



## DCHA Application Check List

- Government Issued ID
- Birth Certificate
- Proof of Income
- Social Security Number Certification
- Local Rent Supplement Program-Sponsor Based Verification of Residency in the District of Columbia
- Certification Interview Information
- Full Authorization to Obtain and Release Information
- Request for Verification of Employment Income
- Self- Certification
- Zero Income Certification
- Full-Time Student Verification (College or Minor)
- Verification of Child Care
- Authorization for Release of Information
- Supplement to Application for Federally Assisted Housing
- Application for Housing Assistance
- DHS Release of Information

**Program:**

- PSH
- TAH

Applicant Name: \_\_\_\_\_ HMIS#: \_\_\_\_\_

Application Completed By: \_\_\_\_\_

Provider: \_\_\_\_\_

Date received by DHS: \_\_\_\_\_

Date submitted to DCHA: \_\_\_\_\_



## DCHA Things You Should Know

**Don't risk your chances for federally or locally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.**

**Purpose** This is to inform you that there is certain information you must provide when applying and certifying your eligibility for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) and DCHA place a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- ❑ Evicted from your apartment or house;
- ❑ Required to repay all overpaid rental assistance you received;
- ❑ Prohibited from receiving future assistance.
- ❑ Fined up to \$10,000;
- ❑ Imprisoned for up to 5 years; and/or

**Asking Questions** When completing an application for assistance or going through the initial eligibility/continued eligibility determinations for housing assistance you should know what is expected of you. If you do not understand something, ask for clarification. DCHA staff assisting you can answer your questions or find what the answer is.

**Completing the Application** When you answer application or eligibility determination questions, you must include the following information:

**Income**

- ❑ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
- ❑ Any money you receive on behalf of your children (child support, social security for children, etc.);
- ❑ Income from assets (interest from savings account, credit union, or certificate of deposit, dividends from stock, etc.) - see "asset" paragraph below for details
- ❑ Earnings from second job or part-time job; and
- ❑ Any anticipated income (such as a bonus or pay raise you expect to receive)

**Assets** DCHA will only require reporting of a family's assets with a total value greater than \$15,000 or which generate a net income of greater than \$1,000 per year.

- ❑ All bank accounts, savings bonds, certificate of deposits, stocks, real estate, etc. that is owned by you and any adult member of your family's household who will be living with you.
- ❑ Any business or asset you sold in the last 2 years for less than its full value such as your home to your children

**Signing the Application and**

- ❑ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.

- Eligibility Forms**
- When you sign the application and certification forms, you are claiming that the form(s) is complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
  - Information you give on your application and eligibility forms will be verified by DCHA. In addition, HUD will perform computer matches of the income you report with various federal, State, or private agencies to verify that it is correct

- 
- Recertification**
- You must provide updated information as part of the scheduled recertification process. You must report any changes in income and family/household composition immediately. Be sure to ask when you must recertify. At a minimum, you must report the following on the recertification forms:
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.
  - All income changes, such as increases in pay and/or benefits, change or loss of job and/or benefits, etc., for all household members;
  - Any household members moving in or out; and
  - All assets that you or your household members own that are valued at more than \$5,000; household assets that generate net income of more than \$1,000/year

- 
- Beware of Fraud**
- You should be aware of the following fraud schemes:
- Do not pay any money to file an application;
  - Do not pay any money to move up on the waiting list;
  - Do not pay for anything not covered by your lease;
  - Get a receipt for any money you pay; and
  - Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to DCHA. If that is not possible, then you can call the local HUD office or the HUD Offices of Inspector General (OIG) Hotline at (202) 708-4829

You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, SW, Washington, DC 20410



## Preparing For Your Eligibility Interview

### I. Completing Enclosed Forms:

Enclosed with your eligibility and interview letter are a series of forms that must be completed in order to determine your eligibility for housing assistance. Prior to your interview, please review these forms carefully and completely. Some of the information required is contact information (i.e. employers, banking institutions, etc.). If you have any questions, please contact our offices at \_\_\_\_\_.

### II. Identification (Bring the following items):

- Valid government issued photo identification for all household members 18 years old and older
- Proof of Social Security Numbers for **ALL** household members (i.e. Social Security card, Social Security Administration benefit letter or letter acknowledging issuance of Social Security number, etc.)
- Birth Certificate/Proof of Birth for all household members (long version)

### III. Information About Your Income and Assets:

1. Employment Income. For every member of your family who works, bring the following information:
  - Name, address, telephone, and facsimile numbers of the employer
  - Current rate of regular pay and overtime pay and the number of hours per week normally worked (three current pay stubs for bi-weekly pay) (six current pay stubs for weekly pay) (two pay stubs for semi-monthly pay).
  - Information about any changes you expect in your pay or the number of hours worked during the next twelve months.
  - Other types of income you expect to receive from employment, such as tips, commissions, profit-sharing programs, etc.
  - Initial employment letter stating start date, projected work hours per week, rate of pay and employment title.
2. Benefit and Support Income. If any member of your family receives any of the following types of income, bring name, address, and telephone number of the source of the income, and information about the amount received:
  - Unemployment Compensation
  - Social Security
  - Supplemental Social Security
  - Pension
  - Disability Income
  - Alimony
  - Child Support
  - Welfare or other Public Assistance
  - Regular support from family members or friends

3. Educational Grants and Scholarships. If any member of your family receives an educational grant or scholarship, bring information about the amount of the assistance and the purposes for which the assistance can be used. Bring the name, address, and telephone number of the institution providing the assistance.
4. Other Income. For any other type of income your family has, bring the name, address, and telephone number of the source of the income and information about the amount of the income.
5. Assets. DCHA has adopted a policy whereby applicant/resident/participant families are only required to report assets if:
  - Total family assets exceed \$5,000; and/or
  - The family has total income from assets that exceeds \$1,000/month

If one or both of the above apply to you and your family, please bring the following items that document the value of your family's assets and income from assets to your interview:

Amounts in Savings and Checking Accounts (including Christmas Clubs, Certificates of Deposit, IRA and Keogh Accounts). Bring the account number for all accounts and the balance in your accounts. Bring three (3) most recent bank statements that have been received (must be dated within the last 90 days).

