

PUBLIC HOUSING

RECERTIFICATION PAPERWORK

- Household Declaration
- General Release
- Supplement HUD 92006
- Authorization to Release HUD 9886
- Community Service and Self-Sufficiency Requirement (CSSR)
- Rent Calculation Option Certification
- Drug-Free Housing
- EIV and YOU (Information Only)

This is paperwork required for all active tenant households. You may be required to submit additional paperwork.

Cheyenne Housing Authority



For Vouchers and Public Housing : This is a Household Declaration of information and income. Starting with the Head of Household, you must list all persons who reside in your home.

1.) Head of Household		Current Phone Number _____		Email: _____	
Name:		DOB:	AGE:	SSN:	
Address:		City:	State:	Zip:	
Gender: M F	Relationship: Head	Disabled: Y N		Race/Ethnicity: /	
Student: Y N if yes: Full Time Part Time		School Name:			
Employer:		Full Part	Monthly Income \$		
Employer Address:		City:	State:	Zip:	
Employer Contact:		Email:	Phone:	Fax:	

2.) Household Member		Has this person moved in since your application/last recertification? <u> </u>Y <u> </u>N			
Name:		DOB:	AGE:	SSN:	
Gender: M F	Relationship:	Disabled: Y N		Race/Ethnicity: /	
Student: Y N if yes: Full Time Part Time		School Name:			
Employer:		Full Part	Monthly Income \$		
Employer Address:		City:	State:	Zip:	
Employer Contact:		Email:	Phone:	Fax:	

3.) Household Member		Has this person moved in since your application/last recertification? <u> </u>Y <u> </u>N			
Name:		DOB:	AGE:	SSN:	
Gender: M F	Relationship:	Disabled: Y N		Race/Ethnicity: /	
Student: Y N if yes: Full Time Part Time		School Name:			
Employer:		Full Part	Monthly Income \$		
Employer Address:		City:	State:	Zip:	
Employer Contact:		Email:	Phone:	Fax:	

4.) Household Member		Has this person moved in since your application/last recertification? <u> </u>Y <u> </u>N			
Name:		DOB:	AGE:	SSN:	
Gender: M F	Relationship:	Disabled: Y N		Race/Ethnicity: /	
Student: Y N if yes: Full Time Part Time		School Name:			
Employer:		Full Part	Monthly Income \$		
Employer Address:		City:	State:	Zip:	
Employer Contact:		Email:	Phone:	Fax:	

5.) Household Member		Has this person moved in since your application/last recertificaton? <u> </u>Y <u> </u>N			
Name:		DOB:	AGE:	SSN:	
Gender: M F	Relationship:	Disabled: Y N		Race/Ethnicity: /	
Student: Y N if yes: Full Time Part Time		School Name:			
Employer:		Full Part	Monthly Income \$		
Employer Address:		City:	State:	Zip:	
Employer Contact:		Email:	Phone:	Fax:	

If you have additional household members, you must complete a supplemental family information and income declaration form.

RACE - 1. WHITE 2. BLACK 3. AMERICAN INDIAN/ALASKAN NATIVE 4. ASIAN 5. HAWAIIAN/PACIFIC ISLANDER 6. MIXED 7. OTHER

ETHNICITY - 1. HISPANIC 2. NON-HISPANIC

THE HOUSEHOLD INFORMATION IS TRUE & COMPLETE: Head of Household Initials: _____

Income Sources - Head of Household must answer all questions pertaining to each household member, regardless of age. All income must be reported.

Income Sources:	YES	NO	Monthly \$	Person Receiving	Comments
Cash/gifts from family/others					
Is any member court ordered to receive child support or alimony?					
Child Support or Alimony Actually received?					
Employment					
Pension/Retirement					
Per Capita					
Power					
Self Employment					
SNAP					
Social Security					
SSI					
State SSI					
Student Financial Aid					
Unemployment					
Veterans Benefits					
Workers Compensation					
Work Study Employment					
Other					

Assets: Do you or any member of your household own or have any legal interest in any type of asset. ____Y____N
 You must list all assets for you or any member of your household. Assets include but are not limited to: cash, checking, savings, stocks, bonds, treasury bills, money market, certificate of deposit, whole life insurance, real estate and retirement accounts.

