

**SYLACAUGA HOUSING AUTHORITY
APPLICATION FOR HOUSING**

SYLACAUGA HOUSING AUTHORITY DATE AND TIME STAMP
(Considered as Date of Application)

Read and sign warning before completing this application!
(Do not remove this page from the application form.)

WARNING

Misrepresentation is a serious dwelling lease violation that may result in an eviction. If it is found that an applicant or tenant has misrepresented the facts upon which his/her rent is based so that he/she is paying less than he/she should be paying, the dwelling lease and/or housing assistance will be terminated. In addition, the applicant/tenant may be subject to civil and criminal penalties.

The applicant/tenant is advised that any person who, by means of a false statement, failure to disclose information, impersonation or other fraudulent scheme or device:

1) obtains or attempts to obtain, or 2) establishes or attempts to establish eligibility for, and/or 3) knowingly or intentionally aids or helps such a person obtain or attempt to obtain housing or a reduction in public housing rental charges or any rent subsidy to which such person would not otherwise be entitled, shall be guilty of a misdemeanor if total amount is under \$250 or a "Class C" felony if total amount is over \$250. Upon eviction of a misdemeanor, the person shall be punished by a fine of not less than \$300 nor more than \$500, be punished at hard labor for the county not to exceed 60 days, or both fined and imprisoned, at the discretion of the court (24-1-10, Code of Alabama, 1975). If convicted of a Class C felony, fines and imprisonment could be increased.

Applications are accepted daily from (7:30 a.m.- 5:00 p.m. M-T and 8:00 a.m. until 12:00 on Friday.) Interviews to review your information and allow you to sign additional documents are conducted by appointments only (M-F: 8:00 a.m.- 5:00 p.m.) You must have all information for all family members who will be living in the household before an interview will be scheduled.

I have read the above warning and understand the penalties for making false statements on this application.

Signature of Applicant:

Documents which must be submitted along with this application form:

1. **Birth Certificates** or other acceptable birth verifications: voter registration card/form, statement from the Social Security Office, school record, etc., for **EVERYONE** in the household.
2. **Picture ID** (driver's license, state issued non-driver's ID, or other government issued photo ID card).
3. **ORIGINAL SOCIAL SECURITY CARDS (for EVERYONE in the household).**
4. Food Stamp Verification.
5. Life Insurance Policy Information.
6. **MOST CURRENT LANDLORD'S NAME AND COMPLETE MAILING ADDRESS.**
7. Employer's name and complete mailing address and/or fax number.
8. Most recent Social Security/SSI award letter/verification of benefits received.
9. Appraised value of real estate/property owned.
10. Unemployment check stubs or copy of print-out from UC website.
11. Child Support information
12. Veteran's benefit award letter
13. Retirement/Pension Information

SYLACAUGA HOUSING AUTHORITY- APPLICATION FOR HOUSING

Telephone Numbers: Office: (256-249-0381)

Telephone Device for the Deaf: (800) 545-1833 Ext.415

<p>How did you hear about our housing program? Former resident Newspaper Trader's Helper Sylacauga Today Referral Other _____ If you were referred by a current resident of SHA, please give their name and address: _____ _____</p>	<p style="text-align: center;">Ethnic or Racial Group</p> <p>White African-American (Black) Asian American Indian Hispanic Other _____</p> <p style="text-align: center;">REASONABLE ACCOMMODATIONS</p> <p>Do you wish to request a reasonable accommodation for a disability? Yes No</p>	<p>PHA USE ONLY: Date Received: _____ Time Received: _____ Received By: _____</p> <p style="text-align: center;">SHA Rep.</p> <p><input type="checkbox"/> Drop Box <input type="checkbox"/> Mail Completed "In House" Delivered "In Hand"</p>
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TO BE FILLED OUT BY APPLICANT (IN INK). FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER "NO" OR "NONE". DO NOT LEAVE BLANKS. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET.

