



Titusville Housing Authority Application for Section 8 Housing Assistance

WHAT IS THE SECTION 8 HOUSING ASSISTANCE PROGRAM?

The Section 8 Program provides assistance for low income families in the private rental market through the Housing Assistance Payments Program. Once you are awarded a Housing Voucher, you may select a unit from the private rental market. Rental assistance makes market rate housing affordable. Program participants NORMALLY pay no more than 30% of their monthly adjusted income towards rent and utilities. The Housing Assistance Payment subsidizes the balance of rent to the property owner.

HOW CAN YOU BECOME A PART OF THIS PROGRAM?

Complete the attached application and bring Birth Certificates and Social Security Cards for all family members that are on the application to our office. Also needed is proof of income of all family members. Examples: pay stubs, Social Security, cash assistance, child support, etc.

Eligibility for a rental voucher is based on the total annual gross income, family size, and is limited to U.S. citizens and specified categories of non-citizens who have eligible immigration status. You can call our office to find out if you are income eligible. Preference is given to applicants who reside in the following counties in Pennsylvania at the time of their application: Crawford, Erie, Venango, Warren, Mercer, or Forest.

If the Housing Authority determines that you are eligible, your name will be put on the waiting list. When your name comes to the top of the waiting list, we will contact you. It is very important if you move or the people on your application change, you contact us and update your application as needed. It would be a shame if you have been waiting for 6 months or more on the waiting list and when your name comes to the top we cannot locate you.

If you have questions about this application, or the Section 8 Program, or would like assistance in completing the application, please contact our Section 8 office at (814) 827-1132.

**217 E. Central Ave., Suite 107
Titusville, PA 16354
(814) 827-1132**



Forms Checklist

To be completed by office only:

Income	Date mailed/faxed	2nd request	Received
Public Assistance			
Zero Income form			
Employer report			
Pay Stubs			
Income Tax/W2's			
Domestic Relations			
Child Support			
Unemployment			
Student income			
Social Security			
VA Pension/Disability			
Pension			
Other income			
Assets/Expenses			
Checking account			
Savings account			
Life Insurance			
Annuity			
CD's			
Home - property taxes			
401K - stocks/bonds			
Medical verification			
Supplimental insurance			
Prescriptions			
Other out of pocket expense			
Child Care expense			
Other			
Landlord verification			
Birth certificates			
Social Security cards			
Other			

Applicant



ADDITIONAL INFORMATION

1. Is any member of your household expecting a child? If yes, what is the due date? _____
2. Primary Language Spoken: English Spanish Other
3. Has anyone in the family been a victim of domestic violence and were referred by an agency?
☐Yes ☐No If yes, please explain:
4. Does anyone live with you who is not listed above?
☐Yes ☐No If yes, please identify:
5. Have you ever lived in Public Housing or Section 8 anywhere in the United States? ☐Yes ☐No
If yes, please specify location:
6. Is any member of your household a Veteran? Yes No Name
7. Two people who know how to contact you: Name Phone
Name Phone

REASONABLE ACCOMMODATIONS

If you or a family member are disabled and require accessibility features or another reasonable accommodation, please complete this section. If you do not require an accommodation, skip this section.

Household Member	Mobility (M)	Hearing (H)	Vision (V)	Other (D)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you or a family member has multiple disability types, please select only one unit type, the highest one on the list. All mobility units either already have grab bars and other equipment such as hand held showers, raised toilets and tub seats, or the equipment you require can be added upon request. The hearing or vision-impaired features needed can be added to a unit with mobility impaired features.

- ☐ Ground Floor Unit ☐ Mobility Improved Unit ☐ Vision-Impaired Unit ☐ Hearing-Impaired Unit ☐ Wheelchair VISIBLE Unit

Assistive Equipment Used

Please select all that apply:

- ☐ Manual Wheelchair ☐ Electric Wheelchair ☐ Electric Scooter ☐ Pediatric Wheelchair
☐ Walker ☐ Cane ☐ Crutches ☐ Braces
☐ Oxygen Tanks

Please describe in detail any other accommodations that you require:



INCOME AND ASSETS

Please answer each of the following questions. For each "yes", please provide details in the charts below.