Real Estate You Own. Bring information about the current value of the property. If you own property and rent it out, bring the address of the property and information about how much income you receive and what expenses you have for the property. (Bring last year's Schedule E from your income tax forms).

Stocks, Bonds, Trusts, Other Investments. Bring account numbers and statements on value of investments and information about income from investments.

Life Insurance Policies. Bring the name of the company(ies), policy number(s) and contact information.



**District of Columbia Housing Authority**

1133 North Capitol Street, NE Washington, DC 20002-7599

202-535-1000

**LOCAL RENT SUPPLEMENT PROGRAM - SPONSOR BASED  
VERIFICATION OF RESIDENCY IN THE DISTRICT OF COLUMBIA**

Application Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Release of Information: I hereby authorize the release of the following information to the District of Columbia Housing Authority concerning my residency. I also authorize the District of Columbia Housing Authority to contact the person or agency identified below to verify the information provided.

\_\_\_\_\_  
Applicant Name (Please Print) Applicant Signature/Date  
Application must include evidence to demonstrate one of the following:

**PART I**

Applicant has resided in the District of Columbia at least six (6) months prior to application for LRSP as demonstrated by any valid, non-expired government identification:

Valid ID Presented? \* Yes No \*If yes, Complete Part I ONLY, If No, Complete Part II OR Part III

ID Type: \_\_\_\_\_ ID No. \_\_\_\_\_ Issue Date: \_\_\_\_\_

Name as it appears on ID: \_\_\_\_\_ Photo Included? Yes No

Address listed: \_\_\_\_\_

**PART II**

Applicant has lived in the District of Columbia during any six (6) of the last twelve (12) months prior to LRSP application. Any of the following documents shall demonstrate residency within the District of Columbia for the time period: (please check applicable document(s) provided)

- Benefits records addressed to a District of Columbia Address; or
- Employment records; or  Medicaid records or medical records; or
- Tax records; or  Bank records; or
- Housing or lease records; or
- Affidavit of homeless shelter, social service provider, non-profit organization or religious organization where the applicant has been resident or with which they have been engaged

Document Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Agency or Company

If not available or applicable, go to Part III

**PART III**

Name of LRSP Sponsor: \_\_\_\_\_ Total # LRSP Allotment: \_\_\_\_\_

We hereby certify that the above-named applicant, \_\_\_\_\_ cannot provide documentation set forth in 61 DCMR Section 9508.2(i). We hereby request that DCHA accept this referral for eligibility in accordance with the applicable rules set forth, applicants who are residents of the District of Columbia as defined in DC Code Section 4-205.03. We further certify that this applicant, if admitted under this subsection does, not exceed ten percent (10%) of the total LRSP Subsidy allotted to this organization on an annual basis.

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_



# District of Columbia Housing Authority

1133 North Capitol Street N.E.,  
Washington, DC 20002-7599  
(202) 535-1000 | dchousing.org

## Certification Interview Information

**Program (select one):**  Public Housing  HCVP (Section 8)  Section 8 Moderate Rehabilitation

**If additional room is needed to complete this form, attach additional sheets of paper.**

### SECTION 1: GENERAL FAMILY INFORMATION (Head of Household/Other Adult Member)

Head of Household (Legal Name)		
Other Adult Member (If Head of Household is not Present for Interview)	Relationship to Head of Household	
Address (Current)	City, State	Zip Code
Mailing Address (If different from Current Address)	City, State	Zip Code
Home Phone#	Work Phone#	
Type of Legal Identification Presented	<b>FOR DCHA USE ONLY</b>	
If either Head of Household or Spouse is not present, why? <b>FOR DCHA USE ONLY</b> <span style="color: gray;">Type text here</span>		

### SECTION 2: HOUSEHOLD COMPOSITION

Please list the legal names of all of the people who live with the Head of Household. Start with the Head of Household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

Fam. Mem.	Legal Names	Relation to Head	Sex (M or F)	Birth Date	Occupation or School Name	Soc. Sec. #	Birth Place (City, State)
1		Head of Household					
2							
3							
4							
5							
6							
7							
8							

Public Housing & Moderate Rehabilitation Programs ONLY (Check bedroom size that applies)

Bedroom Size    1    2    3    4    5    6

**If applicant does not qualify for the bedroom size for which the interview was scheduled the applicant must be returned to the waitlist**

Do you expect anyone to move in or out of your household within the next twelve months  Yes  No

If yes, explain. \_\_\_\_\_

Have you or any other household member ever lived in public or assisted housing?  Yes  No

If yes, list where and when. \_\_\_\_\_

**SECTION 3: PROGRAM INTEGRITY INFORMATION**  
All Adult Household Members

**Program Integrity Information** (These questions apply to all adult household members).

Have you or any other household member ever used any name(s) or Social Security number(s) other than the one currently being used?  Yes  No

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

Have you or anyone in your household been arrested or convicted for the use, sale, manufacture or distribution of controlled substances?  Yes  No

If yes, who? When? For what? \_\_\_\_\_  
\_\_\_\_\_

Does anyone in your household currently use a controlled or illegal drug?  Yes  No

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

Has anyone in your household ever been arrested or convicted of violent criminal activity?  Yes  No

If yes, who? When? For what? \_\_\_\_\_  
\_\_\_\_\_

Are you or any member of your household subject to a State lifetime sex offender registration program in any state?

