

Emergency Housing Voucher Program (EHV)

Application and Documentation Checklist

- Referral and Application Packet
 - Referral Request
 - Applicant Participation Agreement and Consent Form
 - Homeless Certification
 - One for each household member 18 or older
 - Needs Assessment
 - Application for Eligibility—Intake
 - Program Addendum to the Family Obligations
 - Supplement to Application for Federally Assisted Housing
 - Authorization for Release of Information
 - Addendum to the Authorization for the Release of Information
 - Declaration of Citizenship or Non-Citizenship
 - Debts Owed to Public Housing Agencies and Terminations
 - One for each household member 18 or older
 - Request for Criminal History Record Information
 - One for each household member 18 or older
 - Disclosure of Information for Elevated Blood Lead Levels
 - Verification Documents Checklist
- Supporting Documentation
 - Social Security cards for all household members, including children
 - Birth certificates for all household members
 - Government issued photo ID for all household members 18 years and older
 - Proof of eligible immigration status on all non-citizens
 - Verification of income for all household members that receive income
 - In the absence of supporting documentation, CHA will accept self-certification
 - If client has no income, they will need to complete zero income affidavit and questionnaire
 - Verification of assets

*If vital documents are not readily available, the referral and application can still be submitted, but the voucher will not be issued until the outstanding documentation needs are resolved.

Housing Transition Skills Assessment

INSTRUCTIONS

The attached serves as the Housing Transition Skills Assessment. The Housing Transition Skills Assessment is designed to assess clients in Permanent Supportive Housing and Rapid Re-Housing and their ability to achieve housing stability with reduced or nonexistent supportive services. For the purposes of connecting clients to CHA Vouchers, this assessment will be utilized to gain an understanding of the client's ability to achieve housing stability through services in the community or nonexistent supportive services after exiting from their housing program.

The form should be completed by the case manager with the client. This assessment should be used as a guide to have a detailed discussion of the client's ability and interest in moving to a different type of unit, building, or neighborhood, if applicable, and awareness of independent living transition from supportive services to mainstream community resources. In addition, conversations should include the strength of the client's access to community resources, community connections for ongoing supportive services as needed, and ability to meet the occupancy requirements of the CHA. This is meant to be a conversation and will be most successful as a discussion with the client. Therefore, the Chicago Continuum of Care (CoC) does not recommend reading the assessment word for word to the client.

SUBMISSION

Completed forms should be uploaded in the Client Profile in HMIS along with the EHV referral and application packet and other supporting documents.

Housing Transition Skills Assessment

Basic Client Information	
Date of Assessment	
Client Name	
Client Address, Phone, Email	
Current Permanent Supportive Housing Provider/ Current Rapid Re-Housing Provider:	
Case Manager Name and Contact information	
Date moved into PSH/ RRH program	
Number of months living in Permanent Supportive Housing or receiving Rapid Re-Housing Services	
Is the client in a scattered-site apartment or a project-based building? RRH: N/A Scattered Site	
Score on Housing Transition Skills Assessment	<ul style="list-style-type: none"> • Financial Stability and Obligation Score: • Housing Score: • Health Score • Supportive Services & Mainstream Resources Score: • Total Score:
<p>Please answer Yes by circling Y or No by circling N for the following questions.</p> <p><i>These responses will be used to ensure appropriate placement and not as criterial to deny housing.</i></p>	<ul style="list-style-type: none"> • Does the client have eviction on record? Y / N • Has the client been convicted of arson? Y / N • Is the client a lifetime registered sex-offender Y / N • Has the client been convicted of manufacturing meth? Y / N • Will the client be able to get utilities in their name? Y / N • Will the client require a deposit for utilities? Y / N • Does the client expect any change in income or benefits? Y / N

Housing Transition Skills Assessment

Financial Stability and Obligation		Please score 1 point for Yes in Questions 1 and 2. Please score 1 point for No in Question 3.				
Income	Yes/No	Financial Understanding	Yes/No	Current Debt and Financial Obligation	Yes/No	Client Score
1. Has the Client received benefits or been employed for at least 6 months?		2. Does the Client have a clear understanding of current financial and debt matters?		3. Does the Client have significant debt that would require over 50% of their income or debt that is unmanageable?		
				Financial Stability and Obligation <i>Total possible points: 3</i>		

Housing

	Score 0	Score: 1	Score: 2	Score: 3	Client Score
Current Lease	Client has not held a lease for past 12 months	Client is lease holder, has maintained lease 12-18 months	Client is lease holder, has maintained lease 18-36 months	Client is lease holder, has maintained lease for over 3 years (36+ months)	
Rent Payment	Client has not paid rent for last 6 months or has only paid on-time 1-3 times in last 12 months	Client has paid rent on-time at least 4-6 times in last 12 months	Client has paid rent on-time at least 6-8 times in last 12 months	Client has paid rent on-time 8-12 times in the last 12 months	
Utility Bills	Client has only paid bills on-time 1-3 times in last 12 months	Client has paid bills on-time at least 4-6 times in last 12 months	Client has paid bills on-time at least 6-8 times in the last 12 months	Client has paid bills on-time at least 8-12 times in the past 12 months (or utilities are included in clients' rent)	
Outstanding Rent Arrears	Client has outstanding rent arrears and is not willing to set up payment plan	Client more than 6 months in current rent arrears and has set up a payment plan or applied for resources	Client has less than 3 months in current rent arrears and is current on payment plans	Client has no current arrears and does not have a current payment plan for past bills	

Housing Transition Skills Assessment

Housing (cont...)

