HARRIETSTOWN HOUSING AUTHORITY
A PLACE TO LIVE IS MORE THAN A ROOF OVER YOUR HEAD

Patrick Murphy, Executive Director
14 Kiwassa Road, Suite 1
Saranac Lake, NY 12983
(518) 891-3050 (phone)
(518) 891-3630 (fax)

APPLICATION FOR
HOUSING CHOICE VOUCHER PROGRAM

Failure to provide all required information will delay processing of your application.
All individuals 18 years and older must sign the application.
A citizenship verification form MUST be completed for everyone in the household.

1. Complete the attached application and all applicable attachments for housing rental assistance.
2. Return to:
   Harrietstown Housing Authority
   14 Kiwassa Road, Suite 1
   Saranac Lake, NY 12983
3. Include the following information with your completed application:
   - ✓ A copy of birth certificate for everyone listed on the application.
   - ✓ A copy of the social security card for everyone listed on the application.
   - ✓ Proof of income (wage statements covering the most recent four-week period, child support, SSI, etc.). Income of some type is a requirement for eligibility/tenancy.
   - ✓ A copy of Public Assistance Grant Award Letter, if applicable. ✓ Bank statements for the last six months for all accounts.
4. A copy of the current year's Social Security Award Benefits letter indicating the amount of your monthly benefit (SSI, SSD, and/or SS), if applicable. Include this for all family members as applicable.
5. If at least 62-years of age and/ or disabled, the last page of a pharmacy printout with total cost of all medications for the past twelve months and receipts for all medical expenses you paid that were not reimbursed by an insurance company (include doctor visits, hearing aids, eye glasses, etc.).
6. If at least 62-years of age and/ or disabled, documentation of health insurance premiums for medical expense reimbursement or payment (Blue Cross/Blue Shield, AARP, EPIC, etc.).

IF REQUIRED DOCUMENTATION SHOWN UNDER #3 IS NOT INCLUDED WITH YOUR APPLICATION, APPLICATION IS INCOMPLETE AND WILL BE RETURNED TO YOU.

Upon receipt of a completed application with all required information, the Harrietstown Housing Authority will process the information and contact you if an interview is required. Upon verification of all information provided, a written determination of your eligibility will be sent to the address provided.

If you have any questions, call the office at 518-891-3050 ext. 105, or email at isnyder@harrietstownha.org.
Thank you for your interest.

Irene Snyder
Irene Snyder
Housing Choice Voucher Specialist

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HOUSING CHOICE VOUCHER APPLICATION

For Office Use Only
Annual Income _____
Income Limit _____
Eligible _____Y _____N
Date _____

General Information

Last Name _____ First Name _____ MI _____

Current Physical Address _____
(Street) (City) (State) (Zip)

Current Mailing Address _____
(Street) (City) (State) (Zip)

Phone Number to Contact You _____

NOTE: You are required to notify the Housing Authority of any address changes. If the Housing Authority is unable to contact you at the address provided, your name will be dropped from the list.

- Household members: List the legal names of all household members. Start with the head of household, then spouse or cohead, then minors (oldest to youngest), and then any other adults. This list includes any foster children and live-in aides (if needed for the care of a family member). Only those listed on this form may live in the unit.

No.	Legal Name (Please Print)	Relation to Head of Household	Sex	Race *	Ethnicity *	Social Security Number	Date of Birth	School Name/ Occupation
1		SELF						
2								
3								
4								
5								
6								
7								
8								

**Race: W-White; B/AA-Black or African American; A-Asian; AI/AN-American Indian/Alaskan Native; H/PI-Hawaiian or Pacific Islander *Ethnicity: L/H-Latino or Hispanic; NL/H-Not Latino or Hispanic*

- Do you anticipate anyone moving in or out of your household in the next 12 months? ☐ Yes ☐ No
If yes, please explain. _____

