/pagHUD903Form.jsp>

A copy of the discrimination complaint form is available by request.

Signature of
Head of Household _____

Signature of
Spouse or Co-Head _____

Signature of
Other Adult Member _____

Signature of
Other Adult Member _____

Signature of
Other Adult Member _____

Signature of
Other Adult Member _____

Consent for Criminal Background Check

MUST Be Completed By ALL Household Members Age 18 Or Older

UD regulations require all PHAs to obtain criminal background and sex offender registration information about all adult household members applying for housing assistance. To enable the Bloomington Housing Authority (BHA) to do this, **all household members age 18 or older MUST answer the questions below and sign to consent to a background check.**

The BHA will deny the application that does not provide complete and accurate information or does not consent to a background check. Please answer **ALL** the following questions:

- 1) Have you been terminated from a federally assisted site within the past three years? Yes No
- 2) Do you currently use illegal drugs or abuse alcohol? Yes No
- 3) Are you currently subject under a state sex offender registration program? Yes No
- 4) Have you ever been convicted of a drug-related crime? Yes No
- 5) Have you been convicted of a crime within the past 5 years? Yes No
- 6) Are you currently charged with any of the above criminal activities? Yes No
- 7) Have you been released from jail within the past five (5) years? Yes No

If yes please list the reason(s) _____

- 8) Are you or any household member now charged with an unresolved crime which has not yet resulted in a plea of guilty, a court trial, or the dropping of charges? Yes No

- 9) Please list all states in which you have lived or have held licenses to drive

- 10) Have you ever used or been known by any other name? Yes No

If yes, please list all names used: _____

I understand the above information is required to determine eligibility for assistance. I certify my answers are true and complete to the best of my knowledge. I understand that making false statements is grounds for denial or termination. I authorize the BHA to verify the above information and consent to the release of the necessary information to determine my eligibility.

I authorize the release of criminal records and/or sex offender registration information to the BHA or agencies contracted by the BHA to conduct criminal background checks.	Today's Date
Applicant's Full Name (Please Print)	
Social Security Number	Date of Birth
Applicant's Signature	



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.

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.	

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

--	--

Signature of Applicant**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



LEAD BASE PAINT FORM

11/21/14~mha

For the collection of information for children age 6 and under and for children with Environmental Intervention Blood Lead Level (EIBLL)

The Bloomington Housing Authority, working to maintain records and information for the protection of children against the hazards of lead based paint, is requesting that you provide them with the following information. The information is kept solely for the use by the Housing Authority for Inspection Priority in the event the family now lives in or is about to occupy a unit that was built prior to 1978. If you have a child that has been tested and determined to have an elevated blood level, we will require the documentation for our files.

1. Do you have any children in the household age 6 or under? ☐Yes ☐No
2. Is it expected that children age 6 or under will be added to the lease within the lease term? ☐Yes ☐No

If you answered yes to either one of the above questions, please complete the following questions.

1. Has it been determined that any of these children have an elevated blood lead level? ☐Yes ☐No
2. If Yes, list the names of these children:

I attest that I have provided the Bloomington Housing Authority with true and complete information regarding my household composition and information on elevated blood lead levels.

Signature

Date

APPLICANT/RESIDENT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowance and deductions is accurate and complete to the best of my knowledge.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report with in ten (10) days any changes in income and any changes in the household size, when a person moves in or out of the unit.

I understand the rules regarding guest/visitors and when I must report anyone who is staying with me.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal Housing assistance while I am in this current program. I will not live anywhere else without notifying the management office immediately in writing, I will not sublease my assisted residence.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms.

I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

SIGNATURE(S) OF HOUSEHOLD ADULTS

1. _____
2. _____
3. _____
4. _____

Section 8 Program Participant's Agreement/Obligations

Name of Participant: _____

Current Address: _____

I agree to perform all obligations under the Section 8 Program and to be bound by all obligations found in the Bloomington Housing Authority's Administrative Policy. I understand that the Bloomington Housing Authority may terminate assistance for violation of any of the stated family obligations.