Asset Type:	Account balance/Amount of Asset

Has any member of your household disposed of any asset for less than fair market value within the last two years?
 ____Y____N If yes, please explain:

THE INCOME AND ASSET INFORMATION IS TRUE & COMPLETE: Head of Household Initials: _____

- 1.) Does anyone in you household pay childcare for children under 13 years of age? ___Y ___N
If yes, monthly amount \$ _____
- 2.) Does anyone in the household (if elderly or disabled) pay for medical expenses? ___Y ___N
If yes, monthly amount \$ _____
- 3.) Have you or any member of your household been arrested? ___Y ___N
Have you or any household member been convicted for any drug related or violent criminal activity? ___Y ___N
- 4.) Is any household member required to register as a sex offender? ___Y ___N
- 5.) Are you or a member of the household a person with a disability and as a result of such disability requesting a reasonable accommodation. ___Y ___N
If yes, please explain. (A reasonable accomodation is a change in a policy, procedure, rule, practice or program service that will allow equal opportunity for housing assistance.)
- 6.) If this is your annual recertification, do you plan on moving? ___Y ___N (Section 8 participants only)
- 7.) What utilities do you pay?

CHA Required Verification

Income: Payroll summary from your employer(s) or two (2) consecutive months of check stubs, court ordered child support verification, social security/disability, or any other income any household member may receive.

Assets: Three (3) consecutive months of bank statement(s).

Medical Expenses: (Previous year) Printouts from doctors, pharmacy, or any out of pocket medical expense incurred in the previous year. **(Current year)** insurance premiums will require (3 months) bank statements or Invoice and /or payment book from your provider. All other medical expenses will need invoices with verification of payment.

Child Care Expenses: Three (3) consecutive months of receipts from the childcare provider.

The undersigned hereby represents that all of the information provided is true and complete and hereby authorizes the Cheyenne Housing Authority to obtain information from any source to verify information provided. False or incomplete information given above will result in the Cheyenne Housing Authority (1) rejecting this Family Declaration and/or (2) terminating assistance/tenancy if false or incomplete information is discovered after occupancy or assistance begins. Participant(s) would be required to repay the CHA for any assistance provided based upon false or incomplete information provided by the participant(s).

I/We understand that if we believe we have been discriminated against, we may call the Fair Housing and Equal Opportunity Hotline at 1-800-877-7353.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES: A PERSON GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDEULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED UNDER THIS TITLE OR IMPRISONED FOR UP TO FIVE YEARS OR BOTH.

This information and declaration form is to be signed by all household members 18 years of age and older.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

CHEYENNE HOUSING AUTHORITY

General Release of Information / Consent Form

I authorize the Cheyenne Housing Authority (CHA) and the U.S. Department of Housing and Urban Development (HUD) to obtain the information listed below for the purpose of determining my eligibility to receive or continue to receive housing assistance or otherwise participate in programs operated by, administered by, or overseen by CHA. CHA may use this release to make inquiries or secure information from any source whatsoever, including a person, business, governmental entity, or organization that has, or may have, any information listed below. If CHA makes any negative determination(s) based upon the information obtained, I will have an opportunity to contest such determinations.

- Information necessary to authenticate preference claims;
- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to abide by the rules of the lease, take care of rental property, and get along well with neighbors;
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives;
- Information from employers regarding wages, salary and duration of employment.
- Criminal history information, including fingerprint submission where necessary to effect positive identification. This includes, but is not limited to, criminal history information generated, stored, accumulated, assembled, or reported by local, state, or federal law enforcement agencies or entities even if that information is otherwise restricted, confidential, or protected from release by local, state, or federal law;
- Information about or concerning me which has been created by or is in the possession of any state, local, or law enforcement agency or any prosecutorial entity (including, but not limited to such entities as district attorney's offices, city attorney's offices, or county attorney's offices) related to any suspected, investigated, alleged, charged, or convicted criminal activities. This release applies even if such information is otherwise restricted, confidential, or protected from release by local, state, or federal law. This information which I am authorizing the release of would include, but not be limited to, investigation reports, arrest reports, statements of witnesses, complaining parties, or other persons, photographs, recordings, documents and materials collected in the course of investigations or prosecutions, citations, tickets, referrals for charges, booking sheets, detention reports, charging documents, plea bargain paperwork, pleas, verdicts, transcripts, sentencing documents, probation documents, and all other such documents related to the topics referred to in this paragraph.
- Information on payment history and balances owed to utility companies;
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community;
- U.S. Social Security Administration and U.S. Internal Revenue Service;
- Income and asset information from any source, including State Wage Information Collection Agencies, for all family members;
- Immigration status, citizenship status, and legal identity verification;

- School registration for minor children, and for family members over the age of 18 where required to establish program eligibility;
- Registration in educational or vocational training programs including information about participation/completion of such programs;
- Verification of disability or handicap if necessary for program eligibility (not including details of actual disability or handicap);
- Verification of need for reasonable accommodation, if requested;
- Credit reports and/or tenant screening reports from private screening contractors;
- Outstanding debts to other housing agencies.

