Hastings Housing Authority
220 No Hastings Ave, Hastings, NE 68901
Telephone: (402) 463-1061 Fax: (402) 463-5250 TDD: (308) 385-5664 email:hcha1@hcha.net

HOUSING CHOICE VOUCHER PROGRAM

As a participant in the Housing Choice Voucher Program you will have the opportunity to remain in your present home or if you choose, look for other housing. This unit can be a house, mobile home, or apartment managed by a realty company or rented on the private market. The Hastings Housing Authority covers housing in the entire City of Hastings but the landlord must be willing to work with the program and the home must pass Housing Quality Standards (other limitations may apply).

When the Hastings Housing Authority has determined that you are eligible to participate in the Housing Choice voucher Program, you will receive a Housing Choice Voucher and a "Request for Lease Approval" form. Your voucher will have an initial term of sixty (60) days from the date it is issued. This is the amount of time that you will have to return the "Request for Lease Approval" form so that the unit you wish to rent may be inspected. All assisted units must meet minimum Housing Quality Standards before assistance may begin and the lease for the unit must have an initial term of one (1) year.

The owner of the property may not be a family member and the tenant must not own or have any interest in the unit.

To be eligible for the Housing Choice Voucher Program, applicant income must be below maximum income standards set by HUD, which is based on the number of individuals in the household. The landlord of the unit is responsible for screening a participant of the Program for suitability for tenancy: however, all Housing Choice Voucher applicants must pass a criminal background check and must not owe money to another Housing Authority (other limitations may apply).

Applicants are responsible to report all changes in the household composition, income and address. A current and correct address must be on file, as you will be notified via mail when our office is able to review your application. Failure to respond to a request to schedule an appointment for this review may be cause for the applicant to be removed from the waiting list.

It is important to note that the Hastings Housing Authority offers waiting list preference for the following categories: displaced persons (due to federally declared disasters or action), families with children, disabled, elderly and veterans. Couples and singles not meeting these categories will be served only after all families with preferences are processed.

Hastings Housing Agency
220 No Hastings Ave
Hastings, NE 68902
Phone: (402) 463-1061 Fax: (402) 463-5250

Staff Initials _____

FOR OFFICE USE ONLY
DATE APPLICATION RECEIVED _____
TIME APPLICATION RECEIVED _____
APPLICATION NUMBER _____
ELIGIBLE BEDROOM SIZE

APPLICATION FOR TENANT ELIGIBILITY

This form must be completed in full and signed by all adult members in your family. If information is incomplete or inaccurate, your application will not be accepted. Notification of denial or non-acceptance will be attempted but cannot be guaranteed.

Applicant Name: _____ Phone (Hm):_____

Address: _____ Phone (Wk):_____

_____ _____

City State Zip E-mail address

Have you or your family been Displaced by Government Action or as a result of a federally recognized disaster?
Yes _____ No _____

Household Composition and Characteristics

Please list all persons who will be living with you at time of assistance (including yourself). Start with the head of household, then spouse or co-head, then minors (oldest to youngest), then any other adults.

#	Legal Name	Sex	Relationship	SSN	Date of Birth	Full Time Student
1			HEAD*			Y N
2						Y N
3						Y N
4						Y N
5						Y N
6						Y N
7						Y N
8						Y N

Social Security cards must be provided for all family members. Picture I.D. is required for all adult household members.

Family Characteristics

	Race				Ethnicity	
#	White	Black	American Indian/ Alaska Native	Asian or Pacific Islander	Hispanic	Non-Hispanic
1						
2						
3						
4						
5						
6						
7						
8						

(Please check appropriate box for both Race and Ethnicity)

Does anyone live with you currently who is not listed above? Yes ____ No ____ If yes, please explain

_____

Do you anticipate any change in your household composition in the next 12 months? Yes ___ No ___ If yes, please explain

_____

Is the head of household or spouse handicapped or disabled (please also mark yes if you have applied for a disability and are awaiting a response from the Social Security Administration or Veteran's Administration)? Yes ____ No ____

Are any other household members handicapped or disabled? Yes ____ No ____

Please identify any special housing needs of your household: _____

_____

Are You a Veteran? Yes ____ No ____

Household Income

Please list all income received by family members (including income received by or on behalf of minors). Include employment, SS, SSI, Pension, child support, TANF, alimony, regular gifts, military pay, business income, etc.

Mbr. #	Type of Income / Source	Address of Income Provider	Current Monthly Income	Anticipated Annual Income

Did you file a Federal Income Tax return for the most recent year? ____ Yes ____ No

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

Explain: _____

Asset Information

Please list all assets including, stocks, bonds, trusts, real estate, cash or other asset owned (given away or sold within the last two years). Do not include cars unless they can be lived in (trailer, Winnebago, R.V., etc.)

