



VILLAGE OF FAIRPORT

FAIRPORT URBAN RENEWAL AGENCY SECTION 8 PROGRAM
31 S. Main Street, Fairport, NY 14450

(T) 585.421.3241 Jennifer Floss, Housing Director
(T) 585.421.3242 Sheila Stockslader, Assistant Housing Director
(F) 585.223.6694

HEAD OF HOUSEHOLD NAME: _____

REQUEST FOR ADDITION TO HOUSEHOLD

I request to add the following person into my Section-8 household:

Name: _____ Date of Birth: _____

Current Address: _____

Current Phone: _____

All Sources of Current Income & Amounts: _____

Relation (spouse/significant other boy/girlfriend; adult child, etc): _____

Does he/she have a criminal record or sex offense conviction? _____ If yes, explain
incident(s) and date(s): _____

- I am including a copy of his/her birth certificate, social security card and picture ID. I am also including current proof of all his/her income and copies of current statements for all asset (bank, IRA, investments, life insurance, etc.) accounts. Also enclosed are the required forms and application for the household to be completed.

- I advised him/her of the program rules.

I understand that I cannot allow this person to occupy the unit until I receive prior approval from Section 8, and that I must also get prior approval from the landlord.

Head of Household's Signature: _____ Date: _____

Fairport Urban Renewal Agency Application for Initial/Continued Assistance

Instructions (Must answer all questions. If not enough room, write on separate piece of paper and attach.)

Please have this application completed, and all relevant documentation collected **PRIOR** to your appointment. The following information is required to re-certify your eligibility for housing assistance with Fairport S8. **Do not leave blanks.** If more space is needed to answer any of the questions, attach a separate sheet with the info.

1. Household Information:

Head of House: Last Name: _____ First Name: _____ SS#: _____ - _____ - _____

DOB: ____/____/____ Address: _____ Zip: _____ Disabled? Y ____ N ____

Phone: _____ E-Mail Address: _____

List all other household members living at the above address.

Name(s)	Sex M/F	DOB	Age	Relationship to Head of House	Lead Level (EIBLL) Diagnosis? (Y/N)	Disabled? (Y/N)
1 _____	____	____/____/____	____	_____	_____	_____
2 _____	____	____/____/____	____	_____	_____	_____
3 _____	____	____/____/____	____	_____	_____	_____
4 _____	____	____/____/____	____	_____	_____	_____
5 _____	____	____/____/____	____	_____	_____	_____

You are required to immediately notify S8 if there is a child under six years of age who is tested and diagnosed with an Environmental Intervention Blood Lead Level (EIBLL) so that S8 can assist in taking corrective action.

☐ Yes ☐ No Is any household member pregnant? (Important due to lead paint regulations.) If yes, list below. Remember to forward the birth certificate & SS card within 30 days of the birth, along with income info on behalf of the child (i.e. child support, change to DSS assistance, SS/SSI etc.).

Name _____ Due Date: _____ Name _____ Due Date: _____

2. Wages and Other Income – MUST LIST AND PROVIDE CURRENT PROOF OF ALL INCOME. The below will be considered a "Tenant Declaration" of accuracy.

Household Member	List <u>ALL</u> Source of Income (Wages full/part/seasonal & tips, business, SS/SSD/SSI, pensions, child support, alimony, job training stipends, private pay/side jobs, DHS Public Assistance, Child Support, help from family/friends/other organizations, asset distributions.	Hourly rate (or monthly amount)	# Hrs/ Week	Overtime Rate	# Hrs/ Week	# Wks/ Year (for seasonal/ school employees

☐ Yes ☐ No Does anyone in the household receive cash / rental assistance from DSS? If yes, provide a current Public Assistance budget sheet.

☐ Yes ☐ No Does anyone in the household receive Food Stamps, if yes provide a current budget sheet.

☐ Yes ☐ No Does anyone in the household receive child support? Provide current proof (printout if through county, written arrangement if private.)

[] Yes [] No Did anyone file taxes? Provide most current tax return & W-2s for each person that filed.
 [] Yes [] No Does anyone in the household, including children, have bank account(s) (checking, savings, Money Markets, CDs) and/or stocks, bonds, mutual funds, life insurance policies, IRAs, etc.? If yes, list each account below and provide a current statement. The below will be considered a "Tenant Declaration" of Accuracy.

Agency/Bank Name	Account Number	Account Type (Checking,Savings,Life,Ira,etc)	Current Value/Balance	Interest Rate	Name on Account

Has anyone disposed of any assets for less than fair market value during the past two years? _____
 If anyone in household owns real estate, provide address & assessed value: _____
 If anyone in household owns any other assets, provide what and value: _____

3. Expenses & Deductions

If you are an elderly/disabled family, you may be able to deduct medical expenses. Provide proof of your out-of-pocket costs (i.e. printout from your doctors and pharmacies showing what you paid out-of-pocket over the past 12 months). If you pay a Medicaid spenddown, you must provide proof from Medicaid of how many times you paid the spenddown, along with proof of any refunds over past 12 mos.

