

## SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY

### WELCOME!!

Thank you for submitting an application with Suffolk Redevelopment and Housing Authority Housing Choice Voucher Program. Please ensure that your completed application is mailed to Suffolk Redevelopment and Housing Authority, 530 E Pinner Street, Suffolk Virginia 23434 by **November 18, 2011**. **Applications that are hand-delivered, faxed or express mailed will not be accepted.**

#### How to complete the application

1. Print clearly on the application
2. Answer all questions
3. Sign and date the application of all household members 18 and older
4. Complete the Criminal History Background Release form down to signature of Person
5. Complete the Sex Offender Release form down to the signature and date line
6. Read, sign and date HUD Form 9886
7. Review the application and all forms
8. Place your application in a stamped envelope and mail to Suffolk Redevelopment and Housing Authority, 530 E Pinner Street, Suffolk Virginia 23434
9. Envelope must be postmarked by **November 18, 2011**.

Upon receipt of the Housing Choice Voucher application your name will be place on the HCV waiting list. Applications received without proper signature, after **the deadline date of November 18, 2011**, or incomplete will be returned to sender.

Although the waiting list is open and the opening will **add** to the current list. **We estimate the average wait time will be 48 - 60 months**. We will not be able to provide applicants with a number. This will depend on the date and time of your application. Application placement on the waiting list is in the order that it was received. We will only verify the date and time the application was received.



OFFICE USE ONLY  
APPLICATION # \_\_\_\_\_  
Time Received: \_\_\_\_\_  
Received by: \_\_\_\_\_

**SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY  
HOUSING CHOICE VOUCHER**

**Affordable Housing Application**

**530 E. Pinner Street**

**Suffolk, VA 23434**

**Office: (757)539-2100**

**TDD: (757)538-2886**

Name \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address \_\_\_\_\_  
(Street Name or PO Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

**Ethnicity (Please Check One)**

Hispanic or Latino  Not Hispanic or Latino

**Race For statistical purposes only (Please Check One)**

White  American Indian/Alaska Native  Other  
 Black/African American  Asian or Pacific Islander

**HUD Household Type (Please Check ALL That Apply)**

Disabled  Elderly  Family  Single

Do you require a specific accommodation for a disability in order to fully utilize the program and our housing services?  Yes  No

**What is your present address?**

Street address \_\_\_\_\_  
Street City State Zip Code

**Current Landlord's Name** \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_  
**Previous Address if less than 3 months**

Street address \_\_\_\_\_  
Street City State Zip Code



**Previous Landlord's Name and Address**

\_\_\_\_\_  
\_\_\_\_\_

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

Name \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**Please list the name of person(s) that will be living with you.** Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

No	Legal Name	Sex (M/F)	Relationship To Head	Citizen Y/N	SSN	DOB	Disabled Yes or No
1							
2							
3							
4							
5							
6							

Is a change in the household composition expected? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type? \_\_\_\_\_ When? \_\_\_\_\_

**Income Information: Child Support, SSI, Disability, Social Security, Wages, Pension etc.**

Name of Family Member	Type of Income	Monthly Income	Yearly Income	Name and Address

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

**Asset Information: Land, Property, Etc.**

Name of Family Member	Asset Description	Market Value	Cash	Interest Rate

**Banking Information:**

Name of Family Member	Name of Bank	Type of Account	Joint/Individual	Balance

**Child Care Provider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Telephone Number** (\_\_\_\_\_) \_\_\_\_\_

**Program Integrity Information:**

Have you ever lived in any type of assisted housing before?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, When? \_\_\_\_\_ Where? \_\_\_\_\_

Under What Name? \_\_\_\_\_ Who was Head of Household? \_\_\_\_\_

Do you owe any money to a Public Housing Agency?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Which PHA? \_\_\_\_\_

Have you ever violated a family obligation in a HUD-assisted housing program?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Which PHA? \_\_\_\_\_

Have you ever been evicted from public or assisted housing for a violent crime or drug related activity, disturbing neighbors or property damage?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, What is it? \_\_\_\_\_

Have you ever been evicted due to alcohol abuse which threatened the health, safety, or right to peaceful enjoyment of the unit of other residents or neighbors in the vicinity of your residence?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Why? \_\_\_\_\_

Have you ever used a name other than the one you are using now?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, What Name? \_\_\_\_\_

Have you ever used a Social Security Number other than the one you listed above?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, What is it? \_\_\_\_\_

Have you or anyone in your household ever been arrested or convicted for the use, sale, manufacture or distribution of a controlled substance?

Yes       No      If yes, Who? \_\_\_\_\_  
 Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Where: \_\_\_\_\_

Have you or anyone in your household ever been convicted of a felony or misdemeanor?

Yes       No      If yes, Who? \_\_\_\_\_  
 Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Where: \_\_\_\_\_

Do you or anyone in your household currently use a controlled or illegal drug?

Yes       No  
 If yes, Explain: \_\_\_\_\_

Have you ever violated a family obligation in a HUD-assisted housing program?

Yes       No  
 If yes, Which PHA? \_\_\_\_\_

Do you owe any money to a Public Housing Agency?

Yes       No  
 If yes, Which PHA? \_\_\_\_\_

Are You or anyone in your household required to register on any Sex Offender list?