Yes  No

If yes, who? In what state(s)? \_\_\_\_\_  
\_\_\_\_\_

**FOR DCHA USE ONLY**

Sex Offender 3<sup>rd</sup> Party Check Completed for All Adult Members  Yes  No

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

3<sup>rd</sup> Party Criminal Background Check Completed (if applicable)?  Yes  No

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

**SECTION 4: ASSETS & BANKING INFORMATION**

Do you and/or any household member earn interest income from assets of more than \$1,000/month?  Yes  No

Do you or your household have assets valued at more than \$15,000?  Yes  No

If you answered YES to one or both of the questions above continue to complete the rest of the questions in this section ("Section 4: Assets and Banking Information").

If you answered NO to both of the questions above, skip to "Section 5: Allowances and Deductions".

Do you or any household member own or have an interest in any real estate, boat and/or mobile home?  Yes  No

If yes to any, please describe. \_\_\_\_\_  
\_\_\_\_\_

Have you or a household member sold any real estate in the last two years?  Yes  No

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

Do you or a household member own any stocks or bonds?  Yes  No

If yes to any, please describe. \_\_\_\_\_  
\_\_\_\_\_

DCHA is committed to providing equal access to this event for all participants & residents with disabilities. If you need a reasonable accommodation or sign language interpreter service, please contact our ADA/504/Language Department at 202-535-2737 or ADA504@dchousing.org with your complete request. Please allow at least 3 business days to make the necessary arrangements. If you need a foreign language translator, please contact our ADA/504/Language Department at 202-535-2737 or email LA@dchousing.org. Please allow at least 5 business days to make the necessary arrangements.

Family Member Name	Checking or Savings (select one)	Account #	Balance	Bank Name & Address
	Checking		\$	

Do you or a household member own a car(s)?  Yes  No

Family Member Name	Tag No.	Model/Year

Do you or a household member have any additional assets, including but not limited to, Annuities, Savings Bonds, and Credit Union Shares?  Yes  No

If yes, please provide describe.

Family Member Name	Asset	Account #	Balance	Financial Institution Name & Address
			\$	
			\$	
			\$	
			\$	
			\$	

## SECTION 5 ALLOWANCES & DEDUCTIONS

### Dependent

Are there members of the household who are under 18 years of age, or are persons with disabilities, or are full-time students? (**DO NOT** include live-in aids, foster children, and foster adults who may be household members).  Yes  No

If yes, please provide name(s). \_\_\_\_\_

### Elderly Family

Is the Head of Household, spouse or sole member 62 years old or older?  Yes  No

If yes, please provide name(s). \_\_\_\_\_

### Disabled Family

Is the Head of Household, spouse or sole member a person with a disability?  Yes  No

If yes, please provide name(s). \_\_\_\_\_

FOR DCHA USE ONLY What form(s) of verification of disability was provided by the household?  
\_\_\_\_\_

### Childcare Expenses

*Unreimbursed amounts the family anticipates paying for children less than 13 years old during the period for which annual income is based.*

Do you pay childcare expenses?  Yes  No

If yes, complete the following:

Child's Name	Amount	Per (Week/Month/Year)
		Year
		Year
		Year

Is childcare necessary for the purposes of allowing a family member to be employed, to actively seek employment, or to further a family member's education?  Yes  No  
 If yes, provide the name(s) of the family member(s): \_\_\_\_\_

**Disability Assistance Expenses (Elderly and Disabled Families ONLY)**

Please indicate if you have any expenses related to attendant care or auxiliary apparatus for a disabled family member that you are paying (these are expenses for which you are NOT receiving any reimbursement). Only provide information for those expenses that allow for an adult member of the family to be employed (including persons with disabilities).

Household Member Name	Amount
	\$
	\$
	\$

**Medical and Unusual Expenses**

Does any household member anticipate any medical expenses during the next 12 months that will not be reimbursed by any source outside your household? Include prescription/nonprescription drugs and any other medical costs.

Household Member Name	Type of Expense	Monthly Expense	Total Anticipated Expenses for Next 12 Months
		\$	\$
		\$	\$
		\$	\$

**SECTION 6: REASONABLE ACCOMODATION**

Do you or any member of your household need a Reasonable Accommodation?  Yes  No  
 If yes, complete Reasonable Accommodation request Forms 640 & 644.

If you marked the disabled preference, please indicate if you or, a household member with a disability needs any of the following special features as a reasonable accommodation:

- Wheelchair Accessible Unit
- Hearing Impaired Hardware
- Sight Impaired Accommodations
- Live-In Aide
- Unit without Steps
- Additional Bedroom
- Other \_\_\_\_\_

## SECTION 7: INCOME

List all money received or earned by everyone living in the household.