APPLICANT NAME _____						
Last	First	Middle Initial or Name				
CURRENT ADDRESS _____						
Number	Street	Apt No.	City	State	Zip Code	
MAILING ADDRESS _____						
P.O. Box or Number and Street Address			City	State	Zip Code	
Home Phone# _____	Cell Phone# _____	Work# _____	Other _____			
Please give name, relationship to head, telephone number and address of an alternate person whom we may contact you through if we are unable to reach you through the information listed above. It is your responsibility to inform SHA if address or phone numbers change.						
Contact Name	Address	City, State & Zip Code			Phone Number	

Name of Current Landlord _____	Phone Number _____		
Mailing Address of Landlord _____			
P.O. Box or Street Address	City	State	Zip Code
Present Monthly Rent \$ _____	Number of Bedrooms _____	Number of persons currently in household _____	
If you pay utilities, indicate the utilities paid by you, and the amount. If you do not pay utilities listed, check N/A			
Electricity\$ _____	Gas \$ _____	Water \$ _____	Sewerage \$ _____
MONTHLY	MONTHLY	MONTHLY	MONTHLY
Phone \$ _____	Cable TV _____	N/A _____	
MONTHLY	MONTHLY	MONTHLY	
How long have you lived at the address listed above? Years _____ Months _____			
Do you owe any money to the landlord listed above? Yes No If yes, Amount Owed \$ _____			
Do you owe any money to this housing authority or any other subsidized housing facility? Yes No			
Amount\$ _____			
List City, State, and Year of locations where you have lived for the past five years: _____			

HOUSEHOLD COMPOSITION: List ALL persons who will live in the rental unit while you are on this program. Please give names as they appear on the individual's Social Security Card. Please indicate if this is different from the person's legal name.

Print Full Names	Relationship to Head	Birth Date	Age	Sex	Social Security Number	Occupation or Name of School Attending	U. S. Citizen Yes or No
1.	Head						
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Do you anticipate any changes in your family composition? Yes No If yes, explain: _____

Military Service: Is there any member of your household (listed above) now serving in military service (Army, Air Force, Marines, Navy, etc.) Yes or No If yes, give the following information on each military service person.

Name Rank Address Service

INCOME: List all employment income (including self-employment for each household member. (For additional space, attach separate sheet).

Household Member	Name & Address of Employer	Annual Income

OTHER SOURCES OF INCOME: (Examples: welfare, Social Security, SSI, pensions, disability compensation, unemployment compensation, baby-sitting, alimony, child-support, annuities, interest, dividends, income from rental property, Armed Forces, Military Reserves, cash contributions from individuals, scholarships, grants [include alimony and/or child support entitled to but not received]).

Household Member	Source	Amount

OTHER ASSISTANCE: Does anyone in the household receive any assistance from other government programs such as food stamps, TANIFF, JOBS, etc.?

Household Member	Source	Amount

Note: If you are reporting zero income, please complete attached “Notice to Applicant/Resident Reporting No Income Form.

BANK INFORMATION: List any checking, saving, credit union and/or certificate of deposit accounts.

Type of Account	Bank	Account Number	Amount

Do you have stocks or bonds? Yes or No If yes, current value \$_____ Savings Bonds? Yes or No Amount \$_____

Do you own real estate? Yes or No If yes, current value\$_____ Have you **EVER** owned real estate? Yes or No

If yes, When_____ Do you have any life insurance policies? Yes or No If yes, give insurance company, address and policy number:_____

Do you have any retirement and/or annuity accounts? Yes or No If yes, give name of company, address, account numbers and amounts:_____

_____ \$_____

CHILDCARE EXPENSES:

Did you pay for childcare for a child under age 13 while a family member is employed, Yes or No looking for work, or attending school? If yes, list child care provider’s name, address and telephone number:		
_____	_____	_____
Name	Address	Telephone Number
Child Care Costs:	\$ Weekly	\$ Monthly
Child’s Name: _____	_____	_____
Child’s Name: _____	_____	_____
Child’s Name: _____	_____	_____

MEDICAL EXPENSES:

Are you receiving Medicare benefits Yes or No If yes, monthly amount of benefits \$ _____
Are you receiving medical assistance through welfare department (DHR)? Yes or No If yes, monthly amount \$ _____
Do you pay for any medical insurance/hospitalization (such as Blue Cross or C-Plus)? Yes or No
If yes, indicate amount of premium paid and how often paid. Weekly \$ _____ Bi-weekly \$ _____ Monthly \$ _____
Are you making payments on outstanding medical bills? Yes or No If yes, amount paid per month \$ _____
Do you take prescription drugs on a regular basis? Yes or No If yes, your cost per month \$ _____
If yes, what Pharmacy? _____

SPECIAL NEEDS-REASONABLE ACCOMMODATION NEEDS:

For the purpose of determining allowable income deductions, does any member of your household have a disability?
Yes or No
Does any member require any special accommodations? Yes or No
If yes, which family member and what accommodations? _____
(Please note, you have the right to request a reasonable accommodation for a disability at any time during the application process and/or at any time during residency. Each request for a reasonable accommodation will be considered on a case- by- case basis.)