	Score: 0	Score: 1	Score: 2	Score: 3	Client Score
Outstanding Utility and other bills	Client has outstanding utility arrears and is not willing to set up payment plan	Client has less than \$1000 in current utility arrears and has set up a payment plan or applied for resources	Client has less than \$500 in current utility arrears and is current on payment plans	Client has no current arrears and does not have a current payment plan for past bills	
Safe Living Environment	Client has had over 5 contacts with police and/or landlord complaints in past 6 months regarding disruptive activities in the unit	Client has had 3-5 contacts with police and/or landlord complaints in past 6 months regarding disruptive activities in the unit	Client has had over 1-2 contacts with police and/or landlord complaints in past 6 months regarding disruptive activities in the unit	Client has not had any police visits or landlord complaints regarding disruptive activities in unit	
Housing Stability	Client has been in a supportive housing program less than 12 months	Client has been in a supportive housing program for 12-24 months	Client has been in a supportive housing program for 24-36 months	Client has been in a supportive housing program for over 36 months	
Past Evictions	Prior to PSH/RRH, client had over 6 evictions	Prior to PSH/RRH, client had 3-5 evictions	Prior to PSH/RRH, client had 1-3 evictions	Prior to PSH/RRH, client had no evictions	
Housing Subtotal Score Total <i>possible points: 24</i>					
Comments:					

Housing Transition Skills Assessment

Health					
	Score: 0	Score: 1	Score: 2	Score: 3	Client Score
Mental Health Care/Harm Reduction Goals Use	Client is unable to keep mental health care appointments on a regular basis OR has sustained recovery and Harm Reduction behaviors for 3 months	Client was able to keep mental health care appointments on a regular basis for the past 6 months OR has sustained recovery and Harm Reduction behaviors for 6 months	Client was able to keep mental health care appointments on a regular basis for the past 12 months OR has sustained recovery and Harm Reduction behaviors for 12 months	Client was able to keep mental health care appointments on a regular basis for the past 3 months OR has no diagnosed mental illness OR has sustained recovery and Harm Reduction behaviors for +24 months	
Health Subtotal Score <i>Total possible points: 3</i>					
Comments:					

Supportive Services & Mainstream Resources

	Score: 0	Score: 1	Score: 2	Score: 3	Client Score
Connection to Mainstream and Primary Health Care	If applicable, Client is not connected to any mainstream agencies and client has not had contact with primary health care provider in past 12 months	If applicable, Client is newly connected to mainstream MH and primary health	If applicable, Client has been connected to mainstream providers for past 3-6 months	If applicable, Client is connected to mainstream providers and has a primary healthcare provider and keeps appointments as needed	
Connection to Community Supports	Client has no community supports outside of PSH project	Client has limited community supports and is not interested in attaining others	Client has adequate community supports in neighborhood OR Client has limited community supports and is interested in attaining new ones.	Client seeks out community supports and has many connections including specialized services	
Service Utilization	Client has outstanding service needs and does not utilize current supportive services	Client has expressed interest in supportive services but has not followed up with case manager	Client utilizes some supportive services offered, and is able to maintain housing stability	Client utilizes supportive services offered, and seeks services when needed	
Clinical Crisis Intervention	Client has required over 5 clinical crisis interventions in the past 12 months	Client required 3-5 clinical crisis interventions in the past 12 months	Client required clinical crisis intervention in the past 12 months, and worked quickly with case manager to identify needs and help	Client has not required clinical crisis intervention in the past 12 months	
Client has the skills necessary to maintain housing stability	Based on their current tenancy, client does not have the skills necessary to maintain household stability	Based on their current tenancy, client would need significant support to maintain their household stability	Based on their current tenancy, client would need some services support to maintain their household stability (more than general follow-up services)	Based on their current tenancy, client has the skills necessary to maintain housing stability and would need general follow-up services	

Supportive Services & Mainstream Resources Subtotal
Score *Total possible points: 15*

Comments:

Additional Comments:

Scoring Recommendations:

Permanent Supportive Housing: Ideally, clients should not be scoring less than a 2 or 3 in any category to be considered a good fit for Moving On.

Rapid Re-Housing: If client's total score is below 27, consider eligibility for a PSH transfer or what additional supports the household will need to maintain stability in the EHV program.

Please include any additional comments on the assessment answers, the client's housing & income stability, and any other considerations. You may attach additional forms or information as needed.



Chicago Housing Authority
60 E. Van Buren
Chicago, IL 60605

REFERRAL REQUEST FOR ISSUANCE OF A EMERGENCY HOUSING VOUCHER

This request is in accordance with the CHA Leaseholder Housing Choice and Relocation Rights Contract, and the Admissions and Continued Occupancy Policy.

Referring Division and Department

Date

Please print all requested resident information.

First & Last Name

Resident ID#

Date of Birth

Social Security #

Name of Current/Previous Development

Current Address and Apt #, City, State and Zip Code

()

()

()

Home Telephone Number

Cell Number

Other Number

Current Bedroom Size: _____

Family Members: _____

Three horizontal lines for additional family member information.

Is it your goal to lease in place?

() Yes () No

Requestors Name (Print)

Title

Telephone Number

Requestors Name (Signature)

Telephone Number

Date

Manager/Director Authorized Signature

Date

**Emergency Housing Voucher Program
Applicant Participation Agreement and Consent Form**

Thank you for applying to the Emergency Housing Voucher Program Demonstration. This is the consent form for the Emergency Housing Voucher Program Demonstration. This form gives you information about the program. You will be asked to sign a copy of the consent form. You will also receive a signed copy of this form.

The Emergency Housing Voucher Program is an opportunity for Chicago to address the continued impact of the -COVID-19 pandemic on the economy, public health, State and local governments, individuals, and businesses enacted by the federal department of Housing & Urban Development.

This goal of this program is to support all qualified participants in receiving an Emergency Housing Voucher. It is important to know that completion of this form and program application, does not guarantee housing placement. Your participation in the Emergency Housing Voucher Program Demonstration means:

- You will be screened by the Continuum of Care and the Chicago Housing Authority for program eligibility.
- If you move out of your current unit, you will not be able to return to that unit. You will need to re-apply within the Continuum of Care.
- You can withdraw from the Emergency Housing Voucher Program Demonstration at any time during the process.
- You have the right to ask for reasonable accommodations from the Emergency Housing Voucher Program Demonstration at any time, including materials in large print and interpreter services, extension of time allotted for documentation, disruptive communication about interviews and briefings, etc.

If you are chosen to participate in the Emergency Housing Voucher Program Pilot, you will be asked to:

- Complete the paperwork needed to receive a CHA Emergency Housing Voucher Program.
- Attend the CHA orientation and meetings.
- Engage with the CoC's Navigation Team if you need support in accessing documentation, transportation to and from CHA appointments, housing search assistance as well as any furniture or unit needs related to utilization of the Emergency Housing Voucher.
- Attend the Housing Choice Partners orientation, if you need mobility assistance.
- Move into a new unit only after you have signed a lease with a landlord.
- Pay your portion of rent to the landlord.
- Respond to follow-up calls or visits from your case managers during the Program follow-up and reporting period.