Mbr. #	Asset Description	Current / Disposed?	Market Value	Cash Value	Int. Rate	Annual Income

Have you disposed of assets within the last two years? _____ Yes _____ No

Banking Information:
Please list all checking accounts, savings accounts, certificates of deposit, or other monetary assets.

Name of Bank	Address of Bank	Type of Asset	Joint/Indiv.	Balance Current	Balance 6-mo. Avg.
				$	$
				$	$
				$	$
				$	$

Expenses – Medical / Disability Assistance / Child Care
Please list all out-of-pocket *medical expenses* for the entire family if the head of household or spouse is over the age of 62 or handicapped / disabled. If you have incurred expenses because of a disability that allow you to work, please list the *disability expense*. Out-of-pocket *child-care expenses* should be listed for all children 12 and under (if this care allows a household member to work or go to school).

Mbr. #	Type of allowance Medical / disability / child care	Name of Provider	Address of Provider	Annual Expense

Program Integrity Information
Have you ever lived in or received assisted housing before? ____ Yes ____ No

If yes, when? _____ Name of Complex or Agency? _____

City of Assisting Agency? _____ State of Assisting Agency? _____

Under what name? _____ Who was head of household? _____

Have you ever used a name other than the one you have listed above? ____ Yes ____ No

If yes, what name & why? _____

Have you ever used a social security number other than the one you have listed? ____ Yes ____ No

If yes, explain. _____

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

If yes, Who? _____ When? _____ What? _____

Have you or anyone in your household ever been convicted of any crime other than traffic violations? _____ Yes _____ No

If yes, please explain. _____

Have you or anyone in your family ever served time in prison? _____ Yes _____ No If yes, when was this person(s) released?

Date: _____

Have you, or anyone in your household, ever been evicted from Public or Assisted Housing? ____ Yes ____ No

If yes, why? _____

Have you, or anyone in your household, ever violated a family obligation in a HUD-assisted housing program? ____ Yes

____ No

Does anyone in your household owe money to an assisted housing program (including Public Housing Agencies & Section 8 programs)?

____ Yes ____ No

Do you wish to move? _____ Yes _____ No If no, what is your current rent? _____ What utilities are you responsible for?

_____

Do you need a reasonable accommodation?_____Yes _____No If Yes, please see attached form.

Authorizations, Representations and Certifications

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.

I/We, do hereby swear and attest that all of the information above is true and correct. I/We also understand that all changes in the income of any member of the household as well as any changes in the household composition must be reported, in writing, to the Hastings Housing Agency immediately.

If either head or Spouse is not present please explain why? _____

Signature of Head of Household _____ Date _____

Signature of Spouse or Other adult _____ Date _____

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
Hastings Housing Authority 220 No Hastings Ave Hastings, NE 68902	

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.

HASTINGS HOUSING AUTHORITY
"ONE STRIKE & YOU'RE OUT" POLICY

I. Introduction

On March 28, 1996, President Clinton issued an Executive Order requiring the implementation of screening procedures and immediate termination of assistance from federally funded housing programs of persons who engage in drug related or serious criminal activity. President Clinton directed HUD to issue national guidelines to enforce this policy through tenant screening and termination of program assistance.

In response to that executive order, the Hastings Housing Authority (HHA) has adopted a "One Strike & You're Out" policy.

II. Applicant Screening

All applicants, including all members of the family 18 years or older, will be screened for suitability of tenancy as stated in the Administrative Plan. A family will be denied housing opportunities if the following apply:

A. Drug-related Criminal Activity

Drug-related criminal activity is defined as the illegal manufacture, sale, distribution, use or possession with the intent to manufacture, sell, or use a controlled substance. HHA will consider applicants with any drug related history in violation of this policy. This includes but is not limited to possession of drug paraphernalia, possession of marijuana and other relatively less severe criminal drug related acts.

B. Alcohol Abuse

Alcohol abuse is defined as reasonable cause to believe that a person abuses alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises shared by other residents.

C. Serious Criminal Activity

Serious criminal activity is defined as any crime which is of a violent, sexual, or drug related nature. Any crime that is considered a felony by law enforcement agencies will also be considered as serious criminal activity.

D. Outstanding Warrants

Any applicant with an outstanding warrant will not be admitted to housing while that warrant is active regardless of what that warrant is for. Warrants will be resolved prior to admittance to any HHA Programs.

If a member of a family has engaged in any of the above definitions within the last 5 years, they will be denied. Certain violations such as a conviction of manufacturing or producing Methamphetamine will result in lifetime housing denials (see Administrative Plan for detailed information).