Do you pay for care attendant or for any equipment for any member with a disability in order to permit that person or someone else in the family to work? Yes or No If yes, describe expense: _____

PROGRAM INFORMATION:

Have you or any family member listed on front of the application ever been arrested for any offense against the law?
Yes or No
Have you or any family member listed on front of the application ever had a warrant issued for an arrest? **Yes or No**
Have you or any family member listed on front of the application ever been in trouble with the law? For example, traffic citation or any other situation? **Yes or No** If you answered yes to any of the questions in the section, **explain:** _____

ADDITIONAL INFORMATION:

Have you ever applied for Public Housing or Section 8 Housing? Yes or No
Have you ever lived in Public Housing or Section 8 Housing? Yes or No
Have you ever lived in housing that is referred to as the "PROJECTS"? Yes or No
If yes to any of the above, were you evicted? Yes or No If yes, Where? _____ When(Year)? _____
Why? _____

Were you required to do **Community Service at any Public Housing or Section 8 residence?** Yes or No
Do you owe any Community Service hours that you failed to perform? Yes or No If yes, how many hours? _____

ADDITIONAL INFORMATION (Continued):

If you have lived or currently live in Public Housing(Projects) and/or Section 8 Assisted Housing or housing where the amount of rent you paid was based on your income, complete the following:

Where(Address) _____ When(Dates) _____

Do you owe any money to Any Public Housing Project and/or Section 8 Housing? Yes or No If yes, give the name and location of Housing Authority and amount you owe:

Location _____ Amount owed \$ _____

Are you delinquent or in default on any payments to any Federal or State programs (ex. Student Loans)? **Yes or No**
If yes, give name of program, type of funds owed and amount _____ \$ _____

NOTICE!!!!!!!!!!!!!!!!!!!!!!

**YOU ARE REMINDED THAT ALL YOUR ANSWERS WILL BE VERIFIED.
GIVING FALSE INFORMATION IS CONSIDER FRAUD.**

MARITAL STATUS/HISTORY:

Have you ever been married? **Yes or No** If yes, how many times? _____ Maiden Name _____

Date	From Whom	Street Address	City, State, Zip	Comments
Separated? _____				
Divorced? _____				
Widowed? Date _____ Social Security Number of Deceased: _____				

Have you ever used a name or Social Security Number other than the one you are using now? **Yes or No**
If yes, explain: _____

PLEASE PROVIDE INFORMATION ON ABSENT PARENT(S) OF MINOR CHILDREN WHO WILL BE LIVING IN THE HOUSEHOLD:

Family Member's Name	Absent Parent's Name	Street Address	City, State	Comments/Last Contact

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I/We certify that all information given to the Sylacauga Housing Authority in this application is correct. I/We understand that if these facts are not true, housing assistance or housing will not be provided, and I/We will be declared ineligible. I understand that after the information in this application is verified that the information will be submitted to the U.S. Department of Housing and Urban Development (HUD) on Form HUD-50058. **(The Federal Privacy Act Statement contains additional information concerning the authorized use of this information.)** I also understand that the staff of the Sylacauga HA will verify this information, and I authorize the Sylacauga HA to submit inquiries necessary for the purpose of verifying the facts herein stated.

By signing below I/We give our permission and authorization for appropriate personnel at Sylacauga Housing Authority to run a credit report with any or all credit bureaus, to check **my/our** criminal background and verify any and all other information contained within this application for the purpose of determining **my/our** eligibility to participate in the housing programs operated by Sylacauga Housing Authority.

Signature: _____ Date: _____
Head of Household

Signature: _____ Date: _____
Spouse or Other Adult

Signature _____ Date: _____
Sylacauga HA Representative

Note: If you believe you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll-free hotline at 1-800-669-9777, or by asking the Sylacauga HA to provide you with a HUD Housing Discrimination Complaint form, HUD-903.