Preferences

• Is the head of household, spouse, co-head or sole family member employed at least 20 hours per week? (Families where head and spouse, co-head or sole family member is age 62 or older, or is a person with disabilities, are also eligible for this preference.)	☐ Yes ☐ No
• Is the head of household a veteran or surviving spouse of a veteran? ✓ A veteran must submit DD Form 214 – Certificate of Release of Discharge from Active Duty. If a surviving spouse, s/he must submit a marriage certificate	☐ Yes ☐ No
• Is a member(s) of the household a victim of domestic violence, dating violence, sexual assault, or stalking who has either been referred by a partnering service agency or consortia or is seeking an emergency transfer under VAWA (Violence Against Women Act) from another covered housing program operated by the Harrietstown Housing Authority? ✓The applicant must certify that the abuser will not reside in the household. ✓The Housing Authority must verify qualifications for this preference.	☐ Yes ☐ No
• Has the household been terminated from the Housing Choice ✓The Housing Authority will verify this with the applicable housing authority.	☐ Yes ☐ No

Financial Information

Income. Provide the following information for all current income received by all family members, including yourself. Also, include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc.

Family No. (see p 1)	Source of Income (if employer, include name/address)	Amount	Frequency (Check One)			
			Per Week	Bi-Weekly	Per Month	Per Year

- Did you file an income tax return for the most recent year? ☐ Yes ☐ No

Banking. List all checking and/or savings accounts and certificates of deposit. If none, please write "none".

Bank	Account Type	Account Number	Joint or Individual Account	Balance	6-month Average Balance

Assets. This includes current stocks, bonds, and real estate as well as assets disposed of with the past two (2) years. If none, please write "none".

Family No. (see p 1)	Description	Market Value	Cash Value	Interest Rate	Annual Income

- Does anyone in your household own real estate or has anyone in your household disposed of real estate in the past two years? ☐ Yes ☐ No

If yes, what is/was the address? _____

Expenses. Please provide the following information for all current monthly expenses. If none, please write "none".

Rent		Other	
Health Insurance			
Out-of Pocket Medical			
Child Care			

Disability Assistance Expenses. If none, please write "none".

Family No. (see p 1)	Expense Description	Amount	Frequency	Annual Amount	Unreimbursed Amount

If anyone in the household is at least 62-years of age and/ or disabled and there are unreimbursed monthly medical expenses, who can verify this?

_____

(Name) (Street) (City) (State) (Phone)

- Are there expenses on behalf of a household member with disabilities so an adult in the family can work? ☐ Yes ☐ No

If yes, describe the nature of the expense and the monthly amount.

If yes, who can verify this?

(Name) (Street) (City) (State) (Phone)

☐ Is any member of the household aged 18 or older, other than the head of household and spouse, a full time student or person with a disability? ☐ Yes ☐ No

If yes, what is the person's name?

If yes, who can verify this?

(Name) (Street) (City) (State) (Phone)

☐ Does anyone outside your household occasionally or regularly pay any of your bills or expenses?
☐ Yes ☐ No

If yes, please specify:

Residential History

☐ Has anyone in your household been homeless at any time over the last twelve months? ☐ Yes ☐ No

If yes, has this been reported to another agency? ☐ Yes ☐ No

☐ Have you ever been evicted? ☐ Yes ☐ No

If yes, when? Why?

Address of unit evicted from?

(Street) (City) (State) (Zip)

Program Integrity

- Has anyone in the household lived in assisted housing before? ☐ Yes ☐ No

  If yes, where? _____ When? _____

  What agency administered the program? _____

- Has anyone in the household ever used a name other than the one(s) being used now? ☐ Yes ☐ No

  If so, who and what name(s)? _____

- Has anyone in the household ever used a Social Security Number other than the one(s) being used now. ☐ Yes ☐ No

  If so, who and what number(s)? _____

- Does anyone in the household owe money to a public housing agency and/or landlord? ☐ Yes ☐ No

  If yes, what public housing agency/landlord? _____

- Has anyone in the household every violated a family obligation in a HUD-assisted housing program? ☐ Yes ☐ No

  If yes, where? _____

- Has anyone in the household ever engaged in the use, sale, manufacture, or distribution of a controlled substance? ☐ Yes ☐ No

  If yes, who? _____ When? _____

  What? _____

- Has anyone in the household ever been arrested or convicted of a crime? ☐ Yes ☐ No

  If yes, please provide the information requested in the table below.