Does any member of your household:

- ☐Y ☐N 1. Work full-time, part-time, or seasonally?
- ☐Y ☐N 2. Expect to work for any period during the next year?
- ☐Y ☐N 3. Work for someone who pays cash?
- ☐Y ☐N 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
- ☐Y ☐N 5. Receive or expect to receive unemployment benefits?
- ☐Y ☐N 6. Receive or expect to receive child support?
- ☐Y ☐N 7. Entitled to receive child support but is not receiving it?
- ☐Y ☐N 8. Receive or expect to receive alimony?
- ☐Y ☐N 9. Entitled to receive alimony but is not receiving it?
- ☐Y ☐N 10. Receive or expect to receive public assistance (TANF)?
- ☐Y ☐N 11. Receive or expect to receive Social Security or disability benefits?
- ☐Y ☐N 12. Receive or expect to receive income from a pension or annuity?
- ☐Y ☐N 13. Receive or expect to receive regular contributions from organizations or individuals not living in the unit?
- ☐Y ☐N 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from rental property?
- ☐Y ☐N 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- ☐Y ☐N 16. Have real property or other assets (including cash) that has been sold or given away with in the past two years?

If you answered yes to any of the questions above, please indicate question number and explain below?

SOURCE OF INCOME

Name	Type of Income	Monthly Income	Annual Income



ASSETS

1. List all checking and savings accounts (including IRA's Keogh accounts, and Certificates of Deposit (CD's)) of all household members:

NAME	BANK NAME	TYPE OF ACCOUNT	ACCOUNT #	BALANCE

2. List all stocks, bonds, trusts, pensions, life insurance policies or other assets and their value owned by any household member: _____

3. List any assets disposed of for less than the fair market value during the past two years: _____

4. Do you own your own home? If so, what is the assessed value of your home? _____

EXPENSES

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any children in the household age 12 or under who require child care? If yes, please identify the child care provider: _____ What is your weekly child care cost: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you pay a care attendant for any equipment that is necessary to permit that person or someone else in the household to work?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have Medicare? If yes, what is your monthly premium? _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any other kind of medical insurance? If yes, please provide name and address of carrier, policy number and amount of monthly premium: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any outstanding medical bills of which you are currently making payments? If yes, please list them below: _____ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you expect to incur any other medical expenses in the next twelve months? If so, please list them below: _____ _____



RENTAL HISTORY

Present
landlord

Name: _____ Monthly Rent Amount? _____

Are Utilities included? ☐ Y ☐ N If no, please circle
type and list amount

Address: _____

Phone

Number: _____

Utility

circle type

Amount
per month

Heat

gas, electric, oil,
other

Cooking

gas, electric, oil,
other

Lights &
Refrigerator

gas, electric, oil,
other

Water, Sewer,
Trash

How long have you
lived there? _____

Why do you want to
leave? _____

EMPLOYMENT HISTORY

Name and address of Head of Household's present or
most recent employer: _____

How long have you been or were you employed there? _____

Name and address of Co-Head's present or most
recent employer: _____

How long have you been or were you employed there? _____



CRIMINAL HISTORY

1. Has any household member (*regardless of age*) ever been arrested, charged, or convicted for any criminal activity? ☐ Y ☐ N
If yes, explain _____
2. Has any household member (*regardless of age*) ever been arrested, charged, or convicted for any alcohol-related activity? ☐ Y ☐ N
If yes, explain _____
3. Has any household member (*regardless of age*) ever been arrested, charged, or convicted for manufacture of methamphetamines? ☐ Y ☐ N
If yes, explain _____
4. Has any household member (*regardless of age*) ever been arrested, charged, or convicted for any drugs/controlled substance activity (*including but not limited to*) possession, sale, distribution, paraphernalia? ☐ Y ☐ N
If yes, explain _____
5. Are any household member(s) (*regardless of age*) subject to life-time registration as a sex-offender? ☐ Y ☐ N
If yes, explain _____

I understand and agree that my criminal/drug history will be evaluated and used to determine my suitability for housing.