Note the employment status of all adult family members. Include all money from Employment, Self-Employment, Unemployment Compensation, Child Support, Regular Contributions, Social Security, SSI, Retirement, Disability, Workmen's Compensation, TANF, Veterans Benefits, Rental Property Income, Stock dividends, Interest, Alimony, Annuities and all other sources.

Family Member Name	Source (Employment, TANF, Child Support, Social Security/Supplemental Security, Unemployment, DC Grandparent Stipend, All Other Income)	Rate	Type of Income	Annualized Income
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Has anyone in your household applied for any benefits or money which is in the process of being approved?  
 Yes     No

If yes, explain. \_\_\_\_\_

Does anyone outside of your household pay for any of your bills or expenses?     Yes     No

Are you entitled to:    Child Support?     Yes     No  
    Alimony?     Yes     No  
    Maintenance?     Yes     No

Do you receive child support, alimony or maintenance?     Yes     No

If yes, from whom? Amount? \_\_\_\_\_

Does anyone in your household receive an educational scholarship or grant?     Yes     No

If yes, provide the following information for the member receiving the assistance:

Family Member Name	Source	Amount	Month/Semester/Year
		\$	
		\$	
		\$	

If you are a former resident of Public Housing or, received Housing Choice Voucher assistance and have a debt or rental balance, you cannot be provided assistance until the debt is resolved.

### FOR DCHA USE ONLY

#### Selection/Preference Category

Public Housing Waitlist	Selection	Housing Choice Waitlist	Selection	MOD Waitlist	Selection	Set-Aside	Selection
Elderly	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Relocation	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	Unit Code	<input type="checkbox"/>	Unit Code	<input type="checkbox"/>	FUR	<input type="checkbox"/>
Near Elderly	<input type="checkbox"/>	Rent Burden	<input type="checkbox"/>	Rent Burden	<input type="checkbox"/>	Mainstream	<input type="checkbox"/>
Working Family	<input type="checkbox"/>	Unit Unit	<input type="checkbox"/>	Unit Unit	<input type="checkbox"/>	VASH	<input type="checkbox"/>
All Other Preference	<input type="checkbox"/>	Involuntarily Displaced	<input type="checkbox"/>	Involuntarily Displaced	<input type="checkbox"/>	HUD – Opt Out	<input type="checkbox"/>
Emergency, Homeless, Displaced	<input type="checkbox"/>	Non-Preference	<input type="checkbox"/>		<input type="checkbox"/>	Non-Elderly Displaced	<input type="checkbox"/>
Rent Burden	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Multi-Cultural	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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**SECTION 8: DECLARATION AND CERTIFICATION**

I understand that any misrepresentations of information or failure to disclose information requested on this form may disqualify me from consideration for admission/housing assistance, and may be grounds for eviction/termination of assistance. I understand that the District of Columbia Housing Authority may verify the information provided herein. I also understand that all changes in income of any member of the household, as well as any changes in household composition, must be reported to the District of Columbia Housing Authority in writing immediately.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or other adult

\_\_\_\_\_  
Date

**DCHA Representative Certification: I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH THE APPLICANT OR APPLICANT’S REPRESENTATIVE.**

\_\_\_\_\_  
DCHA Representative

\_\_\_\_\_  
Date

**WARNING! False statements are a basis for rejection of your application, eviction or termination from a program and may be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.**



**FULL AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION**

I/We authorize District of Columbia Housing Authority (DCHA) and its instrumentalities, subsidiaries or agents to

A. Contact, request, and receive information from any and all:

- 1) Credit reporting agencies regarding my current and past credit history and any other information that they may provide;
- 2) Law Enforcement agencies or other public agencies in or outside the District of Columbia, both federal and local, with respect to any criminal background information;
- 3) Health Care providers or professionals for whom you have provided to us the names and contact information to obtain verification of any disability, including mobility impairments, and the need for special physical features for the provision of housing or other accommodations;
- 4) Income or asset sources or repositories or agencies collecting information on personal income or assets; and

B. To copy or otherwise share any and all information provided by me or adult members of my household as part of my public housing or Housing Choice Voucher Program application process or in connection therewith, or obtained by DCHA from other agencies or individuals as authorized in paragraph A above, with any third party management company managing affordable housing units subsidized by DCHA or with any office or instrumentality of DCHA where my application may be sent because there is or is anticipated to be a subsidized unit available for occupancy under the management of such third party company or office or instrumentality of DCHA.

C. I hereby acknowledge that I have had the opportunity to read this release carefully and ask any questions about the nature and implications of signing this release, and hereby execute the release without any reservations.

Signatures:

_____	_____		
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household	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



### Request for Verification of Employment Income

Attn: Personnel Department

Re: \_\_\_\_\_

Employee's Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

Zip

\_\_\_\_\_  
City/State

Zip

\_\_\_\_\_  
Social Security #

#### RELEASE OF INFORMATION

#### To be completed by the Applicant/Resident.

I hereby authorize my employer to release the information requested directly to the District of Columbia Housing Authority.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### TO BE COMPLETED BY EMPLOYER

Dear Sir/Madam:

The above-named person is applying for an assisted housing program operated by the District of Columbia Housing Authority. Written verification of income is required in order to determine eligibility and the amount of rent that will be paid. Under no circumstances should this form be filled out by the employee identified above. Forms should be completed by the employee's supervisor, a time-keeper, a bookkeeper or an accountant. Your prompt return of this form is appreciated.