By signing below, you give permission to the following agencies to talk about your progress in the pilot:

- CSH
- Chicago Housing Authority

- COC Providers Agencies

The information that you tell us during the assessment and program will be stored in a secure database. All of your information will be kept secure. At any time, you can request that your information be removed from the database. Applicants can complete a Withdrawal form if they want to withdraw from the Demonstration. You can contact your Case Manager or Johnna Lowe at 312.332.6690 x2817 to withdraw from the pilot.

Participant Name (Printed) Date Case Manager Name (Printed) Date

Participant Signature Date Case Manager Signature Date



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Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

HOMELESS CERTIFICATION — EMERGENCY HOUSING VOUCHER

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Date: _____

Applicant Name: _____

[] Household without dependent children (complete one form for each adult member of the household)

[] Household with dependent children (complete one form for household)

Number of persons in the household: _____

Please check one of the following living situations and provide the relevant information for that section only:

[] Place not meant for human habitation (e.g., car, park, abandoned building, street/sidewalk)
The individual(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport or campground.

Description of current living situation:

Homeless Street Outreach Program Name: _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation (e.g., street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites).

[] Emergency Shelter
The individual(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: _____

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g., newly established Emergency Shelter).

[] Recently Homeless
The individual(s) named above is/are currently receiving financial and supportive services for persons who are homeless. Loss of such assistance would result in a return to homelessness (e.g., Households in Rapid Rehousing Programs, residents of Permanent Supportive Housing Programs participating in Moving On, etc.).

Authorized Agency Representative Signature: _____



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This referring agency must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory.

Immediately prior to entering the household's current living situation, the individual(s) named above was/were residing in:

- An Emergency Shelter A Place Unfit for Human Habitation

By signing below, I certify that the above referenced individual or household meets the criteria based on the living situation noted. In addition, I certify that the information provided on this form is true and correct to the best of my knowledge and recollection. 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.

Name of Authorized Agency

Telephone Number

Authorized Agency Representative Name (Print)

Email Address

Signature of Authorized Agency Representative

Date



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NEEDS ASSESSMENT – EMERGENCY HOUSING VOUCHER

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Date: _____

First Name: _____ Last Name: _____

Referral Number: _____

Note: This form should be completed by the applicant and a representative from the Continuum of Care.

The above referenced individual has been issued an Emergency Housing Voucher (EHV) through the Chicago Housing Authority’s Housing Choice Voucher (HCV) Program, provided by funding received through the American Rescue Plan Act of 2021.

In addition to housing subsidy, EHV funds may be used for any of the following services, paid directly to the service provider or reimbursed to the applicant (*proof of payment required*).

Based on individual need, please rank the following in order of highest priority (1 = highest; 6 = lowest).

- _____ Application Fee
- _____ Essential Household Items (e.g., Furniture)
- _____ Housing Search Assistance
- _____ Moving Expenses (e.g., Moving Truck Rental)
- _____ Security Deposit/Move-In Fee
- _____ Utility Deposit or Utility Arrears

Please be advised that in order to be eligible for the above funding, participation in services provided by the housing locator agency is required. In addition, not all services can be provided for each applicant. Therefore, depending on the final cost, CHA will provide financial assistance for one or more of the items listed above.

Signature of Applicant *Date*

Continuum of Care Representative Name (Print) *Telephone Number*

Signature of Continuum of Care Representative *Date*



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APPLICATION FOR ELIGIBILITY – INTAKE

If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Date: _____ Voucher #: _____

First Name: _____ Last Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

I. FAMILY COMPOSITION: List head of household first followed by the names of ALL persons who will live in the unit during the next 12 months where this will be their primary residence.

Note: For "Relation", please provide if you are the head of household's spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide or other adult. Also, use one of the following to designate your "Race": Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander or White.

1. Head of Household								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
								HEAD
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number		Alien Registration Number	
Is English your native language? Yes <input type="checkbox"/> No <input type="checkbox"/>		What is the primary language that you speak, read, and write?				Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If member is under 18, or over 18 and is a full-time student, list school name and address:								

2. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number		Alien Registration Number	
Is English your native language? Yes <input type="checkbox"/> No <input type="checkbox"/>		What is the primary language that you speak, read, and write?				Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If member is under 18, or over 18 and is a full-time student, list school name and address:								

3. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number		Alien Registration Number	
Is English your native language? Yes <input type="checkbox"/> No <input type="checkbox"/>		What is the primary language that you speak, read, and write?				Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If member is under 18, or over 18 and is a full-time student, list school name and address:								

4. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number	
Is English your native language? Yes <input type="checkbox"/> No <input type="checkbox"/>		What is the primary language that you speak, read, and write?			Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If member is under 18, or over 18 and is a full-time student, list school name and address:							

5. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number	
Is English your native language? Yes <input type="checkbox"/> No <input type="checkbox"/>		What is the primary language that you speak, read, and write?			Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If member is under 18, or over 18 and is a full-time student, list school name and address:							

6. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number	
Is English your native language? Yes <input type="checkbox"/> No <input type="checkbox"/>		What is the primary language that you speak, read, and write?			Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If member is under 18, or over 18 and is a full-time student, list school name and address:							

7. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number	
Is English your native language? Yes <input type="checkbox"/> No <input type="checkbox"/>		What is the primary language that you speak, read, and write?			Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If member is under 18, or over 18 and is a full-time student, list school name and address:							

8. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number	
Is English your native language? Yes <input type="checkbox"/> No <input type="checkbox"/>		What is the primary language that you speak, read, and write?			Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If member is under 18, or over 18 and is a full-time student, list school name and address:							

Please use the back of this form to provide additional household member information.



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Application for Eligibility – Intake; Page 3

II. ADDITIONAL HOUSEHOLD INFORMATION

A. Indicate if any of the adult household members have ever used a different first or last name(s):

Current Name	Previous Name
_____	_____

B. Do you have a child under the age of six who has an elevated blood lead level? Yes No
 If yes, please make sure to bring the test results to your appointment.