Do you pay for daycare for children under 13? ____ If so, provide current proof of your out of pocket cost & DSS help.

Does anyone in the household 18 years of age and older, other than the head of house or co-head, attend school full time? ____, Where? _____ Provide current proof from the school for possible dependent/other deductions.

4. Other

Is anybody in the household a registered sex offender? _____ Who? _____
 Has anybody been arrested or convicted of a crime? _____ If so, who/what for/when/disposition? _____

5. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact FURA.

6. Certification: By signing the below certification, I certify that each adult member has received and read the Family Obligations.

I certify that the household information provided to S8 in this application on household information, wages, other income, EIBLLs, income, assets, expenses and deductions is accurate and complete to the best of my knowledge and belief. I understand that income information is subject to verification utilizing HUD's Enterprise Income Verification (EIV) system. I understand that giving false information or statements can be grounds for prosecution under federal and state laws. I also understand that giving false statements or information can be grounds for termination of housing assistance, subject to my right to a fair hearing.

Fairport Urban Renewal Agency requires all adult household members to sign this certification.

Head of House	Date	Other family members aged 18 and older	Date
Spouse	Date	Other family members aged 18 and older	Date
Other family members aged 18 and older	Date	Other family members aged 18 and older	Date

DECLARATION OF CITIZENSHIP

November 2, 2022

Tenant ID

PLEASE COMPLETE THIS FORM AND RETURN TO:

Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call at to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

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)

November 2, 2022

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 the 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(1)(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

Document ID: _____

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.

Authorization for the Release of Information

Tenant ID

HA requesting release of information:

11/2/2022

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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	
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
Other Family Member over age 18	Date

Document ID:

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 this form is restricted to the purposes cited above. 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.

CRIMINAL RECORD FORM

To be completed by each household member 18 and older

Name: _____ DOB: _____

Address: _____ Phone: _____

Have you been arrested, charged or convicted of a crime? ____ Yes ____ No If Yes, complete:

1) Date: _____ Charge: _____

City occurred: _____ County: _____ State: _____

Outcome (conviction,probation,dismissal,etc): _____

2) Date: _____ Charge: _____

City occurred: _____ County: _____ State: _____

Outcome (conviction,probation,dismissal,etc): _____

3) Date: _____ Charge: _____

City occurred: _____ County: _____ State: _____

Outcome (conviction,probation,dismissal,etc): _____

If you need more space, write on separate piece of paper and attach.

I assert that the above information is complete and accurate.

Signature: _____ Date: _____

CRIMINAL RECORD FORM

To be completed by each household member 18 and older

Name: _____ DOB: _____

Address: _____ Phone: _____

Have you been arrested, charged or convicted of a crime? ____ Yes ____ No If Yes, complete:

1) Date: _____ Charge: _____

City occurred: _____ County: _____ State: _____

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Outcome (conviction,probation,dismissal,etc): _____

3) Date: _____ Charge: _____

City occurred: _____ County: _____ State: _____

Outcome (conviction,probation,dismissal,etc): _____

If you need more space, write on separate piece of paper and attach.

I assert that the above information is complete and accurate.

Signature: _____ Date: _____



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name



VILLAGE OF FAIRPORT

FAIRPORT URBAN RENEWAL AGENCY SECTION 8 PROGRAM
31 S. Main Street, Fairport, NY 14450

(T) 585.421.3241 Jennifer Floss, Housing Director
(T) 585.421.3242 Sheila Stockslader, Assistant Housing Director
(F) 585.223.6694

1. By signing below I certify that I have received a copy of the Fairport Urban Renewal Agency's Section 8 Family Requirements. I understand that if I violate the terms of my lease or the Family Requirements my eligibility may be terminated. I would have the opportunity to request a fair hearing if my eligibility is terminated. I have read and agree to abide by the terms and conditions of the policies provided to me.
2. By signing below, I certify that each adult member has received and read the Notice of Occupancy Rights under the Violence Against Women Act provided to me by Fairport Urban Renewal Agency.

Head of House	Date	Other family members over age 18	Date
Spouse	Date	Other family members over age 18	Date
Other family members over age 18	Date	Other family members over age 18	Date
Other family members over age 18	Date	Other family members over age 18	Date
Other family members over age 18	Date	Other family members over age 18	Date

Fairport Urban Renewal Agency (FURA)
Notice of Occupancy Rights under the Violence Against Women Act

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. This notice explains your rights under VAWA. The certification form attached to this notice can be filled out to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

Protections for Applicants

If you otherwise qualify for assistance under FURA you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under FURA, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under FURA solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

When a member of the household engages in criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking, the owner may remove the abuser or perpetrator from the lease (i.e., bifurcate the lease) without affecting the occupancy rights of the victim.

Any bifurcation must be carried out in accordance with any requirements or procedures required by Federal, State, or local law for termination of assistance in leases and in accordance with the requirements of the applicable housing program.

If the owner removes the abuser or perpetrator through bifurcation, and that person was the sole tenant to have established eligibility for assistance under the program, the owner must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

Before bifurcating a lease, an owner may, but is not required to, ask the tenant for documentation or certification of the incidence of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, FURA may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, FURA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, FURA may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA (HUD Form 5383).

