

The Housing Authority of the City of Charleston
Housing Choice Voucher Office
550 Meeting Street
Charleston, SC 29403
(843) 720-3684 Fax: (843) 720-5348

RULES REGARDING UNAUTHORIZED LIVE-INS

If a family has an unauthorized person residing in the assisted unit and that person has not been approved by the Housing Choice Voucher office, he/she must leave immediately.

- The family shall use the premises as a dwelling for him or herself and persons named in the lease only, with the exception of minor children born into the household during the tenancy.
- Any additions to the household members listed in our records require a written request to the Housing Choice Voucher Office. This includes Live-in Aides and foster children or adults, but excludes natural births.
- The Housing Choice Voucher Office shall approve the addition provided that the person(s) clear the appropriate background checks.
- The family must promptly notify the Housing Choice Voucher office in writing if any family member no longer lives in the unit.

IN ORDER TO AVOID TERMINATION OF THE HOUSING CHOICE VOUCHER ASSISTANCE

- The family shall not allow persons other than those listed in our records, to reside in the dwelling unit for more than 30 consecutive days. An unauthorized person found to be residing in the unit for more than 30 consecutive days is a violation of the Housing Choice Voucher program and may result in termination of the Housing Choice Voucher assistance.
- As per the Tenancy Addendum, the unit may only be used for residence by the Housing Choice Voucher –approved household members. The unit must be the family’s only residence.
- The family may not sublease or let the unit, or any part of the unit. Subletting is a violation of the Housing Choice Voucher program and may result in termination of the Housing Choice Voucher assistance.
- The family may not assign the unit the Landlord lease or transfer the unit. To do so is a violation of the Housing Choice Voucher program and may result in termination of the Housing Choice Voucher assistance.
- The family shall not permit an unauthorized person, guest or visitor to have access to the assisted unit or to use the address of the assisted unit. To do so will be counted as presence of an unauthorized person and may result in termination of the Housing Choice Voucher assistance.
- The family shall not allow an unauthorized person, guest or visitor who participates in violent or drug-related criminal activity or is listed in the South Carolina Sex Offender Registry to have access to the assisted unit or to use the address of the assisted unit. To do so is a violation of the Housing Choice Voucher program and may result in termination of the Housing Choice Voucher assistance.

I certify that I understand the rules and regulations regarding unauthorized persons and other Housing Choice Voucher requirements and I accept that allowing an unauthorized person to stay in my unit may result in termination of my Housing Choice Voucher Assistance.

Print name

Signature & Date

Housing Representative & Date

FAMILY OBLIGATIONS

A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.

B. The family must:

1. Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child.
9. Request PHA written approval to add any other family member as an occupant of the unit.
10. Promptly notify the PHA in writing if any family member no longer lives in the unit.
11. Give the PHA a copy of any owner eviction notice.
12. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.

C. Any information the family supplies must be true and complete.

D. The family (including each family member) must not:

1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or 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.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. 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.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA 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.
9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

TERMINATION OF ASSISTANCE

- 1) If the family violates any aforementioned Family Obligation(s);
- 2) If any member of the family has ever been evicted from public housing;
- 3) If any Housing Authority (HA) has ever terminated assistance under the Certificate or HCV Program for any member of the family;
- 4) If any member of the family commits drug-related criminal activity or violent criminal activity;
- 5) If any member of the family commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing program;
- 6) If the family currently owes rent or other amounts to CHA or to another HA in connection with the HCV or public housing assistance under the 1937 Act;
- 7) If the family has not reimbursed any HA for amounts paid to an owner under a housing assistance payments (HAP) contract for rent, damages to the unit, or other amounts owed by the family under the lease;
- 8) If the family breaches an agreement with the CHA, or amounts paid to an owner by another HA;
- 9) If a family participating in the Family Self-Sufficiency (FSS) Program fails to comply, without good cause, with the family's FSS Contract of Participation;
- 10) If the family has engaged in or threatened abusive or violent behavior toward CHA personnel.

INFORMAL HEARING PROCEDURES

A formal request for a hearing is made by a family when action has been taken by the CHA to terminate their participation in the HCV Program in response to a family's non-compliance with a CHA or HUD policy or regulation. The request must be directed in writing to the CHA by the family within the time frame specified by the CHA. The family will be notified in writing as to the time, date and location of the hearing. Upon written request from the family, the CHA will permit the family to photocopy, at their (family's) expense, documents in the CHA's possession that are directly relevant to the hearing. The family is required to do likewise if requested by the CHA. Any documentation not made available by either party may not be used as evidence in the hearing.

At the time of the hearing and at their own expense, the family may be represented by a lawyer or other representative. The hearing will be conducted by a person or persons designated by the CHA. Both the family and the CHA shall be given the opportunity to present evidence and may question any witness. Evidence may be considered without regards to admissibility under the rules of evidence applicable to judicial proceedings. Only that evidence presented a testimony provided by those witnesses questioned at the time of the hearing can be used in determining the outcome of the hearing. Therefore, no evidence may be presented nor any witnesses questioned after the hearing has ended.

