



1985  
AWARD FOR  
DESIGN EXCELLENCE  
PRESIDENT RONALD REAGAN

1984  
FEDERAL DESIGN  
ACHIEVEMENT AWARD  
NATIONAL ENDOWMENT  
FOR THE ARTS

1986, 1991  
HONOR AWARD  
AMERICAN INSTITUTE OF ARCHITECTS

1997, 2014, 2018  
FOUNDERS AWARD  
HISTORIC CHARLESTON FOUNDATION

1989, 1990, 1997  
CAROLOPOLIS AWARD  
PRESERVATION SOCIETY  
OF CHARLESTON

2000, 2006  
HOUSING ACHIEVEMENT AWARD  
S. C. STATE HOUSING FINANCE  
AND DEVELOPMENT AUTHORITY

1991  
SPECIFIC ACTIVITY AWARD  
U.S. DEPARTMENT OF HOUSING AND  
URBAN DEVELOPMENT

2011, 2013, 2014, 2015  
HUMAN SERVICE AWARD  
CCHRCO

2009, 2010, 2012  
NATIONAL AWARD OF MERIT  
NATIONAL ASSOCIATION OF HOUSING  
AND REDEVELOPMENT OFFICIALS

1991-98  
CERTIFICATE OF EXCELLENCE  
IN MANAGEMENT OPERATIONS  
U.S. DEPARTMENT OF HOUSING AND  
URBAN DEVELOPMENT

1994, 1999  
SUSTAINED PERFORMANCE AWARD  
U.S. DEPARTMENT OF HOUSING AND  
URBAN DEVELOPMENT

*Celebrating 85 Years of Service  
Organized May 5, 1935*

# HOUSING AUTHORITY OF THE CITY OF CHARLESTON

550 MEETING STREET, CHARLESTON, SOUTH CAROLINA 29403

TELEPHONE (843) 720-3970 FAX # (843) 720-3977 TDD (843) 720-3685

Arthur S. Milligan, (MBA, CCIM, CPM, PHM)

President & CEO

Dear Tenant:

All attached forms must be submitted along with the require verification in order to complete your Annual Recertification for continual eligibility under the Housing Choice Voucher Program:

- ☐ Authorization for Release of Information/Privacy Act Notice Form HUD-9886-A (*signature(s) required*)
- ☐ Authorization for Release of Information (*signature required*)
- ☐ Checklist-Information/Verifications (*signature required*)
- ☐ Application for Housing Choice Voucher Program (*Answer all questions*)
- ☐ Copies of Life Insurance Policies (*Whole Life or Universal life policy(ies) only*)
- ☐ Verification **ALL** Bank Accounts(s) for the past two (2) months
- ☐ Income for **ALL** household members, including children
- ☐ Medical Expense(s)  
**\*Note: for an Elderly or Disabled Head of Household family member or spouse.**
- ☐ Childcare and/or Care Expense(s)  
**\*Note: for a child under 12 years old or a disabled family member to allow household member to be gainfully employed or attend school.**

By signing this, I hereby attest that all the required forms and verified documents are included for completion of my Annual Recertification.

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Date

2019  
AIA/HUD SECRETARY AWARD  
DESIGN EXCELLENCE  
WILLIAMS TERRACE



# Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

— PHA or IHA requesting release of information (full address, name of contact person, and date):

**THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON**  
**550 MEETING STREET**  
**CHARLESTON, SC 29403**

**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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing  
Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

## Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

**The Housing Authority of the City of Charleston**  
**Authorization for the Release of Information**

**CONSENT:** I authorize and direct any Federal, State or Local agency, organization business or individual to release to The Housing Authority if the City of Charleston any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under Public and Indian Housing, Section 8 Rental Rehabilitation, and/or other housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for The Housing Authority if the City of Charleston to release information from my file about rental history to credit bureaus, collection agencies or future landlords. This includes records on my payment history and any violation of my Lease or Housing Authority policies.

**INFORMATION COVERED:** I understand that, depending on program policies, and requirements, previous or current information regarding my household or myself may be needed. Verifications and inquiries that may be requested include but are not limited to: Identity, Family and Marital Status; Employment, Income and Assets; Residences and Rental Activity; Medical or Childcare Allowances; Credit and Criminal History. I understand that this authorization cannot be used to obtain any information my household or myself that is not pertinent to my eligibility for and/or continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: Previous/Present Landlords (including Public Housing Agencies); Past/Present Employers; Veterans Administration; Retirement Systems; Courts and Post Offices; State Unemployment Agencies; Welfare Agencies; Banks/Financial Institutions; Social Security Administration; Schools/Colleges/Universities; Law Enforcement Agencies; Medical Providers; Child care Providers; Support/Alimony Providers; Credit Providers and Credit Bureaus; and Utility Companies.