Any applicant family that is deemed ineligible as a result of the Hastings Housing Authority's screening process shall be afforded the opportunity for an informal review pursuant to the established policy.

III. Termination of Assistance

It is the policy of the Hastings Housing Authority that the Housing Choice Voucher program shall not be available to tenants or members of their households who engage in criminal activity or who have guests or other invitee who engage in such activity. To this end, tenant hereby covenants and agrees as follows:

A. During the term of his or her tenancy hereunder, tenant and tenant family shall not engage in any criminal activity whether the activity occurs on the leased premises, on or near the development or in any other location whatsoever; and

B. During the term of his or her tenancy, no member of tenant's household that resides with the tenant during the term hereof, whether a minor or an adult, shall engage in any criminal activity, whether that activity is on the leased premises, on or near the housing development of which the leased premises are a part, or in any other location whatsoever. It shall be presumed that any individual who is listed on this lease as a member of tenant's household, or who otherwise is listed in management's files as a member of tenant's household and who engages in any criminal activity resides with tenant unless tenant before the date of any incident giving rise to criminal activity, shall have specifically informed management, in writing, that said individual is no longer a member of his or her household and no longer resides upon the leased premises. Further, tenant is responsible for the actions of any guest invited onto the grounds by the tenant or on the grounds by tenant consent; and

C. For purposes of this covenant, criminal activity shall include, but not be limited to any of the following serious misconduct.

1. Physical assault or the threat of physical assault to any person whatsoever;

2. Illegal use of a firearm or other weapon or the threat of illegal use of a firearm or other weapon.

3. Illegal possession, manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use of a controlled substance, unless such controlled substance was obtained directly from or pursuant to a valid prescription or order by a practitioner as defined by (21) of section 28-401 of the laws of the State of Nebraska, while acting in the course of his or her professional practice. HHA will consider tenants who have committed any drug related crime in violation of this policy. Drug related crime includes but is not limited to possession of drug paraphernalia, possession of marijuana and other relatively less severe criminal drug related acts as well as all misdemeanor and felony related drug activity.

4. Sexual molestation, debauchery of a minor, prostitution and other similar related serious misconduct.

5. Inviting a known banned person onto the property by a resident is grounds for voucher termination. For purposes of this policy an invitation would be defined as allowing a known banned individual into the tenant home or accompanying them on the property without notifying law enforcement within 10 minutes of their arrival.

6. If HHA determines that a tenant's excessive use or habitual misuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents, the HHA may terminate the voucher.

Compliance with this covenant is a material condition for continued tenant based assistance, and any breach of this covenant by tenant shall be cause for termination of assistance. If the HHA believes, in good faith, that a breach of this covenant has occurred, it may terminate this assistance without regard to the following:

1. Whether or not any person, whose conduct is at issue, has been arrested, charged, or convicted by law; or

2. Whether or not the tenant had any knowledge in fact, of criminal activity engaged in by a member of said tenant's household or of any guests or invitee of said tenant or of a member of said tenant's household.

For purposes of this covenant, it shall be conclusively presumed that a breach hereof constitutes a serious and clear danger to the health or safety of other clients or employees of HHA. Due to the nature of these issues, the Hastings Housing Authority will not grant Informal Hearings to current housing participants who violate this policy. Notwithstanding the foregoing, however, it shall be HHA's duty, in any eviction or termination proceedings to prove by preponderance of evidence that a breach of this covenant has occurred.

Note: A preponderance of evidence does not require an arrest and/or conviction for criminal activity. It is only necessary that the Hastings Housing Authority have enough credible information that a strong indication of; or a history of criminal behavior. Determinations of ineligibility are "civil" rather than "criminal" matters, therefore, "proof beyond reasonable doubt" is not required in order to make determinations of ineligibility or assistance termination under this policy.

_____ _____

Signature Date

_____ _____

Signature Date

Housing Authority
of the City of Hastings, Nebraska
220 No Hastings Ave • Hastings, Nebraska 68901 • Telephone 402-463-1061 • Fax 402-463-5250

CONSENT TO RELEASE INFORMATION

I hereby give authorization to release any and all information and documentation necessary to determine pre-eligibility, eligibility and continued eligibility for housing assistance through the Hastings Housing Authority. Information requested includes but may not be limited to:

1. **Income:** Including employment, pension, regular gifts, Social Security benefits, TANF, Unemployment, Military Pay, Workman's compensation benefits, alimony, child support, etc.
2. **Assets:** Including banking and savings accounts of record (including IRA's and CD's, stocks, bonds, financial institutions, homes, mobile homes and items of value (excluding vehicles).
3. **Law Enforcement Agencies:** Information including criminal history, pending criminal charges, and civil matters in which I may have been involved in.
4. **Utility Companies:** Information regarding my performance records as a customer.
5. **References:** Landlord history or related history that would indicate my ability to abide by a lease and/or live independently.
6. **Medical Expenses:** Information concerning past medical expenses for use only in determining family's eligibility and rent (if eligible).
7. **Educational Institutions:** Information providing proof of attendance, class load, and full-time status.
8. **INS:** Information regarding citizenship and the family's eligibility to receive benefits.
9. **Medical Information:** Only when a resident "Request for a Reasonable Accommodation" form is attached. Information to be received will be limited to medical documentation that the "Request for Reasonable Accommodation" is medically necessary.