APPLICANT CERTIFICATION AND FRAUD AFFIDAVIT

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 a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

I/We certify that the statements made on this application are true and complete to the best of my/our knowledge and belief.

X

Applicant Signature

Date

X

Co-Applicant Signature

Date

NOTICE OF NONDISCRIMINATION

Titusville Housing Authority does not discriminate on the basis of race, religion, sex, color, national origin, age, disability, or familial status. We provide equal access to persons with disabilities to our programs, services, and activities.



DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to Titusville Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury; 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 2; 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 signed verification consent form.

_____ Immigrant status under 101(a) (15) or 101(a) (20) of the Immigration and Nationality Act (INA) 3; or

_____ Permanent residence under 249 of INA 4; or

_____ Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA 5; or

_____ Parole status under 212(d) (5) of the INA 6; or

_____ Threat to life or freedom under 243(h) of the INA 7;

or _____ Amnesty under 245A of the INA 8 or

I am from the Marshal Islands, Micronesia, or Palau under CFR 42 1436(a)(7) (the applicant receives a preference); (if from the Territory of Guam the applicant has no preference).

Signature of Family Member

Date

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

HA: Enter INS/Save Primary Identification #: _____ Date _____

Name and Age of Child/Children Residing in the Household:

Name

Age

Name

Age



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 manner 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(n) (15) or 101 (n) (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 being uprooted by catastrophe 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



CONSENT TO RELEASE OF INFORMATION

I authorize and direct any Federal, State, or local organization, business, or individual to release to the Titusville Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Low-income Public Housing and Indian Housing, and/or other housing assistance programs.

I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and/or Titusville Housing Authority in administering and enforcing program rules and policies.

INFORMATION COVERED

I also consent for the THA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or THA policies.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity & Marital Status	Medical or Child Care Allowances	Asset Information
Employment, Income & Assets	Credit Activity	
Residences & Rental Activity	Criminal Activity	

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

Current or Previous Landlords	Past & Present Employers
Court Systems & Post Offices	Department of Public Assistance
Schools & Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Child Support & Alimony Providers	Veterans Administration
Retirement Systems	Medical & Child Care Providers
Utility Companies	Credit Providers & Credit Bureaus
Banks & other Financial Institutions	County & State Social Service Agencies
Character References Provided	Insurance & Annuity Companies
Utility Companies	Support & Alimony Providers

OVER



COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD and/or Titusville 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 notification of any adverse information found and a chance to disprove that information.

HUD and/or THA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to:

State Employment Security Agencies
Office of Personnel Management
Social Security Agency

Department of Defense
US Postal Service
State welfare & food stamp agencies

HUD
Other Public Housing Agencies

The authorization of release of information requested by this consent form expires 15 months after the date the consent form is signed.

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I understand I have a right to review my file and correct any information that I can prove is incorrect.

CRIMINAL AND ADMINISTRATION ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information to a Public Housing Authority is punishable under Federal and State criminal law and is also grounds for termination of my housing assistance and termination of my tenancy.

Signature of Head of Household

Date

Signature of Co-Head

Date

Signature of Adult member

Date

Signature of Adult member

Date

****This form must be signed & returned with your completed application. Failure to sign and return this form will void your application.****



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;
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.

Form HUD-52675

**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: Titusville Housing Authority 217 E. Central Ave., Suite 107 Titusville, PA 16354	I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:
	Signature Printed Name
	Date

Form HUD-52675

**Race and Ethnic Data
Reporting Form****U.S. Department of Housing
and Urban Development**
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member****Date (mm/dd/yyyy):** _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<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: _____
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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.

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

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.

**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. 2577-0249

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.

Titusville Housing Authority

Section 8 Housing Voucher/Public Housing Program

Web site: www.titusvillehousing.com

PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT, LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT.

HOUSEHOLD COMPOSITION: LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME, LISTING HEAD OF HOUSEHOLD FIRST.