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the may conduct computer matching programs, including the Upfront Income Verification Systems (UIV) and Enterprise Income Verification Systems (EIV), to verify the information supplied for my application and/or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State or local agencies, including, but not limited to: State Employment Services Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Services, the Social Security Administration, and State Welfare and Food Stamp Agencies.

**CONDITIONS:** I agree that photocopies and facsimiles of this authorization may be used for the purpose of verifying my eligibility, level of benefits, or verifying my true circumstances. The original authorization is on file with the PHA and will stay in effect during the time an active application is on file or during the full duration of tenancy and/or participation. I also understand that my housing assistance may be denied or termination if I or any other adult in my household does not sign this authorization. I understand I have a right to review my file and provide any information necessary to disprove incorrect information.

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

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

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

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

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



FAX NUMBER: 843.720.5349    EMAIL: HCV@gmail.com

Information/Verifications Needed to Complete Your Recertification

(Verifications will be Mailed to/Signed by and/or Completed as Follows)

Employment(Employers), AFDC(Department of Social Services), SS/SSI(Social Security Offices), Childcare(Childcare Provider), Court Ordered Child Support (Family Court), Checking Account(s) (6 mo. statement(s), Savings Account(s) (6 mo. statement(s), Voluntary Child Support (Signed/dated by the payer/payee), Non-Cash Contributions (Signed/dated by the contributor/receives), Veterans Benefits (Veterans Administration), Request for Lease Approval (Landlord), Medical Expenses (Anticipated 12 months).

\*\*\*\*\*DO NOT MARK ON THIS SHEET. YOUR CASEWORKER COMPLETES IT.\*\*\*\*\*

	Family Member(s)				Comments
	(1)	(2)	(3)	(4)	
( ) Employment	_____	_____	_____	_____	_____
( ) AFDC/Food Stamps	_____	_____	_____	_____	_____
( ) SS or SSI	_____	_____	_____	_____	_____
( ) Unemployment	_____	_____	_____	_____	_____
( ) Retirement	_____	_____	_____	_____	_____
( ) Court Ordered Child Support	_____	_____	_____	_____	_____
( ) Voluntary Child Support	_____	_____	_____	_____	_____
( ) Non Cash Contribution	_____	_____	_____	_____	_____
( ) Life Insurance Policy(s)	_____	_____	_____	_____	_____
( ) School Grant	_____	_____	_____	_____	_____
( ) Saving/Checking Accounts	_____	_____	_____	_____	_____
( ) Signed Permission/214 Form(s)	_____	_____	_____	_____	_____
( ) Veterans Benefits	_____	_____	_____	_____	_____
( ) Request for Lease Approval	_____	_____	_____	_____	_____
( ) Social Security Card(s)	_____	_____	_____	_____	_____
( ) Childcare	_____	_____	_____	_____	_____
( ) Medical Expenses	_____	_____	_____	_____	_____
( ) Health Insurance	_____	_____	_____	_____	_____
( ) Handicapped Expenses	_____	_____	_____	_____	_____
( ) Lead Disclosure Form	_____	_____	_____	_____	_____

I understand that it is my responsibility to see that verifications and other information to be submitted on my behalf by other individuals be completed and returned to the HCV Office. I understand further that rent calculations will not be delayed should verifications for childcare, medical expenses, health expenses, and handicapped expenses not be returned.

Signature

Date

PLEASE SUBMIT ALL REQUIRED DOCUMENTS BY. \_\_\_\_\_

A TERMINATION LETTER WILL BE ISSUED IF REQUIRED INFORMATION HAS NOT BEEN RECEIVED BY THE DUE DATE.

# APPLICATION FOR HOUSING CHOICE VOUCHER PROGRAM

THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON

NAME OF HEAD OF HOUSEHOLD : \_\_\_\_\_  
HOME TELEPHONE NUMBER : \_\_\_\_\_  
WORK TELEPHONE NUMBER : \_\_\_\_\_  
CELLULAR NUMBER : \_\_\_\_\_  
PAGER NUMBER : \_\_\_\_\_  
STREET ADDRESS : \_\_\_\_\_  
CITY, STATE, & ZIP CODE : \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT (NAME) : \_\_\_\_\_  
TELEPHONE NUMBER : \_\_\_\_\_  
STREET ADDRESS : \_\_\_\_\_  
CITY, STATE, & ZIP CODE : \_\_\_\_\_

## HOUSEHOLD COMPOSITION

NAME                      RELATIONSHIP (to head)                      SSN                      RACE ( \* )                      ETHNICITY ( # )                      DOB                      AGE                      DISABLED?                      STUDENT?