**Applicant: Do Not Write in this Section
Sylacauga Housing Authority Use Only**

Family Status

Head/Spouse 62 or over? **Yes or No**
Head/Spouse Disabled? **Yes or No**
Age of Head _____
Sex of Head **Male or Female**
Number in Family _____
Number of Minors _____
Husband & Wife Present? **Yes or No**
Spouse Deceased **Yes or No**
Separated **Yes or No**
Divorced **Yes or No**

Eligible **Yes or No**

Reasonable Accommodation Requests:

Has anyone in this household requested a reasonable accommodation for a disability? **Yes or No**

If "yes", which family member: _____
and what was the nature of the request? _____

Was head of household given a copy of the "Request for Reasonable Accommodation" form? **Yes or No**

If request was made, has the request been logged? **Yes or No**

Sylacauga Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, **but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.** The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Sylacauga Housing Authority 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 Sylacauga Housing Authority, 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 Sylacauga Housing Authority, 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 Sylacauga Housing Authority solely on the basis of criminal activity directly relating to that the victim of domestic violence, dating violence, sexual assault, or stalking. Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

Sylacauga Housing Authority 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 the victim of domestic violence, dating violence, sexual assault, or stalking. If SHA chooses to remove the abuser or perpetrator, SHA 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, SHA 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.

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- 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.*

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, SHA may permit you to move to another unit, subject to the availability of other units, and will still keep your assistance. In order to approve a request, SHA 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 the 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.

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

Documenting you are or have been the victim of domestic violence, dating violence, sexual assault, or stalking.

SHA can, but is not required to, ask you to provide documentation to “certify” that you are or have been the a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from SHA must be in writing, and SHA 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. SHA 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 SHA as documentation. It is your choice which of the following to submit if SHA 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 SHA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. 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 Federal, State, Tribal, Territorial, or Local Law Enforcement agency, court, or administrative agency that documents the incident of the victim 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 or 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 SHA has agreed to accept. If you fail or refuse to provide one of these documents within the 14 business days, SHA does not have to provide you with the protections contained in this notice. If SHA 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), SHA 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, SHA does not have to provide you with the protections contained in this notice.

Confidentiality

SHA 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. SHA must not allow any individual administering assistance or other services on behalf of SHA (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. SHA must not enter your information into any shared database or disclose your information to any other entity or individual. SHA, however, may disclose the information provided if:

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

VAWA does not limit SHA 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, SHA 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 SHA 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 SHA can demonstrate the above, SHA 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.

For Additional Information

You may view a copy of HUD’s final VAWA rule at HUD.gov website. Additionally, SHA must make a copy of HUD’s VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact Sylacauga Housing Authority, Asset Manager to answer questions on VAWA.

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>.

Applicant/Tenant Signature

Date

SHA Representative

Date

**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.

Date

Sylacauga Housing Authority
415 W. 8th Street
Sylacauga, AL 35150

Re: Reasonable Accommodation for my disability

Dear Sylacauga Housing Manager:

I live at _____ in _____ and have lived there since _____.
Address Unit # Date

I am a qualified individual with a disability, as defined by the Fair Housing Amendments Act of 1988.

Our building's rules state that I can request a reasonable accommodations because of my disability, I need the following accommodations:

A medical provider has prescribed this accommodation for my disability. I would like to meet with you to discuss these and any other accommodations that will enable me to have an equal opportunity to live in and enjoy this residence.

Please let me know what, if any, additional information you need from my health care provider in order to better understand my disability and the limitations it imposes.

Under the Fair Housing Act, it is unlawful discrimination to deny a person with a disability a reasonable accommodation of an existing building rule or policy if such accommodation may be necessary to afford such person full enjoyment of the premises.

Please keep this request for accommodation confidential, as required by Federal Law. Please contact me _____ within the next ten days to discuss this important issue.

Contact Number

I look forward to your response and appreciate your attention to this matter.

Signature Applicant/Tenant

Date

Signature of HA Representative

SYLACAUGA HOUSING AUTHORITY
NOTICE TO APPLICANT/RESIDENT REPORTING NO INCOME

Name: _____

Address: _____

According to your application, you are reporting a gross income of zero dollars (\$0) per year. According to HUD regulations, any regular monetary contributions to your household are considered as income. Therefore, we are asking that you answer each of the following questions. For any questions you answer "YES", please bring verification of the amount of the contribution and the name of the person or person making the contribution. Please be aware that failure or refusal to report accurate information may constitute fraud.