The individual who conducts the hearing shall issue a written decision, stating briefly the reason(s) for the decision. A copy of the hearing decision shall be furnished to the CHA and to the family and/or their representative(s).

If the family or their representative(s) are unable to keep the scheduled appointment for the hearing, the CHA must be contacted prior to the scheduled day and time. Failure for the family and/or their representative(s) to appear for the hearing without proper notice will result in a decision for the CHA.

I HAVE READ THE CONTENTS OF THIS DOCUMENT CONTAINING FAMILY OBLIGATIONS, GROUNDS FOR DENIAL OR TERMINATION AND THE INFORMAL HEARING PROCEDURES, AND HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND RECEIVE CLARIFICATION ON ANY ASPECT OF IT PRIOR TO SIGNING. I HAVE ALSO BEEN PROVIDED A COPY OF IT FOR MY RECORDS.

SIGNATURE

DATE

Request for Reasonable Accommodation Form

Notice to all Tenants:

Reasonable Accommodations for Tenants with Disabilities

The Housing Authority of the City of Charleston is a public agency that provides low rent housing to eligible families, elderly families and single people. The Housing Authority of the City of Charleston is not permitted to discriminate against tenants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, The Housing Authority of the City of Charleston has a legal obligation to provide “reasonable accommodations” to tenants if they or any family members have a disability. A reasonable accommodation is some modification or change The Housing Authority of the City of Charleston can make to its apartments or procedures that will assist an otherwise eligible tenant with a disability to take advantage of The Housing Authority of the City of Charleston’s programs. Examples of reasonable accommodations would include:

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to a tenant with a vision impairment during the recertification process;
- Making a sign language interpreter available to a tenant with a disability to meet The Housing Authority of the City of Charleston’s tenant recertification criteria;
- Permitting an outside agency or individual to assist a tenant with a disability to meet The Housing Authority of the City of Charleston’s tenant recertification criteria;

A tenant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc, but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

Signature & Date

**THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON
SECTION 8 HOUSING OFFICE
550 MEETING STREET
CHARLESTON, SC 29403
TELEPHONE (843) 723-4491
TDD (843) 720-3697
FAX (843) 720-5349**

SECTION 8 INSPECTION APPOINTMENT

The time and date on which your unit has been scheduled for a re-certification inspection by a member of our staff will be between:

9:00 AM and 11:30 AM () OR 1:00 PM and 4:00 PM () on _____.

Please see to it that our Inspector has access to your house/apartment at that time on that date. If you cannot make arrangements to be there yourself, see to it that a friend or family member is there.

Failure to either provide access to your unit for this scheduled inspection or to call our Office prior to this scheduled date for the purpose of rescheduling will result in the termination of your Section 8 certification as of _____.

TENANT

DATE

PHONE

CC: To the Landlord (Your presence is not required, this is being sent as a courtesy only.)



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

Donald J. Cameron, NAHRO Fellow, President & CEO

PHA OFFICIAL'S CERTIFICATION OF TENANT'S FILE

2009
NATIONAL AWARD OF MERIT
NATIONAL ASSOCIATION OF HOUSING
AND REDEVELOPMENT OFFICIALS

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

1999
SECRETARY'S COMMENDATION
U.S. DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT

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

1997
FOUNDERS AWARD
HISTORIC CHARLESTON FOUNDATION

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

1989, 1990, 1997
CAROLOPOLIS AWARD
PRESERVATION SOCIETY
OF CHARLESTON

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

1991
HONOR AWARD
AMERICAN INSTITUTE OF ARCHITECTS

1988
AWARD FOR NATIONAL EXCELLENCE
U.S. DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT

1986
HONOR AWARD
AMERICAN INSTITUTE OF ARCHITECTS

1985
AWARD FOR
DESIGN EXCELLENCE
PRESIDENT RONALD REAGAN

1985
HONOR AWARD
NATIONAL ASSOCIATION OF HOUSING
AND REDEVELOPMENT OFFICIALS

1984
FEDERAL DESIGN
ACHIEVEMENT AWARD
NATIONAL ENDOWMENT
FOR THE ARTS

PHA OFFICIAL'S STATEMENTS

I CERTIFY THAT:

- (1) THE INFORMATION GIVEN TO THE CITY OF CHARLESTON HOUSING AGENCY BY THE HOUSEHOLD OF

ON HOUSEHOLD COMPOSITION, INCOME, NET FAMILY ASSETS AND ALLOWANCES, AND DEDUCTIONS HAVE BEEN VERIFIED AS REQUIRED BY THE FEDERAL LAW;