This Consent expires 15 months after I sign it. I may revoke this General Release of Information / Consent Form by notifying the CHA in writing. If I revoke this General Release of Information / Consent Form, I understand that future housing assistance may not be provided and/or that my participation in assistance or other programs may be denied or terminated. I hereby release any and all persons, businesses, governmental entities, or organizations that disclose, share, or otherwise provide information to the CHA and/or to HUD pursuant to this release from any and all claims or liability which would or might otherwise arise from the disclosure, sharing or providing of such information without such a release having been given by me. This Consent Form is being signed knowingly and voluntarily without coercion.

Head of Household (printed name)	Signature	Date
----------------------------------	-----------	------

Co-Head (printed name)	Signature	Date
------------------------	-----------	------

Other Adult 18 years of age or older	Signature	Date
--------------------------------------	-----------	------

Other Adult 18 years of age or older	Signature	Date
--------------------------------------	-----------	------

Who must sign the Consent Form: Each member of your household 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. Criminal background checks will be run on anyone in the household 18 years of age or older.

Failure to sign Consent Form: Denial of eligibility or termination of benefits is subject to CHA’s Housing Choice Voucher informal hearing/review procedures or Public Housing informal review/grievance process.

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 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 Social Security Numbers issued to you and all other household members age six years and older. Provision of Social Security Numbers of all household members is mandatory, failure to provide 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 application.

Penalties for misusing this Consent: HUD, CHA and any owner (or any employee of HUD, CHA or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on the Consent Form. Use of the information collected based on this form is restricted to the purposes cited on the form. 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 appropriate relief against the officer or employee of HUD or the CHA.

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)

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(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.

Cheyenne Housing Authority

Community Service and Self-Sufficiency Requirement (CSSR) Procedure, ACOP Reference and Forms Implementation CSSR 1

August 31, 2016

Procedure:

1. Tenant(s) will be provided a copy of the “Community Service” Policy from the CHA ACOP at lease signing. The CSSR requirements will be reviewed and all adult household members will need to sign an ***Entrance Acknowledgement*** and an ***Exemption Certification*** if applicable.
2. At every reexamination, all adult household members will need to sign the ***Annual Renewal*** and an updated ***Exemption Certification*** if applicable. Household members who are not exempt will be required to verify they completed the required number of community service hours by providing the ***Verification Form***.
3. If it is determined during the annual reexamination process a household member who is not exempt has not completed the required number of Community Service hours, a ***Notice of Noncompliance*** letter will be sent along with a ***Workout Agreement***.
4. If the household member does not return the ***Workout Agreement*** within ten days of the date of ***Notice of Noncompliance*** letter, a 30 day notice will be sent to the tenant indicating the lease will not be renewed as of the reexamination date.

ACOP Reference (Continued Occupancy and Community Service

See CSSR 2a, 2b, and 2c

CSSR 3 Entrance Acknowledgement
CSSR 4 Exemption Certification
CSSR 5 Annual Renewal
CSSR 6 Log and Verification Form
CSSR 7 Notice of Non-compliance
CSSR 8 Workout Agreement



Cheyenne Housing Authority

CONTINUED OCCUPANCY AND COMMUNITY SERVICE

Extracted from CHA ACOP Adopted 06/23/2016

CSSR 2a

General

Federal regulations require that in order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities) within the community in which the public housing development is located, or (2) participate in an economic self-sufficiency program unless they are exempt from this requirement.

Exemptions

The following adult family members of tenant families are exempt from this requirement.

- A. Family members who are 62 or older

- B. Family members who are blind or disabled as defined under 216(I) or 1614 of the Social Security Act, and who certifies that because of this disability she or he is unable to comply with the service provisions

- C. Family members who are the primary care giver for someone who is blind or disabled

- D. Family members engaged in work activity

- E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program

- F. Family members receiving assistance under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program



Cheyenne Housing Authority

CSSR 2b

NOTIFICATION OF THE REQUIREMENT

The Cheyenne Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The Cheyenne Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Cheyenne Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after 4/1/01. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

Volunteer Opportunities

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self-sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Process

At the first annual reexamination on or after April 1, 2001, and each annual reexamination thereafter, the Cheyenne Housing Authority/Resident will do the following:

- A. Provide information about obtaining suitable volunteer positions.
- B. At the time of annual recertification, all required adult family members will be required to provide third party verification of compliance with the 8 hours per month of community service.
- C. Thirty (30) days before the family's next lease anniversary date, the Cheyenne Housing Authority will review whether each applicable adult family member is in compliance with the community service requirement.



