

Do you expect anyone to move in or out of your household within the next 12 months? YES NO
 If yes, Who and When? _____

Has anyone moved in or out of your household within the past 12 months? YES NO
 If yes, Who and When? _____

Does anyone live with you now who is not listed above? YES NO
 If yes, please list full name and relation: _____

INCOME INFORMATION:

Complete the following for each household member currently employed:

Name	Employer Name and Address	Date of Employment	Rate of pay	Hours per pay period	Tips Bonuses

If you or any person in your household receives income from any of the following sources, check the appropriate space and complete the information below for each member and source of income:

Welfare Assistance/TANF _____ Retirement Pension _____ SSI _____ Other _____ Worker Compensation _____
 Unemployment _____ VA Benefits _____ Child Support _____ Social Security _____ Trust Fund _____
 Alimony _____ Armed Forces pay _____ Death Benefits _____ Interest/Dividends _____ Rental Income _____

Received By:	Received From:	Amount:	Occurance: weekly, monthly, etc

Did you file a Federal Income Tax return for the most recent year end? YES NO Year: _____

Does anyone outside of your household pay any of your bills or expenses on a regular basis? YES NO
 Explain: _____

Are you or any member of your household self-employed? YES NO

ASSET INFORMATION:

Do you or any member of your household have any of the following assets? YES NO
 Checking/Savings account, stocks, bonds, certificates of deposit, money market accounts, trust funds,
 real estate, retirement funds (IRA, Keogh, etc), inheritances, lottery winnings, life insurance policy,
 insurance/judicial settlement, investment accounts, etc.

If yes, please complete the information below for each household member and asset type:

Name	Asset Type	Market/Cash Value	Income earned	Joint Individual

Does any member of your household own any real estate? YES NO
 If yes: Where _____ Market Value _____

BANKING INFORMATION:

Name of Bank	Account Number	Type of Account	Balance

MEDICAL EXPENSE INFORMATION: Elderly/Disabled participants only
 Recurring prescriptions, medical co-payments, medical equipment, etc.

Family Member	Expense description	Amount Paid	Annual Amount Paid

OTHER EXPENSES:

Rent:	Phone:	Medical:	Credit Card:	Electric:
Auto Pmt:	Cable:	Gas:	Credit Card:	Insurance:
Loan:	Water:	Other:	Other:	Other:

If separated or divorced, please provide name and address of spouse/ex-spouse as follows:

Name: _____ Address: _____

For all minor children, please provide absent parents' name and address as follows:

Name: _____ Address: _____

Name: _____ Address: _____

Have you or any other member of your household ever lived in public housing? YES NO

If yes, explain: _____

Have you or any other adult member of your household ever used any name(s) or Social Security number(s) other than the one you are currently using? YES NO

If yes, explain: _____

Have you or anyone in your household ever been convicted of any crime other than traffic violations? YES NO

If yes, explain: _____

Have you ever committed fraud in any federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? YES NO

If yes, explain: _____

Warning: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

I/We certify that the information given to the Enfield Housing Authority on household composition, income, assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws. I/We also understand that giving false statements or information can be grounds for termination of housing assistance.

Signature of Head of Household	Printed Name	Date
Signature of Spouse/Co-Head of Household	Printed Name	Date
Signature of Other Adult Household Member	Printed Name	Date
Signature of Other Adult Household Member	Printed Name	Date
Housing Authority Representative	Printed Name	Date

Annual Re-Examination _____ Interim Re-Examination _____ New Admission _____

HOUSING AUTHORITY OF THE TOWN OF ENFIELD

1 Pearson Way, Enfield, CT 06082
(860) 745-7493 Fax (860) 741-8439
TDD/TTY 800-545-1833 Ext. 849
www.enfieldha.org



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____
Applicant/Tenant Name: _____
Address: _____

Soc. Sec. #: _____

Dear Sir or Madam:

I am an applicant/participant for certification/recertification in the Section 8 Housing Choice Voucher Program. The information being requested on the attached form is for the purpose of determining my eligibility for rent subsidy.

I hereby give my permission to release this information and understand that it will be kept in **STRICT CONFIDENCE** and will be used for program purposes only. I would appreciate your prompt attention in supplying the requested information and returning the form to the Enfield Housing Authority Section 8 Office within five (5) days upon receipt. A self-addressed stamped envelope is included for your convenience.

I understand that a photocopy of this release is as valid as the original. Thank you for your assistance and cooperation in this matter.

Signature

Date

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



An Affirmative Action / Equal Opportunity Employer

HOUSING AUTHORITY OF THE TOWN OF ENFIELD

1 Pearson Way, Enfield, CT 06082
(860) 745-7493 Fax (860) 741-8439
TDD/TTY 800-545-1833 Ext. 849
www.enfieldha.org



FAMILY OBLIGATIONS UNDER THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

EHA= Enfield Housing Authority

Violation of any of these rules may result in termination from the program or other punitive action and period of ineligibility.

1. The assisted household must supply any information determined by the EHA or HUD to be necessary for the administration of the program including, but not limited to, the following:
 - a. Evidence of citizenship or eligible immigration status
 - b. Documentation of household income or verification of \$0 household income
 - c. Documentation of household composition
 - d. Documentation of social security numbers of all household members age 6 or older
 - e. Release of Information Authorization
 - f. Drug Free Certification
 - g. Police records check from the Administrative Office of the Courts

All information provided must be true and complete.