- (2) THE FAMILY WAS ELIGIBLE AT ADMISSIONS;
- (3) THE FAMILY HAS CERTIFIED THAT IT HAS GIVEN OUR AGENCY ACCURATE AND COMPLETE INFORMATION;
- (4) THE FAMILY RECEIVED AND READ THE CHOICE RENT SHEET/FAMILY CERTIFICATION;
- (5) THE HUD FORM **5380** "NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT" WAS EXPLAINED AND GIVEN TO THE FAMILY

SIGNATURE OF PHA OFFICIAL

DATE

Celebrating 75 Years of Service

Organized May 5, 1935



APPLICANT / TENANT CERTIFICATION

APPLICANT(S)'S / TENANT(S)'S STATEMENT

I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON ON HOUSEHOLD COMPOSITION, INCOME, NET FAMILY ASSETS, AND ALLOWANCES AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE

DATE

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOT LINE AT 800-424-8590. (WITHIN THE WASHINGTON D.C. METROPOLITAN AREA, CALL 426-3500.)

*AFTER VERIFICATION BY THIS HOUSING AGENCY, THE INFORMATION WILL BE SUBMITTED TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ON FORM HUD-50058 (TENANT DATA SUMMARY), WITH A COMPUTER-GENERATED FACSIMILE OF THE FORM OR ON MAGNETIC TAPE. SEE THE FEDERAL PRIVACY ACT STATEMENT FOR MORE INFORMATION ABOUT ITS USE.

THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON¹

Notice of Occupancy Rights under the Violence Against Women Act²

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.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the Public Housing and Housing Choice Voucher 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 Public Housing or Housing Choice Voucher 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 Public Housing or Housing Choice Voucher 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 Public Housing or Housing Choice Voucher Program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

¹ The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

³ 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.

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

Removing the Abuser or Perpetrator from the Household

HP 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 HP chooses to remove the abuser or perpetrator, HP 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, HP 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, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP 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, HP 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, HP 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.

HP 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.

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

HP 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 HP must be in writing, and HP 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. HP 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 HP as documentation. It is your choice which of the following to submit if HP 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 HP 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 HP has agreed to accept.

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

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

Confidentiality

HP 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.

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

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

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

VAWA does not limit HP’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, HP 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 HP 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 HP can demonstrate the above, HP 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 your Public Housing Management Office, Housing Choice Voucher Office or the US Department of HUD, 1835 Assembly Street, Columbia SC 29201.

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://portal.hud.gov/hudportal/documents/huddoc?id=5720-F-03VAWAFinRule.pdf> . Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your Public Housing Management Office or Housing Choice Voucher Office.

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).

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, you may contact the South Carolina Coalition Against Domestic Violence and Assault at <http://www.sccadvsa.org> or (803) 256-2900

Victims of stalking seeking help may contact My Sister's House at the 24 Hour Crisis Line (843-744-3242).

Attachment: Certification form HUD-5382 [form approved for this program to be included]

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

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

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

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

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

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

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

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

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

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

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

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

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

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

10. Location of incident(s): _____

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

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

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

HUD- 1140-OIG THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION



I certify I have received a copy of this form:

Name _____ Date _____

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 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.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address.

Remember, you may receive rental assistance at only one home!

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/ph/thiip/iviv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

IF SOMEONE IN YOUR HOUSEHOLD MUST SIGN DOCUMENTS, IT MUST BE DONE DURING WALK IN HOURS. REQUESTED DOCUMENTS MAY BE FAXED OR SCANNED AND EMAILED EXCEPT PHOTO ID, SOCIAL SECURITY CARDS AND BIRTH CERTIFICATES.

A TERMINATION LETTER WILL BE ISSUED IF REQUIRED INFORMATION HAS NOT BEEN RECEIVED BY _____

APPLICATION FOR RE-CERTIFICATION
THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON

- () PUBLIC HOUSING
- () SECTION 8 HOUSING CHOICE VOUCHER

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

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)

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD A REGISTERED SEX OFFENDER? IF YES, LIST NAMES:

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) LIST ALL VEHICLES THAT HOUSEHOLD MEMBERS WILL HAVE PARKED AT YOUR RESIDENCE:

REGISTERED OWNER	MAKE	MODEL	COLOR	TAG #

7) (PUBLIC HOUSING ONLY) : DO YOU OWN A PET? _____ IF YES, DESCRIBE : _____

8) 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").

9) ARE ALL OF THE UTILITY SERVICES (ELECTRICITY, GAS, WATER) CURRENTLY ACTIVE? _____ IF NO, EXPLAIN _____

EARNED INCOME DISALLOWANCE

SECTION 8 ONLY

- 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 : _____

PUBLIC HOUSING ONLY

- 1) HAS ANY MEMBER OF YOUR HOUSEHOLD 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 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 THE FACTS SURROUNDING THE PARTICIPATION IN THE ECONOMIC SELF-SUFFICIENCY OR JOB TRAINING PROGRAM : _____
- 3) HAS ANY MEMBER OF YOUR HOUSEHOLD 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)