#### Verification of Employment Income (Please complete whether currently employed or not)

1. Date employment began: \_\_\_\_\_ Occupation: \_\_\_\_\_

2. Date employment terminated: \_\_\_\_\_

3. Base pay: \$ \_\_\_\_\_ per (select one):  hour  day  week  month  year

Date present rate effective \_\_\_\_\_

Average hours per week at base pay rate \_\_\_\_\_ Average weeks per year at base rate \_\_\_\_\_

Change in base rate anticipated during next 12 months to \$ \_\_\_\_\_ per \_\_\_\_\_

Overtime pay: \$ \_\_\_\_\_ per hour Expected overtime during next 12 months: \_\_\_\_\_ hours per week

Earnings year to date: \$ \_\_\_\_\_

Amount deducted per pay period for health insurance \$ \_\_\_\_\_ per \_\_\_\_\_

Amount vacation pay \$ \_\_\_\_\_ per year

Amount sick leave pay \$ \_\_\_\_\_ per year \_

Total earnings past 12 months: \$ \_\_\_\_\_ Base Pay: \$ \_\_\_\_\_ Bonus \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Tips \$ \_\_\_\_\_

If employer is landlord, is a rent reduction given?  Yes  No Amount: \$ \_\_\_\_\_

Do federal funds pay for any part of salary?  Yes  No Amount: \$ \_\_\_\_\_

If yes, provide the name of the program: \_\_\_\_\_

Previous Base Pay Rates: \$ \_\_\_\_\_ Per year Effective Date \_\_\_\_\_  
\$ \_\_\_\_\_ Per year Effective Date \_\_\_\_\_  
\$ \_\_\_\_\_ Per year Effective Date \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name & Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**District of Columbia Housing Authority**

1133 North Capitol Street N.E.,  
Washington, DC 20002-7599  
(202) 535-1000 | dchousing.org

**Brenda Donald, Executive Director**

This form is to be filled out in accordance with Section 2042(c)(2) of the Fiscal Year 2022 Budget Support Act of 2021 (DC Law L24-0045 effective November 13, 2021), which provides that the District of Columbia Housing Authority (DCHA) shall establish a process to “allow applicants to self-certify eligibility factors when an applicant cannot easily obtain verification documentation.”

**False statements and misreporting of information in this form are a basis for rejection of your application or termination from the Tenant-Based Local Rent Supplement Program under 14 DCMR § 9505.12 and may also be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.**

Self- Certifications for Tenant-Based Local Rent Supplement Program

A separate form must be used for each household member and all adult household members who will be self-certifying to all or some of the information designated below due to their inability to easily obtain verification documents for the information. Please make sure to identify the Head of Household (HOH) on each form so that DCHA can account for all household members.

Name of HOH: \_\_\_\_\_  
Name of Household Member if not the HOH: \_\_\_\_\_  
Number of Household Members including HOH: \_\_\_\_\_

**Only self-certify to those items below for which you were unable to provide verification documents.**

- I self-certify that my full Legal Name is \_\_\_\_\_
- I self-certify that my Date of Birth is \_\_\_\_\_
- I self-certify my Social Security Number is \_\_\_\_-\_\_\_\_-\_\_\_\_\_.
- I self-certify that the following persons are members of the household and have the relationship to me as indicated next to their names:

Name:	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

- I self-certify that my gross income from all income sources is:
  - 1 X Average Gross Income if paid Annually = \$\_\_\_\_\_.
  - 12 X Average Monthly Gross Income if paid Monthly =\$\_\_\_\_\_.
  - 24 X Average Semi-Monthly Gross Income if paid Twice Monthly =\$\_\_\_\_\_.
  - 26 X Average Bi-Weekly Gross Income if paid Bi-Weekly =\$\_\_\_\_\_.
  - 52 X Average Weekly Gross Income if paid Weekly=\$\_\_\_\_\_.
  - My Total Gross Income from all sources is =\$\_\_\_\_\_.
  - If you have zero-income, please fill out the separate zero income certification.

I self-certify and affirm that the information above is true and correct to the best of my knowledge.

**Warning! False statements and misreporting of information in this form are a basis for rejection of your application or termination from the Tenant-Based Local Rent Supplement Program under 14 DCMR § 9505.12 and may also be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.**

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Household Member: \_\_\_\_\_ Date: \_\_\_\_\_

DCHA Representative: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Revised version: 3/1/22



**ZERO INCOME CERTIFICATION**

To be completed by each adult member (18 years old and older) who claims to have no income.  
Use a separate form(s) for each adult member claiming to have no income.

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

Name of Head of Household: \_\_\_\_\_

Household Address: \_\_\_\_\_

Name of Member: \_\_\_\_\_ Social Security # \_\_\_\_\_

I certify that I am not receiving income from any source and verify that I am not:

- 1. Employed through any private or public employer \_\_\_\_\_ initials
- 2. Receiving unemployment compensation benefits \_\_\_\_\_ initials
- 3. Receiving Social Security Administration benefits \_\_\_\_\_ initials
- 4. Receiving Public Assistance (PA), or Veteran's Benefits \_\_\_\_\_ initials
- 5. Receiving income from any source \_\_\_\_\_ initials
- 6. On maternity leave without pay \_\_\_\_\_ initials
- 7. Receiving any contributions from friends, relatives, agencies, churches, etc. \_\_\_\_\_ initials

I understand that I must immediately report any changes in income and family composition. I understand that a recertification will be performed for all family members 18 years of age or older every ninety (90) days as long as the entire family is reporting that the household has no income. I understand that failure to report all family incomes is a violation of the Family Obligations under the terms of the Housing Choice Voucher Program and may lead to the termination of assistance to the family.