Yes       No      If yes, Explain: \_\_\_\_\_

*\*Failure to answer the above questions may jeopardize your admission to the Housing Choice Voucher Program.\**

**CURRENT EXPENDITURES:**

Rent \$	Phone \$	Medical \$	Credit Card \$
Electric \$	Auto Pymt \$	Cable \$	Credit Card \$
Gas \$	Auto Ins. \$	Insurance \$	Loan \$
Water \$	Child Care \$	Rentals \$	Other \$

**Work History: Last place of employment for ALL adult household**

Family Member	From (Year)	To (Year)	Employer Name & Address

**AUTHORIZATION, REPRESENTATIONS AND CERTIFICATIONS**

I do hereby authorize **SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY** to obtain information it deems desirable in the processing of my application, including credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information, and release Suffolk Redevelopment and Housing Authority, and its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.

I certify that all information I have provided in this application is complete and true to the best of my knowledge. I understand that I must report any changes in income, assets, family composition, address, or phone numbers to SRHA. I further understand that **false** statements or information are grounds for denial of this application.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse /Co-Head

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**PHA Representative** \_\_\_\_\_

**Date** \_\_\_\_\_



Suffolk Redevelopment and Housing Authority does not discriminate against any persons on the basis of race, color, sex, religion, national origin, age, familial status or handicap. If you believe you have been discriminated against; you may call the **Fair Housing and Equal Opportunity National Toll Free Hot Line 1.800.424.8490.**

**DECLARATION OF SECTION 214 STATUS**

**Notice to tenants: In order to continue to be eligible for public housing assistance you must be lawfully within the U.S. Please read the Declaration statement carefully, complete the form and sign where indicated. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.**

I, \_\_\_\_\_ certify, under penalty of perjury 1/that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as indicated on attachment A. Attach document(s) evidencing eligible immigration status and signed verification consent form.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

**Other Family Member:**

I, \_\_\_\_\_ certify, under penalty of perjury that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as indicated on attachment A. Attach document(s) evidencing eligible immigration status and signed verification consent form.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

**Third Family Member:**

I, \_\_\_\_\_ certify, under penalty of perjury that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as indicated on attachment A. Attach document(s) evidencing eligible immigration status and signed verification consent form.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

**Fourth Family Member:**

I, \_\_\_\_\_ certify, under penalty of perjury that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as indicated on attachment A. Attach document(s) evidencing eligible immigration status and signed verification consent form.

\_\_\_\_\_  
 (Signature of Family Member) (Date)

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

**Fifth Family Member:**

I, \_\_\_\_\_ certify, under penalty of perjury that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as indicated on attachment A. Attach document(s) evidencing eligible immigration status and signed verification consent form.

\_\_\_\_\_  
 (Signature of Family Member) (Date)

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

**Sixth Family Member:**

I, \_\_\_\_\_ certify, under penalty of perjury that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as indicated on attachment A. Attach document(s) evidencing eligible immigration status and signed verification consent form.

\_\_\_\_\_  
 (Signature of Family Member) (Date)

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

**1/Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000.00 and/or imprisoned for not more than five years, or both.**



# 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)

Suffolk Redevelopment and Housing Authority  
530 E. Pinner Street  
Suffolk, VA 23434

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

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants  
**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**  
This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

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

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

<b>Signature of Applicant</b>	<b>Date</b>
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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.



**SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY**

530 E. Pinner Street  
Suffolk, VA 23434

**Office: (757)539-2100**

**TDD: (757)538-2886**

**Sex Crime Release of Information**

In accordance with HUD Federal Regulations the Housing Authority has to perform Sex Crime Background checks on all applicants. I hereby authorize Suffolk Redevelopment and Housing Authority to obtain a Sex Offenders and Crimes Against Minors check on me. I understand that Suffolk Redevelopment and Housing authority have a zero tolerance approach. **I certify that I have not committed any type of Sexual Crime as defined below.**

**Sexually Violent Crimes:** Abduction for immoral purposes, Rape, forcible sodomy, Object sexual penetration, aggravated sexual battery, attempted rape, forcible sodomy, inanimate object sexual penetration.

**Sexual Crimes:** Crimes against nature, adultery and fornication by person forbidden to marry incest, taking indecent liberties with children, taking indecent liberties with persons in custodial or supervisory relationship, production, publication, sale, possession with intent. Abduction, Abduction for immoral purpose, carnal knowledge with minors, marital sexual battery, attempted aggregated sexual battery, enter dwelling with intent to rape to include all subsequent convictions.

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Housing Authority Use Only:**

Result of check:    ( ) Nothing found    Initials: \_\_\_\_\_    Date: \_\_\_\_\_

                          ( ) Found                    Initials: \_\_\_\_\_    Date: \_\_\_\_\_

                          ( ) Eligible                    ( ) Ineligible

# SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY

## AUTHORIZATION FOR CONTINUED OCCUPANCY OR ELIGIBILITY INFORMATION



530 East Pinner Street  
Suffolk, VA 23434

Telephone: 757-539-2100

TDD: 757-538-2886

FAX: 757-539-5184

**E-mail: [Srha@suffolkrha.org](mailto:Srha@suffolkrha.org)**

**Consent:** I consent to allow the Suffolk Redevelopment and Housing Authority (SRHA) to request and obtain income/deductions information for the sole purpose of determining eligibility for admission or continued occupancy.

This consent will allow SRHA to obtain verifications for including but not limited to:

- Social Services Benefits
- Child Support/Alimony
- Pensions/Annuity/Retirement
- Virginia Employment Commission/Unemployment
- Child Care
- School Records
- Any required information to verify eligibility or continued occupancy for Public Housing Program.

**Privacy Act Notice:** This information is to be used by SRHA for the sole purpose of determining eligibility for admission or continued occupancy. We assure that this information will not be disclosed outside this Agency except as required and permitted by Law. SRHA will make every effort to obtain this information; however, failure to provide any requested information may result in termination of assistance.

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Print Name

---

Signature

---

Social Security Number

---

Date