Name	Date	City/State	Charge(s)

- Is anyone in the household a registered sex offender? ☐ Yes ☐ No

  If yes, who? _____

  Where is s/he registered? _____

Authorization, Representations and Certifications – All Family Members 18 Years of Age and Older

I do hereby authorize the Harrietstown Housing Authority to obtain a "consumer report" as defined in the Fair Credit Report Act, 15 U.S.C. Section 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

Signature Head of Household		Date
Signature of Spouse or Co-Head		Date
Other Family Member 18 or Older		Date
Other Family Member 18 or Older		Date

I/we certify that the statements on this application, including all attachments, are true to the best of my/our knowledge and belief, and understand they will be verified. I/we understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

Signature Head of Household		Date
Signature of Spouse or Co-Head		Date
Other Family Member 18 or Older		Date
Other Family Member 18 or Older		Date

WARNING: 18. U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing a false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States is a crime and shall be fined not more than $10,000 or imprisoned for not more than five years or both.

Attachments – To Ensure a Complete and Acceptable Application, Complete All Required/Applicable Attachments

- ✓ Supplement to Application for Federally Assisted Housing (HUD-92006)*
- ✓ Declaration of Citizenship*
- ✓ Authorization for the Release of Information / Privacy Act Notice (HUD-9886-A)*
- ✓ Authorization for the Release of Information*
- ✓ Debts Owed to Public Housing Agencies and Terminations (HUD-52675)*
- ✓ Violence Against Women Act (VAWA) ○ Notice of Occupancy Rights (HUD-5380)
    - ○ Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (HUD5382)
- ✓ Acknowledgement of Receipt of VAWA notice and information*
- ✓ Employment Verification Form
- ✓ Verification – Child Support
- ✓ Verification – Child Care Expenses

**Required For All Applicants*

OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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

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

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

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

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

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

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

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other:

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant **Date**

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

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

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

Harrietstown Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act[1]

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.[2] The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Harrietstown Housing Authority (HHA) 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 either the Public Housing or Housing Choice Voucher programs, 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 programs, you may not be denied assistance, terminated from participation, or be evicted from your rental

[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.

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 programs solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

Removing the Abuser or Perpetrator from the Household

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

HHA 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.

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

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

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

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

Confidentiality

HHA 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.

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

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

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

VAWA does not limit HHA'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, HHA 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 HHA 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 HHA can demonstrate the above, HHA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice
You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the HUD Buffalo Field Office.

For Additional Information

You may view a copy of HUD's final VAWA rule at https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs.

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

For questions regarding VAWA, please contact HHA's Housing Assistant or Housing Choice Voucher Specialist.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact STOP Domestic Violence of Behavioral Health Services North of Clinton, Franklin and Essex counties at its 24-hour hotline, 1-866-563-6904.

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 STOP Domestic Violence of Behavioral Health Services North of Clinton, Franklin and Essex counties at its 24-hour hotline, 1-866-563-6904.

Victims of stalking seeking help may contact STOP Domestic Violence of Behavioral Health Services North of Clinton, Franklin and Essex counties at its 24-hour hotline, 1-866-563-6904.

Attachment: Certification form HUD-5382

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

U.S. Department of Housing and Urban Development

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

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

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

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

(1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.

(2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or

(3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

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

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

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

1. **Date the written request is received by victim:**
2. **Name of victim:**
3. **Your name (if different from victim's):**
4. **Name(s) of other family member(s) listed on the lease:**
5. **Residence of victim:**
6. **Name of the accused perpetrator (if known and can be safely disclosed):**
7. **Relationship of the accused perpetrator to the victim:**
8. **Date(s) and times(s) of incident(s) (if known):**
10. **Location of incident(s):**

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.

HARRIETSTOWN HOUSING AUTHORITY
A PLACE TO LIVE IS MORE THAN A ROOF OVER YOUR HEAD

Patrick Murphy, Executive Director
14 Kiwassa Road, Suite 1
Saranac Lake, NY 12983
(518) 891-3050 (phone)
(518) 891-3630 (fax)

ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION VIOLENCE AGAINST WOMEN ACT (VAWA)

To be signed by all family members 18 years of age and older.