I certify that the above information is true and correct to the best of my knowledge.

**WARNING! False statements are a basis for rejection of your application, eviction or termination from a program and may be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**THIS FORM MUST BE NOTARIZED**

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary Public Signature



# District of Columbia Housing Authority

1133 North Capitol Street N.E.,  
Washington, DC 20002-7599  
(202) 535-1000 | dchousing.org

## Full-Time Student Verification (College/Technical School)

This form should be completed by an administrative officer of the school. A school seal **MUST** be affixed below to certify the information provided.

<b>TO:</b> _____	<b>RE:</b> _____
Educational Institution/Representative	Student
_____	_____
Address	Address
_____	_____
City/State	City/State
_____	_____
Zip	Zip
_____	_____
Phone #	Head of Household

### RELEASE OF INFORMATION

#### To be completed by the Applicant/Resident.

I hereby authorize the educational institution identified above to release the information requested directly to the District of Columbia Housing Authority.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY THE SCHOOL

Dear Sir/Madam:

The above named person is an applicant for a federally-assisted housing program operated by District of Columbia Housing Authority (DCHA). This person has indicated that \_\_\_\_\_,

Student's Name (Please Print)

a family member, is attending your school on a full-time basis. In order to determine the rental payment for this family, we must verify the information regarding student status. Please verify this information in the space provided below and return the form to our office as soon as possible. Thank you for your assistance in this matter.

I hereby confirm that \_\_\_\_\_ (select one)  IS or  IS NOT enrolled as

Student's Name (Please Print)

a full-time student at this institution.

(School Seal)

If a full-time student, please indicate the current year or level of student: \_\_\_\_\_

Student Address of record: \_\_\_\_\_

Per your records, please provide the name of the person with whom the student resides: \_\_\_\_\_

\_\_\_\_\_  
Name of Educational Institution Representative(Please Print) Title (Please Print) Phone #

\_\_\_\_\_  
Signature of Educational Institution Representative Date School Address

**WARNING! Title 18, Section 1001 of the U.S. Code, states that any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.**

DCHA is committed to providing equal access to this event for all participants & residents with disabilities. If you need a reasonable accommodation or sign language interpreter service, please contact our ADA/504/Language Department at 202-535-2737 or ADA504@dchousing.org with your complete request. Please allow at least 3 business days to make the necessary arrangements. If you need a foreign language translator, please contact our ADA/504/Language Department at 202-535-2737 or email LA@dchousing.org. Please allow at least 5 business days to make the necessary arrangements.



# District of Columbia Housing Authority

1133 North Capitol Street N.E.,  
Washington, DC 20002-7599  
(202) 535-1000 | dchousing.org

## Verification of Child Care/Attendant Care Costs (Provider)

To: \_\_\_\_\_ Re: \_\_\_\_\_  
 Provider's Name Applicant/Recipient's Name  
 \_\_\_\_\_  
 Address Address  
 \_\_\_\_\_  
 City/State Zip City/State Zip

### RELEASE OF INFORMATION

#### To be completed by the Applicant/Recipient.

I hereby authorize the release of information directly to the District of Columbia Housing Authority concerning child/attendant care that I receive.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY CHILD CARE/ATTENANDANT CARE PROVIDER

Dear Sir/Madam:

The District of Columbia Housing Authority (DCHA) is a federally/locally funded agency assisting qualified families with rent subsidies. The above-named person is an applicant for a DCHA housing program. In order to determine the eligibility and rental payment for the above-named person, we must verify information regarding his/her income. Thank you for your assistance in completing the information below.

I do hereby affirm that I, \_\_\_\_\_, do hereby certify that I provide care for the  
 Provider's Name  
 following children/dependent persons on the following days for the hours indicated.

Name	Age	Days Cared for (Circle all that apply)	Hours (select AM or PM)	
			From	To
		M T W Th F S Su	AM/PM	AM/PM
		M T W Th F S Su	AM/PM	AM/PM
		M T W Th F S Su	AM/PM	AM/PM

I. How many hours per week is care provided for each of the following reasons that apply?

Work \_\_\_\_\_ Seeking Employment \_\_\_\_\_ Attending School \_\_\_\_\_

II. Total Hours of care provided: \_\_\_\_\_ per week \_\_\_\_\_ per month

III. Cost of care to the family \$ \_\_\_\_\_ Amt. paid by the family \$ \_\_\_\_\_ Amt. paid by other source (if applicable): \$ \_\_\_\_\_

IV. Estimated cost of care for the upcoming 12 months (include full-time summer care of school children, if applicable): \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Child Care Provider/Attendant Care Provider

\_\_\_\_\_  
Date

**WARNING! Title 18, Section 1001 of the U.S. Code, states that any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.**



# District of Columbia Housing Authority

1133 North Capitol Street N.E.,  
Washington, DC 20002-7599  
(202) 535-1000 | dchousing.org

## Verification of Support (Contributor)

To: \_\_\_\_\_ Re: \_\_\_\_\_  
 Contributor's Name Applicant's Name  
 \_\_\_\_\_  
 Address Address  
 \_\_\_\_\_  
 City/State Zip City/State Zip

### RELEASE OF INFORMATION

#### To be completed by the Applicant/Recipient.

I hereby authorize the release of information, concerning monetary support that I receive, directly to the District of Columbia Housing Authority.