C. Has your family composition changed since your original application to the waiting list? Yes No
 If yes, please explain:

D. Do you expect any changes of family composition in the next 12 months? Yes No
 If yes, who will you request to add?

E. Do you currently have any children who are temporarily placed out of your home? Yes No
 If yes, list the name(s) of the child(ren):

F. Do you have temporary custody of or are you a foster parent to any household member 17 years of age or younger? Yes No
 If yes, list the name(s) of the household member(s):

G. Will you be renting from a family member? Yes No
 If yes, do you have the required documentation needed for approval to live in this unit? Yes No

EMERGENCY REFERENCES: List two relatives, friends, advocates, counselors or organizations.

Name	Organization	Relationship	Address	Telephone Number

III. INCOME INFORMATION

Family Obligation – The U.S. Department of Housing and Urban Development (HUD) allows CHA access to its Enterprise Income Verification (EIV) System, which provides CHA with income data for all voucher holders in Chicago, whether you report it here or not. If you fail to report all household income, you may lose your voucher.

Does any household member have income (such as those listed below)? If yes, check the appropriate box(es).

- Wages, salaries, overtime or tips from employment
- Net business income from self-employment (including net income from rental property)
- Social Security, annuities, insurance policies, retirement funds, pension or veterans/disability/death benefits



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Application for Eligibility – Intake; Page 4

- Unemployment and disability compensation, worker’s compensation and severance pay
- Regular contributions or gifts received from organizations or persons not residing in the dwelling
- Armed Forces pay
- Student financial assistance that is more than tuition – not including any type of loan
- Welfare assistance (Food Stamps, TANF) – Public Aid Account Number: _____
- Alimony and child support payments – Docket Number for Child Support Case(s): _____

If yes, indicate the type, source and amount of income for each household member in the spaces below:

Household Member Name	Type of Income	Name and Full Address of Income Source	Phone Number	Annual Income	Frequency of Pay

IV. ASSETS

Does a household member have any assets (such as those listed below)? If yes, check the appropriate box(es).

- No Assets
- No Assets in excess of \$50,000
- Bank Account (checking or savings)
- Investment Account (stocks, bonds, savings certificates or money market funds)
- Trust Fund
- Retirement Account (IRA, 401k, 403b or Keogh)
- Pension Fund
- Assets owned by more than one person
- Lump Sum Payments (inheritance, lottery winnings, insurance claims)
- Universal or Whole Life Insurance
- Assets disposed of for less than fair market value

Do you own or have partial ownership or partnership in a home or real estate? Yes No

If yes, provide the following:

Full address of the property: _____

Appraised value (within the last year): \$_____ Annual amount of the most recent tax bill: \$_____

Principal amount owed on mortgage or home equity loans: \$_____

Do you collect rent on this property? Yes No If yes, amount: \$_____ per _____



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Application for Eligibility – Intake; Page 5

Do you have monthly expenses related to this rental activity? Yes No If yes, amount: \$ _____

Note: Participants in the HCV Program may not use their voucher to occupy a unit and receive assistance if they own the unit. **No exceptions.**

Indicate all asset information for each household member in the spaces below:

Household Member Name	Type of Account	Account #	Cash Value*	Annual Income or APR**	Bank/Company Name and Full Address	Bank/Company Phone Number

*Cash value is the market value of an asset or property minus the cost of converting it to cash
**APR is the annual percentage interest or dividend rate

V. EXPENSES

Childcare:

Do you have childcare expenses for a child under the age of 13? Yes No

If yes, provide the following information:

Provider Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ ZIP: _____

How much do you pay/co-pay per year? \$ _____

Does this childcare allow someone in the household to go to work/school or look for work? Yes No

Child Support:

Does any adult household member pay child support? Yes No

If yes, how much is paid per month (total amount from all adult household members)? \$ _____

Disability Assistance:

Do you pay for a care attendant or equipment for a household member with disabilities? Yes No

If yes, provide the following information:

Care Attendant Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ ZIP: _____

Specify the equipment that is used: _____

What is the cost per year? Care Attendant: \$ _____ Equipment: \$ _____



Este documento se puede traducir.
 Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

Does this expense allow the person with disabilities or someone in the home to work? Yes No

If yes, list the name(s) of the household member(s):

Medical:

Complete this section **only** if head of household, co-head, spouse or domestic partner is disabled or 62 years of age or older. **If not, skip to section VI. CURRENT HOUSING STATUS.**

Do you have expenses (such as those listed below) for the eligible household member(s)? Yes No

- Doctors or healthcare provider fees
- Medicare, medical/dental insurance premiums
- Transportation to treatment costs
- Dental, eye and hearing aid expenses
- Live-in/periodic assistance costs
- Accumulated medical bills
- Medicines

List the medical expenses for each household member in the spaces below:

Household Member Name	Type of Expense	Provider Name and Address	Provider Phone	Annual Expense

VI. CURRENT HOUSING STATUS

Are you currently living in a car, on the street, or another place not meant for human habitation? Yes No

Are you currently living in an emergency shelter, transitional housing, Safe Haven, or a hotel/motel paid for by a charitable organization or federal, state or local government program for low-income individuals? Yes No

Do you exist in an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less? Yes No

If so, were you living in an emergency shelter or place not meant for human habitation immediately before entering that institution? Yes No

Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made you afraid to return to your primary nighttime residence? Yes No

If yes, do you currently have nowhere else to live and also lack the resources or support networks, including family, friends, faith-based, or other social networks, to obtain other permanent housing? Yes No

VII. PARTICIPATION IN PREVIOUS HOUSING ASSISTANCE

Are you or any other member(s) of your household currently or have you ever participated in any of the following housing assistance programs?