I acknowledge receipt of:

(1) Notice of Occupancy Rights under the Violence Against Women Act (Form HUD-5380); and

(2) Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (Form HUD-5382)

Print Name – Head of Household _____ Date _____

Signature - Head of Household _____

Print Name – Spouse or Co-Head _____ Date _____

Signature - Spouse or Co-Head _____

Print Name – Other Family Member 18 or Older _____ Date _____

Signature - Other Family Member 18 or Older _____

Print Name - Other Family Member 18 or Older _____ Date _____

Signature - Other Family Member 18 or Older _____

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VERIFICATION OF CHILD SUPPORT

Applicant/Resident Name: _____

I, _____, hereby authorize the release of requested information.

_____ _____
(Signature) (Date)

Dear Sir/Madam:
The Housing Authority is required to verify the incomes of all family members living in or applying for housing. We ask your cooperation by supplying the information requested, below. We use this information only to determine eligibility and/or rent and will keep the data in confidence.

If you have questions, please contact me at the number below. Your prompt return of this form is greatly appreciated.

- Number of children for whom support is paid: _____
- Name(s) of child(ren) for whom support is paid:
  1. _____
  2. _____
  3. _____
  4. _____
- Is the child support court ordered? ☐ Yes ☐ No
- Child support to be paid in coming year? $_____ per week per month per year (circle one)

Agency Name (if applicable): _____

Name of Person Completing This Form: _____

Address: _____

Phone: _____ Date: _____

_____
(Signature)

Patrick Murphy, Executive Director
14 Kiwassa Road, Suite 1
Saranac Lake, NY 12983
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(518) 891-3630 (fax)

HARRIETSTOWN HOUSING AUTHORITY
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CHILD CARE VERIFICATION

Applicant/Resident Name: _____

I, _____ hereby authorize the release of requested information.

_____ _____
(Signature) (Date)

Dear Sir/Madam:
The Housing Authority is required to verify certain expenses of all family members living in or applying for housing. We ask your cooperation by supplying the information requested, below. We use this information only to determine eligibility and/or rent and will keep the data in confidence.

If you have questions, please contact me at the number below. Your prompt return of this form is greatly appreciated.

- I provide child care for_____
- Name(s) of child/children:_____
- I am paid $_____per week during the school year.
  $_____per month during the school year.
- I am paid $_____per week during school vacation.
  $_____per month during school vacation.
- Is child care provided through Title XX funding via County's Office of Economic Assistance?

  If so, please indicate the amount paid $_____

COMPLETE BELOW ONLY IF CHILD CARE IS ON AN IRREGULAR BASIS

- I am paid $_____per hour for _____ hours per week during the school year.
- I am paid $_____per hour for_____ hours per weey during school vacation.

Print Name: _____ Telephone: _____

Signature: _____ Date: _____

Address: _____

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VERIFICATION OF RECEIPT OF UNEMPLOYMENT BENEFITS

Applicant/Resident Name: _____

I, _____ hereby authorize the release of requested information.

_____ _____
(Signature) (Date)

Dear Sir/Madam:
The Housing Authority is required to verify the incomes of all family members applying for admission to or living in federally assisted housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the individual named above. We use this information only to determine eligibility and/or rent and will keep the data in confidence.

If you have questions, please contact me at the number below. Your prompt return of this form is greatly appreciated.

- Gross Weekly Payment: $_____
- Is claimant eligible for further benefits? ☐ Yes ☐ No
- Date of initial payment: _____
- Duration of benefits: _____
- Weeks of benefits remaining: _____
- Amount of benefits remaining: _____
- Termination date of benefits: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____

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DECLARATION OF CITIZENSHIP

As of June 19, 1995, the Housing Authority is required to obtain evidence of citizenship or eligible immigration status from all housing program applicants and participants. Rental assistance will not be provided to any person(s) who is not a citizen or eligible immigrant.

- You are a U.S. Citizen if:
  - You were born in the U.S. or certain territories or outlying possessions of the U.S., and subject to the jurisdiction of the U.S.; or
  - You had a parent or parents who were citizens at the time of your birth (if you were born abroad) and meet other requirements; or
  - You received, derived or acquired citizenship through parents; or
  - You have met the requirements to be a naturalized citizen of the U.S.