( \* ) = AI (American Indian) / AN (Alaska Native) / A (Asian) / AA (African-American) / NHa (Native Hawaiian) / PI (Pacific Islander) / W (White)  
( # ) = H (Hispanic) / NHi (Non-Hispanic)

1) ARE ANY MEMBERS OF THE HOUSEHOLD LIVE-IN AIDES? \_\_\_\_\_ IF YES, LIST NAMES : \_\_\_\_\_

2) ARE ANY MEMBERS OF THE HOUSEHOLD FOSTER CHILDREN? \_\_\_\_\_ IF YES, LIST NAMES : \_\_\_\_\_

3) IF ANY MEMBER(S) OF THE HOUSEHOLD 18 YEARS OF AGE OR OLDER (EXCLUDING HEAD OR SPOUSE) WERE SHOWN AS BEING FULL-TIME STUDENTS, LIST THE NAME(S) AND ADDRESS(ES) OF THE INSTITUTION(S) THEY ATTEND : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) IS ANY MEMBER OF THE HOUSEHOLD TEMPORARILY ABSENT? \_\_\_\_\_ IF YES, EXPLAIN THE CIRCUMSTANCES, ALONG WITH THE ADDRESS WHERE THE FAMILY MEMBER(S) ARE CURRENTLY LIVING AND THE DATE OF THEIR ANTICIPATED RETURN :

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

5) DOES ANY MEMBER OF THE HOUSEHOLD REQUIRE A SPECIAL ACCOMMODATION DUE TO A HANDICAP OR DISABILITY? \_\_\_\_\_ IF YES, SPECIFY WHAT REQUIREMENTS ARE NEEDED: \_\_\_\_\_

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

6) DOES ANYONE OUTSIDE OF THE HOUSEHOLD ASSIST WITH THE PAYMENT OF ROUTINE BILLS (UTILITIES, CABLE, TELEPHONE, ETC.)? \_\_\_\_\_ IF YES, ENTER THE INFORMATION UNDER "INCOME" ("OTHER").

## EARNED INCOME DISALLOWANCE

1) HAS ANY MEMBER OF YOUR HOUSEHOLD WHO IS A PERSON WITH DISABILITIES AND WHO WAS "PREVIOUSLY UNEMPLOYED" (NOT MORE THAN WHAT COULD BE EARNED WORKING TEN (10) HOURS PER WEEK FOR FIFTY (50) WEEKS AT THE ESTABLISHED MINIMUM WAGE (\$5.25 PER HOUR) ) FOR THE MOST RECENT ONE OR MORE YEARS, NOW OBTAINED EMPLOYMENT? \_\_\_\_\_ IF NO, GO TO QUESTION #2. IF YES, LIST THE NAME(S) OF THE INDIVIDUAL(S) AND THEIR PLACE(S) OF EMPLOYMENT : \_\_\_\_\_

\_\_\_\_\_

2) HAS ANY MEMBER OF YOUR HOUSEHOLD WHO IS A PERSON WITH DISABILITIES EXPERIENCED AN INCREASE IN EARNINGS, AND WHOSE EARNINGS INCREASED DURING PARTICIPATION IN AN ECONOMIC SELF-SUFFICIENCY PROGRAM OR OTHER JOB TRAINING PROGRAM? \_\_\_\_\_ IF NO, GO TO QUESTION #3. IF YES, LIST THE NAME(S) OF THE INDIVIDUALS AND FACTS SURROUNDING THE PARTICIPATION IN THE ECONOMIC SELF-SUFFICIENCY OR JOB TRAINING PROGRAM : \_\_\_\_\_

\_\_\_\_\_

3) HAS ANY MEMBER OF YOUR HOUSEHOLD WHO IS A PERSON WITH DISABILITIES AND WHO HAS RECEIVED TANF BENEFITS OR SERVICES WITHIN THE PAST SIX (6) MONTHS EXPERIENCED NEW EMPLOYMENT OR ANY INCREASED EARNINGS? \_\_\_\_\_ IF NO, PROCEED TO "INCOME". IF YES, LIST THE NAME(S) OF THE INDIVIDUALS AND THE FACTS SURROUNDING THE NEW EMPLOYMENT OR INCREASED EARNINGS : \_\_\_\_\_

\_\_\_\_\_

INCOME

(LIST THE INCOME OF ALL HOUSEHOLD MEMBERS, REGARDLESS OF AGE. IF REPORTED INCOME IS \$0., COMPLETE ZERO INCOME CHECKLIST FORM)