Housing Choice Voucher (HCV) Program (previously Section 8) Yes No

Public Housing Yes No



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Application for Eligibility – Intake; Page 7

- Moderate Rehabilitation (MOD Rehab) Yes No
- Section 23 Yes No
- HUD Homeownership Program Yes No
- Project-Based Voucher Program Yes No
- Other Rental Assistance Program Yes No

VIII. HARDSHIP EXEMPTION *(you may be entitled to receive a hardship exemption if you cannot afford the minimum rent)*

The minimum rent you will pay monthly is \$75. If you currently pay \$75 or less to the property owner each month and are unable to pay it, you can request a hardship exemption. Under Chapter 6-II.B. of the CHA Administrative Plan, CHA will grant a hardship exemption upon receipt of appropriate documentation in any one of the following situations:

- You lost your federal, state or local assistance, or you are waiting for a decision about receiving federal, state or local assistance
- You would be evicted because you cannot pay the minimum rent
- You have lost some of your income because of changed family circumstances, including the loss of a job
- You have a financial hardship due to a death in the family

Do you currently pay the minimum rent and meet any of the above categories? Yes No

If yes, ask your housing specialist now for a Hardship Exemption form, which should be completed and submitted to your housing specialist immediately.

IX. CERTIFICATION STATEMENT

I/We certify the following:

1. Each household member 18 years and older has read and signed the Authorization for Release of Information/Privacy Act Notice and Addendum and understands that a) it gives CHA access to government sources of income information such as HUD's EIV and b) CHA will use that information to calculate household income and rent.
2. I/We understand and agree that no member of the household/family composition is/or will be a lifetime registered sex offender.
3. I/We have read and signed the Housing Choice Voucher Program Voucher and Addendum.
4. I/We have read the above Hardship Exemption notice and understand that I/we can request a minimum rent exemption from CHA.
5. The information given to CHA regarding household composition, income, allowances and deductions is accurate and complete to the best of my/our knowledge and belief.
6. I/We understand that any family composition changes may result in a change in my/our household's voucher size.
7. I/We understand that false statements or information are punishable under federal law and are grounds for termination of housing assistance.



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Application for Eligibility – Intake; Page 8

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Signature of Other Adult Member: _____ Date: _____

Signature of Other Adult Member: _____ Date: _____

Signature of Other Adult Member: _____ Date: _____

Housing Discrimination: CHA and federal law prohibit housing discrimination based on race, color, religion, sex, national origin, age, familial status or disability. If you believe you have been denied housing based on any of those factors, you may call the Office of Fair Housing and Equal Opportunity at 800-669-9777 or CHA Fair Housing at 312-913-7062.

Confidentially Statement: The information provided on this form is confidential and will **not** be disclosed to anyone except as permitted by the HCV Program family or applicable law.

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a property owner may be subject to penalties that include fines and/or imprisonment.

Chicago Housing Authority
Notice of Occupancy Rights under the Violence Against Women Act¹

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.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the **Chicago Housing Authority, Housing Choice Voucher (HCV) Program** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form 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 the **Chicago Housing Authority, HCV Program**, 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 the **Chicago Housing Authority, HCV Program**, 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 the **Chicago Housing Authority, HCV Program** 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.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Removing the Abuser or Perpetrator from the Household

CHA may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If CHA chooses to remove the abuser or perpetrator, CHA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, CHA 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.

In removing the abuser or perpetrator from the household, CHA must follow Federal, State, and local eviction procedures. In order to divide a lease, CHA may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, CHA 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, CHA 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, the housing provider 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. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

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. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency

transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

CHA 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.

CHA's emergency transfer plan provides further information on emergency transfers, and CHA 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

CHA can, but is not required to, 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 CHA must be in writing, and CHA 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. CHA 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 CHA as documentation. It is your choice which of the following to submit if CHA asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by CHA with this notice, 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. Examples of such records include police reports, protective orders, and restraining orders, among others.
- 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.
- Any other statement or evidence that CHA has agreed to accept.

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

If CHA 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), CHA 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, CHA does not have to provide you with the protections contained in this notice.

Confidentiality

CHA 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.

CHA must not allow any individual administering assistance or other services on behalf of CHA (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.

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

- You give written permission to CHA to release the information on a time limited basis.
- CHA 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 CHA or your landlord to release the information.

VAWA does not limit CHA'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, CHA 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 have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if CHA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If CHA can demonstrate the above, CHA 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 Office of the Inspector General by calling 1-800-544-7139, or the HUD Chicago Regional Office by calling 1-800-955-2232.

For Additional Information

You may view a copy of HUD's final VAWA rule at www.federalregister.gov. Additionally, CHA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please call the CHA Customer Call Center at 312-935-2600.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact the City of Chicago Domestic Violence Help Line at 1-877-863-6338 or, for persons with hearing impairments, 1-877-863-6339 (TTY); or the Chicago Metropolitan Battered Women's Network at 312-527-0730.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault or stalking, you may contact the Chicago Rape Crisis Hotline at 1-888-293-2080; Rape Victim Advocates at 312-443-9603; Community Counseling Centers of Chicago at 773-303-3000; and/or The Chicago Legal Clinic at 312-226-2669.

Attachment: Certification form HUD-5382

**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): _____

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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 _____ 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.



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HOUSING CHOICE VOUCHER (HCV) PROGRAM ADDENDUM TO THE FAMILY OBLIGATIONS

*If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.*

When the family's unit is approved and the Housing Assistance Payment (HAP) Contract is executed, the family must follow the rules listed below in order to continue participating in the Housing Choice Voucher (HCV) Program. The CHA may terminate a family's assistance if the family has failed to comply with any family obligations under the Program listed below, even if not required to do so by HUD.

Any information the family supplies must be true and complete.