Applicant/Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY CONTRIBUTOR

Dear Sir Madam:

The District of Columbia Housing Authority (DCHA) is a federally/locally funded agency assisting qualified families with rent subsidies. The above-named person is an applicant for a DCHA operated housing program. In order to determine the eligibility and rental payment for the above-named person, we must verify information regarding his/her income. Thank you for your assistance in completing the information below.

Please complete this form as it relates to cash money contributed to this household.

I do hereby affirm that I pay the sum of \$ \_\_\_\_\_ per (select one)  week or  month

\_\_\_\_\_  
Applicant's Name (please print)

I provide this sum in support of the following person(s) (please provide name and ages below). Use additional pages if necessary.

--	--	--	--

Is the support intended to be ongoing if the family is provided housing assistance by DCHA?  Yes  No

Are these payments court ordered?  Yes  No If yes, please provide copy of court.

\_\_\_\_\_  
Name of Contributor (Please Print)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature (Contributor)

\_\_\_\_\_  
Date

**WARNING! False statements are a basis for rejection of your application, eviction or termination from a program and may be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.**



## DECLARATION OF SECTION 214 STATUS

**Notice to applicants and tenants:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to District of Columbia Housing Authority. There must be one form completed for each member in the household. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

*See reverse side for footnotes and instructions.*

I, \_\_\_\_\_, certify, under penalty of perjury<sup>1</sup>, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age<sup>2</sup>; or
- I have eligible immigration status as checked below (see reverse of this form for explanation). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA);<sup>3</sup> or
- Permanent residence under §249 of INA<sup>4</sup>; or
- Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA<sup>5</sup>; or
- Parole status under §§212(d)(5) of the INA<sup>6</sup>; or
- Threat to life or freedom under §243(h) of the INA<sup>7</sup>; or
- Amnesty under §245A of the INA

\_\_\_\_\_  
*(Signature of Family Member)*

\_\_\_\_\_  
*Date*

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

- 1 **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.
- 2 **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 18, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3 **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §(101)(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4 **Permanent residence under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5 **Refugee, asylum or conditional entry status under §§207, 208, or 203 of INA.** A noncitizen who is lawfully present in the U. S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum stand*]; or as a result of being granted conditional entry under 203(a)(7) of the INA (8 U.S.C. 1153 (a) (78)0 before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6 **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212 (d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7 **Threat of life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].
- 8 **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*]

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the Child.

# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

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

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

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

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

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

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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

This consent form expires 15 months after signed.

Signatures:

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

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice:</i></b></p>	
	<p><b>Signature</b></p> <p><b>Printed Name</b></p>	<p><b>Date</b></p>

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.



# District of Columbia Housing Authority

1133 North Capitol Street N.E.,  
 Washington, DC 20002-7599  
 (202) 535-1000 | dchousing.org

## APPLICATION FOR HOUSING ASSISTANCE

Effective December 1, 2006, the District of Columbia Housing Authority, Eligibility and Continues Division (ECOD), changed to an appointment only process for accepting applications for housing and updating housing application information. To schedule an appointment to apply for housing or update your application information, please contact the ECOD Appointment Line at (202) 435-3245 between 8:30am-4:30 pm, daily. To check the status of your application, please contact the office at (202) 535-1000.

**Print information in ink**

Last Name of Applicant	First Name of Applicant	S.S. # for Applicant
Home Address:		Mailing Address (If different)
Home Telephone: ( )		Work/Cell Phone: ( )

**CHECK THE HOUSING PROGRAM THAT YOU ARE APPLYING FOR. YOU CAN MAKE MORE THAN ONE CHOICE:**

Public Housing     Section 8 Voucher Program     Section 8 Moderate Rehabilitation

**Household Information:**

**First list applicant, the co-applicant and all children (who will live with you) in order of age starting with the oldest. Then list all others who will live with you.**

<u>First and Last Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex M/F</u>	<u>Social Security # of All Household Members 6 years of age or older</u>
1.	Applicant			
2.	Co-Applicant			
3.				
4.				
5.				
6.				

Total number who will live in the unit \_\_\_\_\_.

Have you or any other adult household member(s) listed on this application ever lived in public housing and/or received Section 8 Housing Assistance? [ ] Yes [ ] No

If DCHA Public Housing, list property name. \_\_\_\_\_

**IF YOU ARE A FORMER RESIDENT OF DCHA PUBLIC HOUSING OR RECEIVED SECTION 8 HOUSING ASSISTANCE AND OWE A RENTAL BALANCE, YOU CANNOT BE ASSISTED UNTIL THE BALANCE IS PAID IN FULL.**

Revised 01/04/20

DCHA is committed to providing equal access to this event for all participants & residents with disabilities. If you need a reasonable accommodation or sign language interpreter service, please contact our ADA/504/Language Department at 202-535-2737 or ADA504@dchousing.org with your complete request. Please allow at least 3 business days to make the necessary arrangements. If you need a foreign language translator, please contact our ADA/504/Language Department at 202-535-2737 or email LA@dchousing.org. Please allow at least 5 business days to make the necessary arrangements.

Have you or any other household member(s) listed ever been arrested or convicted of a criminal offense involving a sex offense, illegal drug activity, weapon possession or violence against people or property?  Yes  No  
If yes, please list the household member(s), crime, when and where it was committed:

<u>Name Of Member</u>	<u>Crime</u>	<u>Date</u>	<u>Location Of Crime</u>
1.			
2.			
3.			
4.			