1. I agree to supply documentation as HUD or the Bloomington Housing Authority determines necessary in the administration of this program.
2. I agree to comply with the requirements of the BHA in conducting annual renewals or interim changes of household income or household members.
3. I agree to report, in writing, any changes in my household income and/or household members within 10 days of the occurrence. I understand that household members include all minors and adults in the household. Failure to report these changes in a timely manner may result in a payment agreement with the BHA. The BHA will define "occurrence" as the first day of employment or the first day any other household income such as child support, etc., begins.
4. I agree to allow the BHA to inspect my leased unit after reasonable notice (24 hours).
5. I agree to notify the BHA and my landlord in writing (60 days) before I vacate my leased unit (Tenant will not be allowed to move within the first year of a lease). I further understand if my landlord files eviction, the BHA may file termination. I am to notify the BHA of any notice of eviction within (10 days)
6. I agree to use the leased dwelling unit as my sole residence and shall not assign, transfer or sublease my unit.
7. I understand that I cannot permit any person or persons who are not on my Section 8 lease agreement to reside in my dwelling unit without the written consent of the landlord and the BHA. Guests cannot stay longer than 14 days per calendar year.
8. I agree that I cannot have a financial interest in the dwelling unit leased under Section 8.
9. I agree not to commit any fraud in connection with the Section 8 Voucher Program. I understand I cannot pay any additional rent to the landlord or pay any utilities that are the responsibility of the landlord. I agree to report any requests to do so to the BHA.
10. I understand that I cannot have Housing Assistance with any other HUD assisted housing program while receiving assistance from the BHA Voucher Program.
11. I understand if I am responsible for utilities they must be on in my own name. If I have outstanding debt(s), I must pay it in full or enter into a payment agreement with the utility vendor(s).
12. I agree to repay the BHA/landlord for any charges against me including but not limited to damages and/or unpaid rent. The maximum amount the BHA will enter into a payment agreement with a family is \$5000.00 and will not exceed a period of more than three (3) years. Any amounts exceeding \$5000.00, must be paid prior to the execution of a repayment agreement.
13. If I have no income, I agree to sign a zero income form each month (between the first and the tenth).
14. I agree to keep my leased dwelling unit in a clean and sanitary condition and shall comply with state and local laws requiring tenant to maintain rented premises.
15. I agree and shall be responsible for any damages (other than normal wear and tear) caused by acts of neglect by myself or my guests.
16. I agree and understand that BHA may deny or terminate assistance for the household due to action or failure to act by household members.
17. I agree and understand that BHA is required to deny admission or terminate assistance for illegal drug use, other criminal activity, and alcohol abuse that would threaten other residents.

Signature of Head of Household_____
Date_____
Signature of Other Household Adults_____
Date_____
Signature of Occupancy Specialist_____
Date

Requirement to Report Income

I understand that I **MUST** report **ALL** income regardless of my situation. Even if I qualify for the Earned Income Disallowance (EID) I **MUST** report any change in income within ten (10) days.

Per the Section 8 Participant's Agreement item number 3:

I agree to report, in writing, any changes in my household income and/or household members within 10 days of the occurrence. I understand that household members include all minors and adults in the household. Failure to report these changes in a timely manner may result in a payment agreement with the BHA. The BHA will define "occurrence" as the first day of employment or the first day any other household income such as child support, etc., begins.

_____	_____	_____	_____
Client	Date	BHA Staff	Date

We want to help you keep your rental assistance. Each month, people are terminated from BHA Programs. They are terminated, not because they have increased their income or improved their situation to the point they no longer need the program, but because they have failed to meet their responsibilities as residents/

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

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

OMB Approval No. 2517-0144-0001
Exp. (07/31/2017)

Purpose of Form: The Violence Against Women Reauthorization Act of 2013 ("VAWA") protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

Use of Form: This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as "Victim") has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
- (2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

Confidentiality: All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

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

Date Written Request Received by Victim: _____

Name of Victim: _____

Names of Other Family Members Listed on the Lease: _____

Name of the Perpetrator*: _____

***Note:** The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

Perpetrator's Relationship to Victim: _____

**Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking
Occurred:** _____

Location of Incident(s): _____

Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature _____ Executed on (Date) _____

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. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

This page may be used for questions that require more space. Please indicate first the page number your response represents.

ATTENTION: VICTIMS OF DOMESTIC VIOLENCE SEEKING HOUSING ASSISTANCE

The Housing Choice Voucher (HCV) waiting list will open Monday, November 3, 2014 **only** to families which qualify for the **victims of domestic violence preference**. The waiting list will remain open until further notice for families which qualify. A five (5)-day notice will be given prior to the closing of the waiting list.

In order to qualify for the placement on the waiting list, the applicant family or individual will be required to provide verification of being subjected to or victimized by a member of the family or household within the past six (6) months. BHA will require evidence that the family has been displaced as a result of fleeing violence in the home. Families are also eligible for this preference if there is proof that the family is currently living in a situation where they are being subjected to or victimized by violence in the home.

Applications can be found at www.bhaindiana.net or at 1007 N. Summit Street, Bloomington, IN and must be submitted in person.

Submitted applications must include the following in order to be accepted:

***Verification of domestic violence victim status.** Verification includes any of the following: **1)** statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, or stalking – the professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing “under penalty of perjury”; **2)** police or court record, such as a protective order which verifies domestic violence

***Copy of government-issued photo ID for each adult household member**

***Copy of social security card and birth certificate for each household member**

***Completed VAWA Certification form attached to application** - The form will ask for your name, the name of your abuser, the abuser’s relationship to you, the date, time, and location of the incident of violence, and a description of the violence. You are only required to provide the name of the abuser if it is safe to provide and you know their name.

In order to qualify, applicant(s) must also be income eligible (gross annual income must not exceed):

1 Person: \$21,100	2 Persons: \$24,100
3 Persons: \$27,100	4 Persons: \$30,100
5 Persons: \$32,550	6 Persons: \$34,950
7 Persons: \$37,350	8 Persons: \$39,750