The family must:

- 1. Supply any information the CHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status.** The CHA is required by HUD to terminate a family's assistance if they do not meet this obligation. See [24 CFR 982.552\(b\)\(4\)](#) and [24 CFR 5.514\(c\)](#).
- 2. Supply any information the CHA or HUD determine to be necessary for use in administering the Program, including conducting a regularly scheduled re-examination or interim re-examination of family income and composition.** See [24 CFR 982.551\(b\)\(1\)-\(2\)](#).
- 3. Disclose and verify social security numbers.** The CHA is required by HUD to terminate a family's assistance if they do not meet this obligation. See [24 CFR 5.218\(c\)](#).
- 4. Sign and submit consent forms for obtaining information.** The CHA is required by HUD to terminate a family's assistance if they do not meet this obligation. See [24 CFR 982.552\(b\)\(3\)](#). See Chapter 7 for further discussion of consent requirements.
- 5. Supply any information requested by the CHA to verify that the family is living in the unit or information related to family absence from the unit.**
- 6. Notify the CHA in writing within 30 days when the family is away from the unit for an extended period of time in accordance with CHA policies.** Regardless of any notice of absence, if the entire household is absent beyond 90 consecutive days, CHA will consider the unit to be abandoned and will proceed to terminate the family's participation and the Housing Assistance Payments to the owner even if the family continues to pay rent and/or utilities.
- 7. Notify the CHA and the owner in writing at least 30 days before moving out of the unit or terminating the lease.**
- 8. Use the assisted unit for residence only by the family that is listed on the HAP contract and the lease. The unit must be the family's only residence.**
- 9. Notify the CHA in writing within 30 days of the birth, adoption or court-awarded custody of a child.**
- 10. Request CHA's written approval to add any other family member as an occupant of the unit.**
- 11. Notify the CHA in writing within 30 days if any family member no longer lives in the unit.**
- 12. Give the CHA a copy of any owner eviction notice within 30 days of the date the notice is received.**
- 13. Attend informational briefings and required appointments including but not limited to those scheduled to discuss violations of family obligations and allegations of criminal activity in the family's unit, building or neighborhood.**

- 14. Request and obtain CHA approval before adding a live-in aide or foster child/adult to the household.**
- 15. Report all changes in annual income within 30 days if the family has zero income prior to the change.**
- 16. Maintain the assisted unit in accordance with Housing Quality Standards (HQS).** The participant is responsible for keeping the unit in compliance with HQS, including maintaining appliances, paying utility bills and ensuring continuous utility service for any appliances and utilities that the owner is not required to provide under the lease and HAP contract. The participant *is not* responsible for owner-related HQS fail items.
- 17. Allow the CHA and/or owner to inspect the dwelling unit at reasonable times and after reasonable notice, and allow the owner/landlord access to the unit to make repairs.** See [24 CFR 981.551\(d\)](#).
- 18. Continue to meet ongoing eligibility requirements in the case of students.** If a student enrolled at an institution of higher education is under the age of 24, is not a veteran, is not married, does not have dependent children and is not residing with his/her parents in an HCV assisted household, the CHA will terminate the student's assistance if, at the time of re-examination, either the student's income or the income of the student's parents (if applicable) exceeds the applicable income limit. The CHA is required by HUD to terminate a family's assistance if they do not meet this obligation. See [24 CFR 982.552\(b\)\(5\)](#).
- 19. Follow the CHA's policy regarding guests.** A *guest* is defined as a person temporarily staying in the unit with the consent of the head of household or other adult member. A guest may visit a family in an assisted unit for a total of 30 calendar days in a calendar year; however, each visit cannot exceed seven consecutive calendar days. A visit is defined as an overnight stay. Participants may request a time extension to this visitor timeframe. Persons that exceed the time as a guest will be considered an unauthorized occupant and the family will be subject to Program termination. Verification of an unauthorized occupancy can be established through the following:
 - (1) Government issued ID's or reports;
 - (2) Utility Bills for the assisted unit;
 - (3) Property sign-in logs; and/or
 - (4) Other documentation or investigations.

The family (including each family member) must not:

- 1. Own or have any interest in the unit (other than in a cooperative or in the case of a voucher holder participating in the homeownership program).**
- 2. Be evicted due to serious violation of the lease.** The CHA is required by HUD to terminate a family's assistance if they do not meet this obligation. See [24 CFR 982.552\(b\)\(2\)](#). CHA considers a family evicted if the landlord files an eviction action and the court enters an order of possession, even if: 1) a money judgment is not entered concurrently with the order of possession, or 2) the family moves out of the subsidized unit before the order of possession is entered or physically enforced. CHA may consider a family to be evicted if the order of possession is an agreed order. The CHA will not consider a family to be evicted, however, if the order of possession is entered concurrently with a written settlement agreement pursuant to which the family repays all unpaid back rent and rent when due while they remain in possession of the subsidized unit.
- 3. Commit any serious or repeated violation of the lease, even if the violation does not lead to eviction.** Serious or repeated lease violations will include, but not be limited to, nonpayment of rent, disturbance of neighbors, destruction of property, living or housekeeping habits that cause damage to the unit or premises and criminal activity.
- 4. Commit fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program.**

5. **Engage in, or allow guests to engage in, drug-related criminal activity.** See [24 CFR 982.553\(b\)](#).
 - a. *Drug-related criminal activity* is defined by HUD as the illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with intent to manufacture, sell, distribute, or use the drug [[24 CFR 5.100](#)]. This includes the distribution, possession, sale, or use of medical marijuana. *Drug* means a controlled substance as defined in Section 102 of the Controlled Substances Act [21 USC 802] or any other illegal drug, including medical marijuana.
 - b. The CHA may terminate assistance for a family if:
 - i. Any household member or guest, including those who are 17 years of age, is currently engaged in drug-related criminal activity, or has engaged in drug-related criminal activity within the past three years.
 - ii. Any illegal drug use or pattern of illegal drug use by a household member or guests, including those who are 17 years of age, interferes with the health, safety or right to peaceful enjoyment of the premises by other residents.
 - c. The CHA may terminate assistance for drug-related criminal activity by a household member if the CHA determines that the household member has engaged in the activity within the last three years.
6. **Engage in, or allow guests to engage in, violent criminal activity.** See [24 CFR 982.553\(b\)](#).
 - a. *Violent criminal activity* is defined by HUD as any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage [[24 CFR 5.100](#)].
 - b. The CHA may terminate assistance for criminal activity by a household member or guest if the CHA determines that the household member has engaged in the activity within the last three years.
7. **Engage in, or allow guests to engage in, other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.** *Immediate vicinity* means within a one-mile radius of the premises.
8. **Engage in, or allow guests to engage in, behavior that disturbs or threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises. This includes behavior related to the abuse of alcohol.** *Immediate vicinity* means within a one-mile radius of the premises.
9. **Sublease or let the unit, assign the lease or transfer the unit. This includes receiving payment to cover rent or utility cost by a person living in the unit who is not listed as a family member.**
10. **Receive Housing Choice Voucher Program housing assistance while receiving another housing subsidy for the same unit or a different unit under any other federal, state or local housing assistance program.** See [24 CFR 982.551\(n\)](#).
11. **Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.**
12. **Fail to attend two consecutive, scheduled re-examination appointments without CHA approval.**
13. **Receive Housing Choice Voucher Program housing assistance while residing in a unit owned by a spouse, domestic partner, parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the CHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.**