**WHAT IS YOUR CURRENT LIVING CONDITION? Check all that apply**

- I am **homeless**; living in transitional housing, living in a licensed shelter for the homeless, or not having a fixed address.
- I have been **displaced** due to government action, disaster (such as fire or flood), or actions taken by owner.
- I have been **displaced** due to recent or continuing **domestic violence**.
- I have been **displaced** due to recent or continuing **hate crimes**.
- I am unable to fully use my current housing due to **inaccessibility of my unit** because I or a member of my Household has a mobility or other impairment.
- I am living in a unit **unfit for habitation** and it has **building/housing code violations**.
- I am currently paying more than **50% of my income towards rent and utilities**.

**WORKING FAMILIES**— I (applicant) and/or my spouse is/are (Check all that apply):

- Currently working at least 20 hours per week;
- Currently self-employed;
- Attending a certified General Equivalency Diploma (GED) Program;
- Participating in a verifiable job training program;
- 62 years of age or older; or
- Disabled

**IF YOU MARKED THE DISABLED PREFERENCE, PLEASE INDICATE IF YOU OR A HOUSEHOLD MEMBER WITH A DISABILITY NEED ANY OF THE FOLLOWING SPECIAL FEATURES AS A REASONABLE ACCOMMODATION:**

- Wheelchair Accessible Unit  Live-In Aide  Other \_\_\_\_\_
- Hearing Impaired Hardware  Unit Without Steps
- Sight Impaired Accommodations  None

**INCOME:**

List all income for all household members who will live in your unit

<u>Household Member Name</u>	<u>Type of Income</u>	<u>Amount Received Per Month</u>
1.		
2.		
3.		
4.		

## -REASONABLE ACCOMMODATION SURVEY-

The information gathered in this section will help the District of Columbia Housing Authority (DCHA) better serve the housing needs of persons with disabilities. Your assistance is needed to identify persons with disabilities on the public housing waiting list that need special features in their units to take full advantage of housing owned and managed by DCHA. The special features are known as “reasonable accommodations.” A reasonable accommodation is a change that can be made to a unit or procedure to allow a person with disabilities to have the same opportunity for housing as any other applicant. **NO ONE IS REQUIRED TO DISCLOSE A DISABILITY. THIS INFORMATION IS OPTIONAL.**

**Please complete the questions below if you or the household member with disabilities needs special features in the public housing unit:**

1. Will you have an attendant living with you?  Yes  No  
(Prior to admission, Live-in Aides will have to meet applicant screening criteria.)
2. Do you or anyone in your household need an accessible parking space?  Yes  No
3. Do you need parking for a raised roof van or wheelchair lift?  Yes  No
4. Do you or anyone in your household need assistance with daily activities such as: (check all that apply):  
 Using the bathroom  Bathing/Showering  Eating  Dressing  Cleaning  
 None of the above
5. Is it hard for you or anyone you live with to climb stairs?  Yes  No
6. Do you or anyone you live with use any of the following devices? (Check all that apply):  
 Wheelchair  Walker  Crutches  Cane  Other (specify) \_\_\_\_\_
7. What, if any, modifications do you or anyone in your household need in your bathroom?  
(Check all that apply)  
 Grab bars  Roll in shower  Extendable hand shower  Raised toilet seat  
 Lower toilet seats  Extended handles on faucets  Other (specify) \_\_\_\_\_
8. Is it hard for you or anyone who will live with you to:  
 Open room doors  Open kitchen appliances such as refrigerator, stove, microwave  
 Turn on sinks, tubs, flushing toilets  Lift  Reach  Other (specify) \_\_\_\_\_
9. Do you need:  
 Lower light switches  Lower room temperature control (thermostat)  
 Adjustment of plumbing fixtures (sinks, toilets, tubs, showers, etc.)  
 Adjustment of electrical appliances (refrigerators, stoves, laundry machines)  
 Adjustment to table/counter height  Other (specify) \_\_\_\_\_
10. Do you or any member of your household need Braille labeling or raised letters in your apartment and in common areas of the building?  Yes  No

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11. Do you need flashing warning lights for:

- Smoke-detection                       Doorbell                       Security purposes

12. Do you or anyone you live with use a service animal?                       Yes                       No

13. Do you or any household member need any accommodation(s) not mentioned?  Yes     No

**If yes, please indicate how the DCHA could accommodate your Household:**

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**RACE/ETHNIC/LANGUAGE BACKGROUND OF APPLICANT**  
(used for statistical purposes only)

The following information is required for statistical purposes by the United States Department of Housing and Urban Development to insure non-discriminatory practices in the program.

**Race:**

- Black/African American  
 White  
 Asian  
 Native Hawaiian/Other Pacific Islander  
 American Indian/Alaskan Native  
 Other \_\_\_\_\_

**Ethnicity:**

- Hispanic                       Non-Hispanic

**Is Primary Language Spoken by Head of Household English?**

- Yes                       No

**If no, please check the language spoken:**

- Spanish  
 Chinese  
 Vietnamese  
 Korean  
 Amharic  
 Other \_\_\_\_\_

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**Application MUST be signed to be considered complete.**

**I declare that the statements contained in this application are true and correct and that I have not made a false statement, given false information or omitted information in connection with this application.**

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**Applicant's Signature & Date**

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**Co-Applicant's Signature & Date**

**WARNING: False statements are a basis for rejection of your application, eviction or termination from a program and may be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.**

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