Citizens are required to sign a written declaration. Eligible immigrants are required to sign a written declaration and verification consent form and show an acceptable U.S. Immigration and Customs Enforcement (ICE) document. The ICE assists this office in verifying current eligible immigration status.

For each person under 18 years of age, this form must be completed and signed by the adult of the household who is responsible for the child. If a member of the household cannot complete the declaration, please contact the office for assistance.

Are all members of the household U.S. citizens? ☐ Yes ☐ No

If no, who is not a citizen? _____

Declarations

I, _____ certify that I was born in the U.S. and am a citizen of the U.S.
Print Name

_____
Signature

I, _____ certify that I was born in the U.S. and am a citizen of the U.S.
Print Name

_____
Signature

I, _____ certify that I was born in the U.S. and am a citizen of the U.S.
Print Name

_____
Signature

I, [redacted], certify that I was born in the U.S. and am a citizen of the U.S.
Print Name

_____
Signature

I, [redacted], certify that I was born in the U.S. and am a citizen of the U.S.
Print Name

_____
Signature

I, [redacted], certify that I was born in the U.S. and am a citizen of the U.S.
Print Name

_____
Signature

Acceptable ICE documents include:

- Form I-551: Permanent Resident Card (Green Card)
- Form I-94: Arrival and Departure Record
- Form I-688: Temporary Resident Card
- Form I-688B: Employment Authorization Document
- An ICE receipt documenting application for issuance or replacement of one of the above forms

I, [redacted] certify that I have eligible immigration status. I offer
Print Name

the following evidence to support this certification: _____

_____
Signature

I, [redacted] certify that I have eligible immigration status. I offer
Print Name

the following evidence to support this certification: _____

_____
Signature

I, [redacted] certify that I have eligible immigration status. I offer
Print Name

the following evidence to support this certification: _____

_____
Signature

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

Sensitive Information: The consent granted by this form may be used as a basis to collect sensitive information, which is protected by the Privacy Act (5 U.S.C. §552a). Such information will not be disclosed or released outside of HUD except to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigator and prosecutors. Please see the Federal Privacy Act for a more detailed description of your privacy rights.

PURPOSE: This form enables the US Department of Housing And Urban Development (HUD) and the above named Public Housing Agency, to secure your signature and the signature of each member of your household 18 years of age or older to obtain:

- employee income information from current and previous employers;
- wage and claim information from the State Wage Information Collection Agency (SWICA);
- references from previous landlords;
- criminal activity (drug, alcohol and crime) records in accordance with the Housing Opportunity Program Extension Act of 1996 signed into law on March 28, 1996.

This information will be used to determine eligibility for Public Housing and Housing Choice Voucher Program within the Harrietstown Housing Authority.

COMPUTER MATCHING NOTICE & CONSENT: I understand that the Harrietstown Housing Authority and/or HUD may conduct computer matching programs with other government agencies including but not limited to Federal, State, Tribal and/or local agencies. Examples include:

- US Office of Personnel Management
- State Welfare and Food Stamp Agencies
- State Employment Security Agencies
- US Social Security Administration
- US Department of Defense
- US Postal Service
- Law Enforcement Agencies

The match will be used to verify information supplied by my family

EMPLOYMENT AND CRIMINAL INFORMATION: I authorize the Harrietstown Housing Authority and HUD to obtain information as set forth above.

All Family Members 18+ Years Print Name	Date of Birth	SSN	Signature

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FULL TIME STUDENT VERIFICATION

Applicant/Resident Name: _____

I, _____ hereby authorize the release of requested information.

_____ _____
(Signature) (Date)

Dear Sir/Madam:
The Housing Authority is required to verify the full-time student status of individuals applying for admission or living in federally assisted housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the individual named above. We use this information only to determine eligibility and/or rent and will keep the data in confidence.

If you have questions, please contact me at the number below. Your prompt return of this form is greatly appreciated.

- Educational institution: _____
- Address: _____
- Telephone: _____
- Is the individual named above a full-time student in good standing at this insitution? ☐ Yes ☐ No
- Years remaining to complete degree/program? _____
- Remarks: _____

_____

_____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Print Name: _____ Title: _____

Signature: _____ Date: _____

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VERIFICATION OF RECEIPT OF PENSION OR ANNUITY

Applicant/Resident Name: _____

I, _____, hereby authorize the release of requested information.