- 14. Threaten or engage in, or allow guests to threaten or engage in, abusive or violent behavior or criminal activity toward CHA personnel or its representatives. See 24 CFR 982.552(c)(1)(ix). CHA personnel include CHA employees or CHA contractors, subcontractors or agents. Abusive or violent behavior towards CHA personnel or agents and contractors includes verbal as well as physical abuse or violence. Use of racial epithets, or other language, written or oral, that is customarily used to intimidate may be considered abusive or violent behavior. Threatening refers to oral or written threats or physical gestures that communicate intent to abuse or commit violence.
15. Possess or use a firearm or aggravated assault weapon in violation of federal, state or local criminal or civil laws. This obligation applies to any household member and/or their guests while on the property or within the immediate vicinity of the property.
16. Be subject to lifetime a requirement to register as a sex offender in any state or territory of the United States.
17. Have committed or be convicted of child molestation.
18. Have committed or be convicted of a drug-related crime for the manufacture or production of methamphetamine on the premises of federally assisted housing. The CHA is required by HUD to terminate a family's assistance if they do not meet this obligation. See 24 CFR 982.553(b)(1)(ii).
19. Have committed or be convicted of arson.
20. Have had any public housing authority (PHA) previously terminate assistance under any federally assisted housing program within the last 3 years. See 24 CFR 982.552(c)(1)(iii). This policy excludes voluntary terminations.
21. Currently owe rent or other amounts to any PHA in connection with the HCV (including PRA and RAD), Moderate Rehabilitation or public housing programs, unless the family currently has a repayment agreement and is complying with its terms. See 24 CFR 982.552(c)(1)(v). This includes, but is not limited to:
a. Failure to reimburse a PHA for amounts the PHA paid to an owner for amounts owed by the family under the lease.
b. Breaching the terms of a repayment agreement entered into with the CHA. See 24 CFR 982.552(c)(1)(vii). See Chapter 14 for further discussion on repayment agreements.

HEAD OF HOUSEHOLD SIGNATURE

Head of Household Signature

Date

Participant's Name

Voucher Number

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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

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.



Este documento se puede traducir.
Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

ADDENDUM TO THE AUTHORIZATION FOR THE
RELEASE OF INFORMATION/PRIVACY ACT NOTICE

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

This addendum to the Authorization for the Release of Information/Privacy Act Notice extends the expiration date of the HUD Form 9886 consistent with Attachment C, Section D.1.c. of the Amended and Restated Moving to Work Agreement, and the Introduction Section of Chapter 11 of the Housing Choice Voucher Program Administrative Plan, which provides that the regular re-examination for each family is completed within a 36-month period. This signed Addendum also broadens the scope of verification permissions and, along with the Authorization for the Release of Information/Privacy Act Notice, authorizes HUD and the Chicago Housing Authority (CHA) to request the following:

- (1) Verification of salary and wages from current or previous employers.
(2) Wage and unemployment compensation claim information from the appropriate state agency.
(3) Certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. Note: The law also requires independent verification of income information. Therefore, HUD or CHA may request information from financial institutions to verify your eligibility and level of benefits.
(4) Verification of childcare expenses for children age 12 and younger (including foster children) that enable a family member to work/attend school and is not reimbursed by an agency or other individual.
(5) Verification of disability assistance expenses incurred to cover care attendants and auxiliary apparatus for any family member who is a person with disabilities that enable an adult household member to work.
(6) Verification from a medical care provider of a family member's disability (as defined by HUD) as well as regular and ongoing anticipated expenses which are not covered by an outside source such as insurance.
(7) Alimony or child support information, including frequency and amounts of payments actually received, from the enforcement agency responsible for keeping that information.
(8) Verification of regular contributions and gifts (monetary or not) from persons outside the family such as rent, utility payments and other cash or non-cash contributions provided on a regular basis.
(9) Student enrollment status and financial assistance information from accredited educational institutions and training providers.
(10) Welfare assistance information from the appropriate state agency, including any adjustments or reductions.

Consent: I consent to allow HUD or CHA to request and obtain personal information as specified above for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that this release waives any privilege or confidentiality existing under federal or state law regarding such information and that CHA, under this consent form, cannot use this information to deny, reduce or terminate assistance without first conducting an independent verification. In addition, I am allowed to contest those determinations.

For your household, this consent form and addendum expires in 39 months from the date signed.

Head of Household Signature Date Social Security Number
Spouse Signature Date Voucher #
Other Adult Household Member Signature Date
Other Adult Household Member Signature Date



Este documento se puede traducir.
Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

DECLARATION OF CITIZENSHIP OR NON-CITIZENSHIP

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Name (Head of Household): _____ Voucher #: _____

Complete this declaration for all members of the household. All adults 18 years of age and over must sign next to their name. Adults responsible for children 17 years of age and younger must sign on their behalf. Check the appropriate box indicating whether the individual is a citizen, non-citizen or is choosing not to declare. At least one member of the household must be a citizen or a non-citizen with eligible status in order for the household to live in housing subsidized under the Housing Choice Voucher (HCV) Program.

Note: Members of the household have the right not to declare their status and still reside in the subsidized unit. However, in these cases, the amount of the subsidy will be prorated, as per U.S. Department of Housing and Urban Development (HUD) regulations.