NAME	WAGES	SELF-EMPLOYMENT	RETIRE.	SSI	SOC.SEC.	CHILD SUPPORT	TANF	ALIMONY	WORKMAN'S COMP.	NON-CASH CONTR.	UNEMPL.	OTHER

HAVE YOU FAILED TO REPORT ANY INCOME RECEIVED BY ANY MEMBER OF YOUR HOUSEHOLD DURING THE PAST TWELVE (12) MONTHS?\_\_\_\_\_IF NO, PROCEED TO "ASSETS". IF YES, LIST THE SOURCE AND AMOUNT AND BY WHOM : \_\_\_\_\_IS YOUR RENT AND/OR ANY OTHER CHARGES PAID UP-TO-DATE?\_\_\_\_\_IF YES, PROCEED TO "ASSETS". IF NO, WHAT IS OWED? \_\_\_\_\_

NOTE: SCESC FORMS ARE TO BE SENT ON ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER WHO ARE UNEMPLOYED OR NOT FULL-TIME STUDENTS

ASSETS

NAME	SAVINGS	CHECK.	TRUSTS	LIFE INS.	STOCKS	BONDS	REAL EST	CD's	RETIREMENT ACCT.	LOTTERY WINNINGS	INHERITANCES	OTHER

HAVE ANY ASSETS BEEN SOLD OR GIVEN AWAY IN THE PAST TWO (2) YEARS?\_\_\_\_\_IF NO, PROCEED TO "EXPENSES". IF YES, WHAT WAS THE ASSET SOLD? \_\_\_\_\_FOR WHAT AMOUNT WAS IT SOLD? \_\_\_\_\_WHAT WAS THE "MARKET VALUE" WHEN SOLD? \_\_\_\_\_



EXPENSES

(TO BE INCURRED DURING THE NEXT TWELVE (12) MONTHS AND THAT WILL NOT BE REIMBURSED BY INSURANCE OR OTHER OUTSIDE SOURCES; EXCLUDING CHILDCARE, CONSIDERED ONLY IF HEAD OF HOUSEHOLD OR SPOUSE IS HANDICAPPED OR 62 YEARS OF AGE OR OLDER)

NAME	CHILDCARE ( * )	WHEELCHAIRS &/OR RAMPS	DOCTOR	HOSPITAL	HEALTH INSUR.	MEDICATIONS	GLASSES	HEARING AIDS	DENTAL	OTHER

( \* ) IN SUPPORT OF CHILDREN TWELVE (12) YEARS OF AGE OR YOUNGER, FOR THE PURPOSES OF EMPLOYMENT, SEEKING EMPLOYMENT, OR ATTENDING SCHOOL

HAVE YOU BEEN ISSUED A PRESCRIPTION DRUG CARD OR RECEIVED TRANSITIONAL ASSISTANCE (MEDICARE RECIPIENTS ONLY)?

- ( ) THE TENANT HAS REQUESTED FOR CHA PERSONNEL TO COMPLETE THIS APPLICATION ON THEIR BEHALF. THE INFORMATION CONTAINED HEREIN HAS BEEN VERBALLY RELAYED TO THE CHA FIRST-HAND BY THE TENANT. PRIOR TO AFFIXING THEIR SIGNATURE, THE TENANT HAS REVIEWED THE CONTENTS OF THE DOCUMENT. THEIR SIGNATURE IS A CONFIRMATION OF THE ACCURACY OF THE TRANSCRIPTION OF THE INFORMATION BY THE CHA.
- ( ) THE NOTICE OF REASONABLE ACCOMMODATIONS FOR ALL TENANTS HAS BEEN RECEIVED AND READ BY THE TENANT AND OR EXPLAINED TO THE TENANT BY CHA PERSONNEL

NOTE: ALL INFORMATION PROVIDED ON THIS FORM IS SUBJECT TO VERIFICATION BY CHA PERSONNEL

I DO HEREBY SWEAR AND ATTEST THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT I MUST REPORT ANY CHANGES IN INCOME, ASSETS, AND FAMILY COMPOSITION TO THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON IN WRITING WITHIN TEN (10) WORKING DAYS OF SUCH CHANGE. I FURTHER UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION PROVIDED ARE PUNISHABLE UNDER FEDERAL AND STATE LAW AND CONSTITUTE GROUNDS FOR TERMINATION OF MY HOUSING ASSISTANCE. FINALLY, I UNDERSTAND THAT TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Head of Household

Date

Signature of Spouse of Head of Household

Date

(IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING & EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOT LINE AT 1-800-669-9777)