ADULTS (LEGAL NAMES)		DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE IF: MARRIED=M WIDOWED=W SEPARATED=S DIVORCED=D
1					YEAR
2					YEAR
3					YEAR
4					YEAR
5					YEAR
CHILDREN (AS ON SOC SEC CARD)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SCHOOL NAME	ABSENT PARENTS NAME	ABSENT PARENTS ADDRESS

IF SEPARATED OR DIVORCED, LIST NAME AND ADDRESS OF SPOUSE/EX-SPOUSE AS FOLLOWS:

NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

SOCIAL SECURITY NUMBER (IF KNOWN)

NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

SOCIAL SECURITY NUMBER (IF KNOWN)

TOTAL HOUSEHOLD INCOME: LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD. THIS INCLUDES MONEY FROM WAGES, SELF-EMPLOYMENT, CHILD SUPPORT, CONTRIBUTIONS, SOCIAL SECURITY, DISABILITY PAYMENTS (SSI), WORKERS COMPENSATION, RETIREMENT BENEFITS, AFDC, VETERANS BENEFITS, RENTAL PROPERTY INCOME, STOCK DIVIDENDS, AND INCOME FROM BANK ACCOUNTS, ALIMONY, AND ALL OTHER SOURCES.

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	AFDC	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	UNEMPLOYEMNT BENEFITS	ALL OTHER INCOME

ASSETS: IF YES TO ANY, LIST THEM BELOW.

DO YOU OR ANY HOUSEHOLD MEMBER OWN OR HAVE ANY INTEREST IN ANY REAL ESTATE, BOAT, AND/OR MOBILE HOME? **YES/NO**

HAVE YOU SOLD ANY REAL ESTATE IN THE LAST 2 YEARS? **YES/NO**

DO YOU OWN ANY STOCKS OR BONDS? **YES/NO**

DO YOU HAVE A SAVINGS AND/OR CHECKING ACCOUNT? **YES/NO**

IF YES, BANK NAME AND ACCOUNT NUMBERS _____

DO YOU OWN A CAR? **YES/NO** IF YES, MODEL/YEAR _____ TAG NUMBER _____

DO YOU OWN A SECOND CAR? **YES/NO** IF YES, MODEL/YEAR _____ TAG NUMBER _____

DOES ANYONE OUTSIDE OF YOUR HOUSEHOLD PAY FOR ANY OF YOUR BILLS OR GIVE YOU MONEY ON AN ONGOING BASIS? **YES/NO** IF YES, _____

HAVE YOU OR ANY OTHER ADULT MEMBERS EVER USED ANY NAME(S) OR SOCIAL SECURITY NUMBER (S) OTHER THAN THE ONE YOU ARE CURRENTLY USING? **YES/NO** IF YES, EXPLAIN _____

HAVE YOU OR ANY MEMBER LIVED IN ANY ASSISTED HOUSING, WHERE YOUR RENT WAS BASED ON YOUR INCOME? **YES/NO** IF YES, LIST WHERE AND WHEN? _____

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC VIOLATIONS? **YES/NO** IF YES, EXPLAIN BLEOW _____

HAVE YOU EVER COMMITTED ANY, FRAUD IN A FEDERALLY ASSISTED HOUSING PROGRAM OR BEEN REQUESTED TO REPAY MONEY FOR KNOWINGLY MISREPRESENTING INFORMATION FOR SUCH HOUSING PROGRAMS? **YES/NO** IF YES, EXPLAIN _____

I HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION REPORTED ABOVE IS TRUE AND ACCURATE. I ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY MEMBER OF THE HOUSEHOLD, AS WELL AS ANY CHANGES IN HOUSEHOLD COMPOSITION MUST BE REPORTED TO THA IN WRITING WITHIN TWO WEEKS OF THE DATE AFTER THE CHANGE OCCURS.

SIGNATURE OF HEAD OF HOUSEHOLD DATE SIGNATURE OF SPOUSE DATE

SIGNATURE OF OTHER ADULT DATE SIGNATURE OF OTHER ADULT DATE

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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 UNITED STATES.