I hereby declare, under penalty of perjury, that I am:

Family Member Name: _____ Birth Date: _____

[] Citizen [] Eligible Non-Citizen with Immigration Status [] Choose Not to Declare

Signature: _____ Signature Date: _____
(Parent/Guardian Signature Required if Minor under 18)

Family Member Name: _____ Birth Date: _____

[] Citizen [] Eligible Non-Citizen with Immigration Status [] Choose Not to Declare

Signature: _____ Signature Date: _____
(Parent/Guardian Signature Required if Minor under 18)

Family Member Name: _____ Birth Date: _____

[] Citizen [] Eligible Non-Citizen with Immigration Status [] Choose Not to Declare

Signature: _____ Signature Date: _____
(Parent/Guardian Signature Required if Minor under 18)

Family Member Name: _____ Birth Date: _____

[] Citizen [] Eligible Non-Citizen with Immigration Status [] Choose Not to Declare

Signature: _____ Signature Date: _____
(Parent/Guardian Signature Required if Minor under 18)

Family Member Name: _____ Birth Date: _____

[] Citizen [] Eligible Non-Citizen with Immigration Status [] Choose Not to Declare

Signature: _____ Signature Date: _____
(Parent/Guardian Signature Required if Minor under 18)



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 04/30/2023.

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 or such other period consistent with State Law.

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.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name	
Signature	Date				
Printed Name					



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CONSENT FOR CRIMINAL HISTORY RECORD INFORMATION
FOR NON-CRIMINAL JUSTICE PURPOSE
(Type or Print All Information)

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Name (including Maiden Name, if applicable)

(First Name) (Middle Initial) (Last Name) (Maiden Name)

Are you the Head of Household? If not, please list his/her name below:

(Head of Household) (Voucher #)

Address (including ZIP)

(Number) (Street) (Apt. #) (City) (State) (ZIP)

Date of Birth (MM/DD/YYYY) Sex Race Social Security Number

Authority: Title 24 Part 5 Section 903 of the Code of Federal Regulations authorizes any Public Housing Authority that administers the Housing Choice Voucher Program and/or a public housing program to obtain criminal conviction records from a law enforcement agency, defined in Section 902.

Purpose: In signing this consent form, you allow the Chicago Housing Authority (CHA) to request and obtain criminal background/conviction records from law enforcement agencies after you have been pre-qualified for the program.

Use of Information:

- Step two of the initial screening of applicants and determination of continued eligibility for assistance under the Housing Choice Voucher (HCV), Moderate Rehabilitation (MOD Rehab) and Project-Based Voucher (PBV) programs.
Step two of the initial screening of applicants and determination of continued eligibility for assistance under the PBV Program, at the request of the property owner.
Enforcement of leases and eviction of residents by a PBV property owner.

Additional HCV Program Administrative Plan Requirements:

- Prior to granting approval to move to a new unit, whether within or outside of CHA's jurisdiction, CHA will conduct a criminal background check for each family member 18 years of age or older.
Prior to granting approval to a family to port in or out of its jurisdiction, CHA will conduct a criminal background check for each family member 18 years of age or older. If a criminal background check was conducted within the last 120 days by the jurisdiction from which the family is porting, CHA will not conduct a criminal background check until re-examination.
At re-examination, CHA will conduct a criminal background check for each household member 18 years of age or older, including Live-In Aides.

Consent: Once initial eligibility has been determined (pre-qualification based on income and other criteria), I consent to allow CHA to request and obtain criminal background/conviction records from law enforcement agencies for the purpose of verifying my eligibility and/or continued assistance in the HCV Program. This consent form expires 39 months from the signature date below. Note: Any information obtained pursuant to this consent may be utilized in accordance with 24 CFR Part 982, et seq.

Signature

Date



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DISCLOSURE OF INFORMATION FOR ELEVATED BLOOD LEAD LEVELS

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Date: _____

Name: _____ Voucher #: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

- 1. How many children in the household are under the age of six? _____
2. Do any of these children have an elevated blood lead level? [] Yes [] No

If yes, please provide each child's name and date of birth below.
Note: You are required to provide CHA with a copy of the blood test results.

Table with 2 columns: Child's Name (first and last), Date of Birth. Includes four rows of blank lines for data entry.

I authorize CHA to obtain information on:

- A. Blood lead level test results conducted by the Chicago Department of Public Health Environmental Lead Program for all of my children under the age of six.
B. Any reports completed by the Chicago Department of Public Health concerning lead testing for a current, past or future unit.

(Head of Household Signature) _____ (Date)



Este documento se puede traducir.
Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

VERIFICATION DOCUMENTS CHECKLIST

If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Income Verification

The following are acceptable forms of documentation used to verify income (**ALL documents must be dated within 60 days of the Re-Examination appointment**):

- Employment:** Three current consecutive check stubs from the employer. If this is not available, provide a letter from the employer or other documentation that contains the hire date, the hourly rate and the hours worked per week.
- Self-Employment:** Most recent tax return with all schedules as well as income and expense records.
- Unemployment:** Original award letter from the Department of Employment Security and current check stub or exhaust letter.
- SSI/Social Security benefits:** Award letter and current notice of change from the Social Security Administration.
- Public Aid:** Copy of caseworker's statement with caseworker's phone number or cancellation letter.
- Child Support/Alimony:** Verification from the person paying the support; copy of a separation or settlement agreement or a divorce decree stating amount and type of support and payment schedules; copy of the latest check and/or payment stubs.
- Foster Care/Adoption Assistance:** Statement from the state agency or organization.
- Pension/Annuity:** Award letter.
- Regular Contributions:** A letter from the provider with address, telephone number and email and copies of checks or payment stubs.
- Assets:** Verification of assets that you own including, but not limited to: checking and savings accounts, certificates of deposit (CDs), mutual funds, stocks, bonds, retirement accounts (401k, 403b, IRA), pension fund, trust fund, real estate and life insurance policies that have cash value.

Other Required Verification

The following are acceptable forms of documentation used to verify other required documents:

- Full-Time Student Status** (*for students 18 or older*): Current letter from registrar or admissions office.
- Medical/Handicapped Expenses** (*only if the head of household, spouse or co-head is age 62 or older or disabled*): Printout and/or receipts from pharmacy and/or doctor.
- Childcare Expenses** (*for children 12 and under*): Receipts and other original documentation, including provider's name, address, telephone number and taxpayer identification.

Note: If your household is reporting zero income, you must bring documentation that verifies loss of all income from all sources and all household members previously counted.

*****The head of household and all family members 18 years of age and older must attend this interview.*****

If you have any questions, please contact the CHA Customer Call Center at 312-935-2600 or hcv@thecha.org.