1. Do you have a telephone, and/or cell phone? Yes No
If yes, how much does your monthly bill average? _____ who pays the bill for you? _____

2. Do you have cable or satellite television? Yes No
If yes, how much does your monthly bill average? _____ who pays the bill for you? _____

3. Do you have a child in diapers? Yes No If yes, how much do you average spending for
diapers, baby wipes, etc., per month? _____ Who pays for these items? _____

4. On the average, how much do you spend per month on groceries which CANNOT be purchased with
food stamps (example: soap, dish detergent, toilet paper, laundry detergent, toothpaste, deodorant, etc.)?
Who pays for these items? _____

5. Vehicles: Do you own a vehicle? Yes No If yes, answer parts A, B, and C.
A. Who pays for the gas? _____ How much do you spend per month? _____
B. How much does your annual tag cost? _____ Who pays for it? _____
C. State law requires that you have liability insurance. How much does this cost each month? _____
Who pays for it? _____

6. Who pays your utility bill for you? _____

7. Do you receive child support from any source? Yes No
If yes, how much and from whom? _____

8. Please list any additional miscellaneous household expenses which you may have. Also, list the average
monthly cost of these expenses and who pays for them.

Applicant/Resident Signature

Date

Housing Representative

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.

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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.



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 10/31/2019.

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.

This Notice was provided by the below-listed PHA:	I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:	
	Signature	Date
	Printed Name	

SYLACAUGA HOUSING AUTHORITY
Designation of Beneficiary by Resident

STATE OF ALABAMA)
COUNTY OF TALLADEGA)

AFFIDAVIT

Designation of Beneficiary:

This is to certify that I, _____, a resident of Sylacauga Housing Authority, do hereby
(Print Name)

authorize The Sylacauga Housing Authority in the event that I am incapacitated or upon my death while a resident of Sylacauga Housing Authority, to turn over all my possessions, including any rent and/or Security Deposit refund(s) which may be due me to the following person:

Name of Beneficiary: _____

Address of Beneficiary: _____

City, State and Zip of Beneficiary: _____

Telephone Number of Beneficiary: _____

The above listed person will be responsible to remove my possessions and turn my apartment over to the Management of Sylacauga Housing Authority; and by signing below, does hereby agree to accept this responsibility.

I also understand that I have the right to revoke this authorization and designate a new beneficiary at any time during regular office hours of the Sylacauga Housing Authority and that such revocation and designation must be done in writing and a copy of this document and/or any subsequent revisions will be given to me with the original being retained in my "Tenant File." I also understand that it is my responsibility to inform my former beneficiary of the change and obtain the "acceptance signature" of my new beneficiary.

I do further remise, release and forever hold harmless the Sylacauga Housing Authority for paying any funds or turning over any of my possessions pursuant to the terms of this instrument.

Resident's Signature _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public _____

(Seal)

My commission expires _____

Acceptance of Responsibility by Designated Beneficiary:

I, the above named designated beneficiary, do hereby agree and accept the responsibility bestowed upon me by the above signed resident of Sylacauga Housing Authority. I understand that, in the event that the above signed person should become incapacitated or said person's death while a resident of Sylacauga Housing Authority, I will be responsible to be sure that said resident's personal possessions are removed from the premisses leased by said person from Sylacauga Housing Authority, return possession of the leased premisses to Sylacauga Housing Authority and that upon the death of the above signed person while a resident of Sylacauga Housing Authority, receive any refunds of rent and/or security deposits due on the resident's account.

Signature of Designated Beneficiary _____ Date _____

Witness No. 1 _____ Date _____

Witness No. 2 _____ Date _____

SYLACAUGA HOUSING AUTHORITY

P. O. BOX 539

SYLACAUGA, AL 35150

VERIFICATION OF CONTRIBUTIONS

DATE: _____

TO:

Applicant/Resident: _____

Address: _____

The above-named resident/applicant has reported that he/she receives contributions to his/her household from you each month.

Would you please verify this information by completing and signing the statements below?

A postage paid envelope is enclosed for your convenience.

By signing below, I do state that I make monthly contributions to the above household for the monetary value of \$_____.

Signature

Date

I hereby authorize release to the Sylacauga Housing Authority information relative to my household income.

Date

Signature of Applicant/Resident