_____ _____
(Signature) (Date)

Dear Sir/Madam:
The Housing Authority is required to verify the incomes of all family members applying for admission to or living in federally assisted housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the individual named above. We use this information only to determine eligibility and/or rent and will keep the data in confidence.

If you have questions, please contact me at the number below. Your prompt return of this form is greatly appreciated.

Please complete as applicable.

- Current gross amount of pension: $_____/month
- Current gross amount of annuity: $_____/month
- Deductions for medical insurance premium: $_____/month
- Other deduction(s): $_____/month
  Please specify type(s): _____
- Date of initial award: _____
- Effective date of current amount: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____

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RECEIPT OF PUBLIC ASSISTANCE VERIFICATION

Applicant/Resident Name: _____

I, _____, hereby authorize the release of requested information.

_____ _____
(Signature) (Date)

Dear Sir/Madam:
The Housing Authority is required to verify the incomes of all family members applying for admission to or living in federally assisted housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the individual named above. We use this information only to determine eligibility and/or rent and will keep the data in confidence.

If you have questions, please contact me at the number below. Your prompt return of this form is greatly appreciated.

Number in family: _____

	Total $ per month
Temporary Assistance for Needy Families (TANF)	_____
General assistance	_____
Amount specifically designated for shelter and utilities (if any)	_____
Other assistance (specify): _____	_____
Total monthly grant	_____
Total amount of Public Assistance provided in last 12 months	_____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Print Name: _____ Title: _____

Signature: _____ Date: _____

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HARRIETSTOWN HOUSING AUTHORITY
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SELF-EMPLOYMENT VERIFICATION

Name: _____

Present Address: _____

Phone: _____

- I received $_____ per week ☐ month ☐ year ☐ **(circle one)** over the last 12 months for the following work:

_____

_____

- I expect to earn $_____ per week ☐ month ☐ year ☐ **(circle one)** in the next 12 months for the following work:

_____

_____

I understand that if my actual earnings differ from those reported above, I may be required to report it to the Housing Authority.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature: _____ Date: _____

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VERIFICATION OF RECEIPT OF SOCIAL SECURITY / SSI INCOME

Applicant/Resident Name: _____

I, _____ hereby authorize the release of requested information.

_____ _____
(Signature) (Date)

Dear Sir/Madam:
The Housing Authority is required to verify the incomes of all family members applying for admission to or living in federally assisted housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the individual named above. We use this information only to determine eligibility and/or rent and will keep the data in confidence.

If you have questions, please contact me at the number below. Your prompt return of this form is greatly appreciated.

- Gross Monthly Payment $_____
- Please check the type(s) of benefits this family receives
  _____ Social Security
  _____ Supplemental Security Income (including State Supplement)
- Monthly Medicare/Medicaid Deduction $_____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Print Name: _____ Title: _____

Signature: _____ Date: _____

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VERIFICATION OF V.A. BENEFITS

Applicant/Resident Name: _____

I, _____, hereby authorize the release of requested information.

_____ _____
(Signature) (Date)

Dear Sir/Madam:
The Housing Authority is required to verify the incomes of all family members applying for admission to or living in federally assisted housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the individual named above. We use this information only to determine eligibility and/or rent and will keep the data in confidence.

If you have questions, please contact me at the number below. Your prompt return of this form is greatly appreciated.

- Period(s) of active duty: From _____ to _____ // From _____ to _____
- Monthly allowance of $_____ is for ☐ School ☐ On the Job Training
- Please complete as applicable:
  - ✓ $_____ /month is designated as tuitition, fees, books, equipment, etc.
  - ✓ $_____ /month is designated as subsistence
  - ✓ Name/Address of school/training institution: _____
    _____
  - ✓ Name/Address of employer: _____
    _____
- Effective date of current award: _____ End date: _____
- Compensation
  - ✓ Service-connected: ☐ Disability ☐ Death ☐ Dependency and Indemnity
  - ✓ Non-service-connected pension: ☐ Disability ☐ Death
  - ✓ Effective date of award: _____
  - ✓ Other payments (type/amount per month): _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Print Name: _____ Title: _____

Signature: _____ Date: _____