A photo or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

This consent form expires 15 months after it is signed.

I have read the above and do understand and agree to the release of this information.

_____ _____
Signature (Head of Household) Date

_____ _____
Signature (Spouse) Date

_____ _____
Signature (Other Adult) Date

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014
exp. 1/31/2014

PHA requesting release of information; (Cross out space if none) (Full address, name of contact person, and date)	IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)
Hastings Housing Authority 2727 West 2nd Street, Suite 326 Hastings, NE 68902	

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.

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- Mutual Help Homeownership Opportunity
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- Section 8 Rental Certificate
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- Section 8 Moderate Rehabilitation

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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.

Housing Authority
of the City of Hastings, Nebraska
220 N. Hastings Avenue • Hastings, Nebraska 68901-5144 • Telephone 402-463-1061 • Fax 402-463-5250

RESIDENT REQUEST FOR A REASONABLE ACCOMMODATION

Top portion to be completed by the Resident.

Name: _____ Phone: _____

Address: _____

Name of household member with a disability: _____

I am requesting the following accommodation (exception to the usual rules, policies or change in the physical structure of the home) so that the person named above can access the program or home successfully: *Please check the applicable accommodation needed*

____ A change in my apartment or other part of the housing complex.

____ A change in a rule or the way things are done by the Housing Authority.

Explain in detail the changes needed. Use the other side of this sheet if necessary:

_____

_____

_____

_____

The following portion to be completed by a Qualified Medical Professional.

1. Is this resident disabled? Yes ___ No ____ I don't know _____
   The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most people's daily lives.

2. Please describe how this disability restricts the resident in activities that are of central importance to his or her daily life:
   _____
   _____
   _____

3. Does this resident need the accommodation requested above to be able to live in his/her housing community? Yes ____ No _____

4. If yes, please describe how this accommodation will enable the resident to use or enjoy this housing community. _____

_____

Signature of Medical Professional* Date

_____

Print Name of Medical Professional Phone

**By signing this form you are indicating that the information provided is true to the best of your professional knowledge. Further, if called upon to do so, you would testify to the information you have provided in a court of law.*

OMB Control # 2502-0581
Exp. (11/30/2015)

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

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

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

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

Signature of Applicant	**Date**

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

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

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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.
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?
You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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*:**
Hastings Houisng Authority	**Signature** **Date** **Printed Name**

DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS:
In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. 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 (please 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 checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.

- ( ) Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); or
- ( ) Permanent residence under §249 of INA; or
- ( ) Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA; or
- ( ) Parole status under §§212(d)(5) of the INA; or
- ( ) Threat to life or freedom under §243(h) of the INA; or
- ( ) Amnesty under §245 of the INA.

_____ _____
(Signature of Family Member) (Date)

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

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

1 **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any 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, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2 **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3 **Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

4 **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].

5 **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

6 **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)[*parole status*].

7 **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].

8 **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a)[*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

Limited English Proficiency Form

The Hastings Housing Agency (HHA) is dedicated to equal opportunities and Fair Housing. To provide all families with an equal opportunity to succeed, it is important that HHA is effective in its communication. This includes a thorough understanding of HHA contracts, rules, regulations and general practice. However, one of the main barriers to providing good communication to our families is the diverse languages and reading abilities of our clients. The first step in bridging this challenge is to determine what each client's specific needs are. Please fill out the following to assist HHA in determining what assistance you may need to be a successful client.

_____ I speak, read and comprehend English and do not need further assistance.

_____ I speak, read and comprehend a different language but have a family member or friend that I am most comfortable with assisting me. Therefore, additional assistance is not necessary unless I specifically ask for it.

_____ I need additional assistance with this specific language (you may select more than one):

- _____ Spanish
- _____ Arabic
- _____ Nuer
- _____ Somali
- _____ Swahili
- _____ Sign
- _____ I am unable to read
- _____ Other – Please List _____

If additional assistance is necessary, HHA will do its best to provide for an interpreter and/or send documents in the appropriate language (on a limited basis).

_____ _____

Signature Date

_____ _____

Signature Date