Cheyenne Housing Authority

Community Service Exemption Certification CSSR 4

I certify that I am eligible for an exemption from the Community Service requirement for the following reason:

- I am 62 or older;
- I am a person who is blind or who is disabled and I certify that based on this disability, I cannot comply with the requirements or I am a primary caretaker of such individual;
(Disability must be or have been verified)
- I am working 30 hours or more per week;
(Employment verification will serve as documentation)
- Exempt from Work Requirements by State Program: I am receiving TANF or benefits from another state welfare program and am exempt from related work requirements.
(Must provide verification letter from agency)
- I am a member of a family receiving assistance, benefits or services under TANF or any other State welfare program and have not been found to be in noncompliance with such program.
(Must provide verification from the funding agency that you are complying with job training or work requirements)
- I am a full time student;
(Must provide verification of school schedule.)
- Other;
Please explain: _____

Resident

Date



Cheyenne Housing Authority

Community Service and Self-Sufficiency Requirement Certification

Annual Renewal CSSR 5

For Non-Exempt Individuals

Date: _____

Participant Name: _____

I understand that as a resident of public housing, I am required by law to contribute 8 hours per month (96 hours over the course of every 12 month period) of community service or participate in an economic self-sufficiency program. I have received and read the Community Services and Self Sufficiency Requirement Policy. I further understand that if I am not exempt, failure to comply with CSSR is grounds for lease nonrenewal.

Signature: _____

Date of Signature: _____



RENT CALCULATION OPTION CERTIFICATION

I, _____ (Head of Household), hereby select the following rent calculation option for the term of the Lease Agreement to which this document is attached. I/We further certify that I/we fully understand the rent calculation options that are available to me/us.

I/We understand that by electing the Percentage of Income calculation I/we will be required to report any changes in the household income or composition no later than the 21st day of the month of the occurrence, and that I/we will be subject to complete the annual re-examinations.

I/We understand that by electing the Flat Rent calculation my/our rent amount will not be adjusted for changes in my/our income or household composition during the applicable term. I/We understand that if I/we select the Flat Rent option I/we will be required to complete a full re-examination every three years and that the Flat Rent amount may be changed by the Housing Authority annually.

I/We further understand the I/we may change my/our selection of rent calculation methods at my/our annual re-certification date, or at any time for the following reasons:

1. The family's income has decreased;
2. The family's circumstances have changed, increasing their expenses for child care, medical care, etc.
3. Other circumstances creating a hardship on the family such that the formula method would be more financially feasible for the family.

I/We select the following rent calculation option:

_____ Percentage of Income

_____ Flat Rent

By signing below I/we certify that I/we have received the Flat Rent schedule and a complete explanation of my/our rent calculation options, and that based upon that full understanding I/we have selected the above indicated rent calculation option.

Tenant

Date

Member 18 & Older

Date

Member 18 & Older

Date

Cheyenne Housing Authority

XXVII. DRUG FREE HOUSING
(PUBLIC HOUSING)

THIS POLICY is adopted to meet federal and state requirements for any subsidies, grants, or loans received by the Cheyenne Housing Authority requiring drug free tenant housing. The unlawful manufacture, cultivation, distribution, delivery, possession or use of a controlled substance by any person receiving any housing assistance through the program of the Cheyenne Housing Authority is prohibited. Controlled substances are defined as any substance defined as such by Federal, State or local drug laws. Tenants are responsible to see that prohibited activities do not occur on premises and the members of the household and guests comply with this policy.

If CHA employees observe a violation of this policy or have reason to believe the policy is being violated, the employee is required to report the violation to the employee's supervisor. The appropriate CHA supervisor shall notify law enforcement officials of information regarding a possible violation of drug laws. Upon conviction of a violation of Federal, State or local laws regarding a controlled substance, the tenant shall be immediately evicted in accordance with the procedure established by law.

If a tenant's child is convicted of violating a drug statute, on the first conviction the tenant shall be given written notice, upon a second conviction the entire tenant household shall be evicted.

I have received and read CHA's policy on drug free housing. I understand the unlawful manufacture, cultivation, use, possession, or sale of a controlled substance on the premises by anyone will result in my immediate eviction. I understand that conviction of a violation of a drug law by any adult in the house hold will result in immediate eviction.

Head of Household

Date

Spouse/Co-Tenant

Date





U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature

Date