2. The assisted household must provide any documentation required for recertification in a timely manner.
3. The assisted household is responsible to provide any utilities that the owner is not required to provide and to maintain service at all times. Lack of utility service makes the unit substandard and ineligible for assistance.
4. The assisted household is responsible to provide and maintain any appliances that the owner is not required to provide. Lack of required appliances makes the unit substandard and ineligible for assistance.
5. The assisted household is responsible for any damages done to the unit during tenancy, beyond normal wear and tear.
6. The assisted household must allow the EHA to inspect the unit at reasonable times and after reasonable notice.
7. The assisted household may not commit any serious or repeated violation of the lease and must pay their rent on the first of each month.
8. The assisted household must notify the EHA and the owner at least 30 days prior to moving or terminating the lease. The assisted household is eligible to move any time after one year of tenancy. After 30 days notice is given to the EHA and owner, the lease will terminate on the last day of the month following the 30 days notice. The assisted household may not move, within the jurisdiction or outside the jurisdiction through portability, during the first year of the lease and may move, within the jurisdiction or outside the jurisdiction through portability only once during any 12 month period.

9. The assisted household must not be evicted from the unit. The family must promptly give the EHA a copy of any owner issued eviction notice.
10. The assisted unit must be used by the family as its primary residence.
11. The assisted household must promptly report any change in household composition and request EHA approval of any addition to the household. Guests must be reported to the EHA within five (5) days of arrival. Guests who remain in the unit 14 days (consecutive) in a 12 month period will no longer be considered visitors and must be considered for addition to the lease as a household member.
12. The unit may not be sub-let nor the lease transferred to another person.
13. The assisted household must promptly report **all** changes in household income between annual re-examinations. **Required reporting must be done within 30 days of the date of onset. Failure to report required changes in income within the 30 day grace period will result in termination from the program.**

The EHA will continue to reverify all income at annual recertification. Failure to report income will constitute misrepresentation on the part of the family and may result in termination per the Administrative Plan. If there is any question about what to report, report any change and the Section 8 staff will decide whether it is to be counted. Required reporting includes:

- a. Any change in the **source of EARNED INCOME**, such as a job you have not already reported (a new employer).
 - b. Any change in any **UNEARNED INCOME**, such as an increase in TANF, SSI, SS or child support. You **do not** have to report the annual increase in your SSI and SS checks, but do have to report other changes.
 - c. Receipt of a deferred payment in a lump sum which represents the delayed start of a periodic payment such as unemployment or child support.
 - d. Receipt of a lump sum payment which is not considered income, but which adds to family assets (i.e., inheritances, insurance settlements, deferred payments of SSI/SS, workers' compensations, etc.)
 - e. Any decrease in household income may be reported.
14. The assisted household must promptly notify the PHA of any absence from the unit.
 15. The assisted household must not own or have any interest in the unit.
 16. The assisted household must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.
 17. No member of the assisted household, guest, or person in the unit with express or implied permission of the assisted household, may engage in drug related criminal activity, violent criminal activity, or alcohol abuse which interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
 18. An assisted household may not receive Section 8 assistance while receiving any other housing subsidy under any federal, state or local housing assistance program.
 19. The assisted household must keep the unit safe, decent and sanitary at all times and must report any needed repair to the landlord.
 20. The assisted household must keep all appointments scheduled with the Section 8 office unless canceled in advance. **Failure to keep two scheduled appointments will be grounds for termination. (HQS & RECERTIFICATION APPOINTMENTS ARE INCLUDED)**

21. The assisted household must make monthly payments on executed Repayment Agreements. Missing one (1) payment or being habitually late is grounds for termination.
22. The assisted household must not engage in or threaten abusive or violent behavior toward Housing Agency personnel.
23. Any assisted household participating in the Family Self Sufficiency Program must comply with the terms of the Contract of Participation. Failure to comply without good cause may be grounds for termination.
24. The address of the assisted unit may not be used by anyone other than those persons listed on the lease. Use of the address for receipt of mail, or any other reason, by another person will be considered evidence that the individual is residing in the unit without authorization and will be grounds for termination.

WARNING! You can be fined or imprisoned up to five (5) years or both. Be sure to give correct information. Theft by deception makes it a crime to knowingly give false information to get a lower rent, or to receive aid or benefits under any state or federally funded assistance program.

I, the undersigned, certify that I have read the above statement or it has been read to me, and that I understand and agree to abide by the Family Obligations. I understand that violation of any of the above items is grounds for termination from the Section 8 Program and loss of eligibility for rental assistance and that I am entitled to an informal hearing to settle disputes with the Section 8 office.

Head of Household (Please Print): _____

Signature of Head of Household

Date

Signature of Spouse or Other Adult Household Member

Date

Signature of Other Adult Household Member

Date

Signature of Other Adult Household Member

Date



An Affirmative Action / Equal Opportunity Employer

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
--------	----------	--------------------

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____, This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

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.

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. 07/31/2017

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

Enfield Housing Authority
1 Pearson Way
Enfield, CT 06082

HA 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(I)(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.