Qualifying criteria

You are a victim of domestic violence, dating violence, sexual assault, or stalking, you expressly request the emergency transfer, you reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit or you are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.

FURA will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families. FURA's emergency transfer plan provides further information on emergency transfers, and FURA must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

FURA may ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from FURA must be in writing, and FURA must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. FURA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to FURA as documentation.

- A completed certification form (attached HUD form 5382) that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

If you fail or refuse to provide one of these documents within the 14 business days, FURA does not have to provide you with the protections contained in this notice.

If FURA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), FURA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, FURA does not have to provide you with the protections contained in this notice.

Confidentiality

FURA must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

FURA must not allow any individual administering assistance or other services on behalf of FURA (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

FURA must not enter your information into any shared database or disclose your information to any other entity or individual. FURA, however, may disclose the information provided if:

- You give written permission to FURA to release the information on a time limited basis.
- FURA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires FURA or your landlord to release the information.

VAWA does not limit FURA's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, FURA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who are not eligible for tenancy rights under VAWA.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if FURA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that would occur within an immediate time frame, and could result in death or serious bodily harm to other tenants or those who work on the property.

If FURA can demonstrate the above, FURA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the Buffalo HUD Offices.

For Additional Information

FURA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

Resources

- National Domestic Violence Hotline at 1-800-799-7233 or 1-800-787-3224 (TTY).
- National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.
- New York State 24-Hour Domestic & Sexual Violence Hotlines: English (800) 942-6906, Spanish (800) 942-6908
- Willow Domestic Violence Center: 24-hr Hotline (585) 222-SAFE
- Lifespan NY Elder Abuse Coalition: 1-866-454-5110
- Alternatives for Battered Women: (585) 232-7353
- Monroe County's Victim's Assistance: (585) 753-4389
- Resolve of Greater Rochester: (585) 425 1580
- RPD Victim Assistance: (585) 428-6630
- Catholic Family Center: (585) 546-7220
- The Legal Aid Society of Rochester, NY: (585) 232-4090
- Safe Journey: (585) 425-1580

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The 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. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

IMPORTANT SECTION 8 FAMILY REQUIREMENTS

(Adapted from 24 CFR 982.551 *Obligation of participant and FURA's Admin Plan*)

Failure to follow the Family Requirements may result in termination and/or repayment of debt owed to this agency.

The family must:

- Report all income and other changes within 30 days of the change. The report must be in writing, and include proof. Changes must be received by the fifteenth to be in effect for the following month. If not, the change is the month after. Income changes less than a month in duration are not eligible for a change.
- Allow only those pre-approved by Section-8 to reside in the assisted unit. Visitors may remain in an assisted unit no more than a total of 14 days per year.
- Request landlord and Section-8 approval before allowing additions to the household. The family must contact Section-8 with the birth certificate, Social Security card, picture ID, income and assets of the person you wish to add **PRIOR TO THE MOVE IN** so staff can check criminal record and determine eligibility.
- Report with proof within 30 days of the birth, adoption, or court-awarded custody of a child. **Proof** is the birth certificate and Social Security card, and if applicable, court papers showing custody or guardianship. A notarized statement from the parent(s) is not permitted.
- Report within 30 days when a family member moves out, with proof of new residence.
- Keep scheduled appointments with staff, and allow inspections to be performed.
- Pay your entire portion of rent on time each month. Good-cause evictions and judgments granted by the court will result in termination of assistance.
- Reside in your current unit under Section-8 contract one full year before requesting to move.
- Give Section-8 and your landlord at least one full calendar month before moving out. You must attend a moving appointment and follow the procedure in order to move with your subsidy.
- Provide all documentation requested by Section-8 at any time. You must complete the annual application and recertification process, and report income and assets accurately for each household member, including children. All information must be true and accurate.

The family must not:

- Commit serious or repeated violations of the lease.
- Allow utilities that are the family's responsibility to be shut off for non-payment. The bills must be in the tenant's name (or a pre-approved alternate person) and must be paid. If utilities are shut off for non-payment, and service is not reinstated within 24 hours, the family will have caused the unit to fail Housing Quality Standards, and assistance will be terminated.
- Do not engage in any threatening or abusive behavior towards personnel.
- Engage in violent criminal or drug-related activity or allow others to do so in or near your unit. Police, landlord-provided, or any other credible reports received will result in termination of assistance.
- Engage in, or allow others to engage in the abuse of alcohol that threatens the health, safety or right to peaceful enjoyment of those living around you.
- Allow family, friends or guests to damage the unit. You are responsible for their actions while they are in your unit. Any damages that occur are your responsibility.
- Commit fraud, bribery or any other corrupt or criminal act in connection with the program.

I acknowledge that I have received this notice and that I will follow the Family Requirements to avoid consequences that include a debt to the program and/or termination of assistance.

Signature Head of Household:_____Date:_____

Signature Other Household Member 18+_____Date:_____

Signature Other Household Member 18+_____Date:_____

Signature Other Household Member 18+_____Date:_____