

DECLARATION OF U.S. CITIZENSHIP

PART 1: DECLARATION OF U.S. CITIZENSHIP. Beginning June 19, 1995 to resolve or confirm existing financial assistance is contingent upon the submission and verification, as appropriate, of the evidence of citizenship or eligible immigration status. Under penalty of perjury, each family member's signature used appears below, conformed that he or she is a U.S. citizen or a non-citizen with eligible immigration status.

1.	LAST NAME	FIRST NAME	M.I.	RELATIONSHIP TO HEAD	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER	✓ IF A MINOR CHILD	SIGNATURE REQUIRED - PLEASE READ Everyone age 18 & older must sign this form. For children (under 18) the declaration must be signed with the adult name, who is responsible for the child.	Check One		DATE SIGNED
										U.S. Citizen	Non-Citizen see Form I-9	
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												

STOP

YOU DO NOT HAVE TO COMPLETE PART 2 IF EVERYONE IN YOUR FAMILY IS A U.S. CITIZEN.

ALL NON-CITIZENS MUST COMPLETE PART 2

PART 2: VERIFICATION CONSENT FORM. Each family member that indicates they are a non-citizen with eligible immigration status, must sign the verification of consent form and present one of the following documents. A photocopy of the original document will be kept in the family's file: For non-citizens who are or will be 62 years of age or older on 6/1/05, they must present a proof of age document and one of the following: (1) Form I-951, Alien Registration Receipt Card (for permanent resident aliens); (2) Form I-94, Arrival-Departure Record with specific annotations; (3) If Form I-94 is not annotated, additional records are required; (4) Form I-588, Temporary Resident Card; (5) Form I-988B, Employment Authorization Card; and (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

VERIFICATION OF ELIGIBLE IMMIGRATION STATUS. Verification will be conducted simultaneously with verification of other aspects of eligibility for assistance under a covered program. For each family member, the family is required to submit evidence of eligible status only one time during continuously assisted occupancy under any covered program. (1) Primary Verification: The PHA will use the INS SAVE system that provides scores for names. The numbers and admission numbers of non-citizens; (2) Secondary Verification: If primary search fails the PHA will forward copies of documentation to the INS and they will manually search its records; (3) If the secondary search fails the PHA will notify the family their right to appeal to the INS of the INS finding on immigration status. The PHA shall not be liable for any action, delay, or failure of the INS in conducting the automated or manual verification.

LAST NAME	FIRST NAME	M.I.	SIGNATURE REQUIRED PLEASE READ Everyone age 16 & older must sign this form. For children (under 16) the declaration must be signed with the adult name, who is responsible for the child.	ALIEN REGISTRATION NUMBER	ADMISSION NUMBER	NATIONALITY	SAVE NUMBER
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

NOTICE OF RELEASE OF EVIDENCE: The PHA may release evidence of eligible immigration status, without responsibility for the further use or transmission of the evidence by: (1) HUD as required by HUD; and (2) the INS for purposes of verification of the immigration status of the individual. HUD may release evidence of eligible immigration status to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

**ALLEGHENY COUNTY HOUSING AUTHORITY
ELIGIBILITY APPLICATION**



Head of Household: _____

Address: _____

Phone Number: _____ Alt Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Enter each individual that lives in your unit starting with the Head of Household:

Members Full Name	Relationship	Social Security Number	Birthday	Age	Sex M/F	Race	Check if Full-Time Student*
1.	self						
2.							
3.							
4.							
5.							
6.							
7.							
8.							

*A full-time student is defined as someone who has been or will be a full-time student for 5 months this year, not necessarily consecutive. This includes minor children enrolled in grade school.

List below the names of all persons who left the household within the past year:

Full Name	Reason for Leaving	Date Moved	New Mailing Address

Are you currently pregnant or expecting a child? Yes ___ No ___ If yes, when? _____

Are any family members confined to a nursing home or hospital on a permanent basis? Yes ___ No ___
If yes, please explain: _____

Do you anticipate any changes in your household composition within the next 12 months? Yes ___ No ___
If yes, please explain: _____

Landlord History: Provide the name, address and phone number of your current and previous landlord.

1. Current Landlord:	Phone Number:
Address:	Length of Residency:
2. Previous Landlord:	Phone Number:
Address:	Length of Residency:

INCOME

Do you or anyone in your household receive OR expect to receive income in the next 12 months from:

YES ___ NO ___ **Self-employment?** (include overtime, tips, bonuses, commissions and payments received in cash)

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES ___ NO ___ **Employment?** (include overtime, tips, bonuses, commissions, and cash payments)

<u>Household Member</u>	<u>Name & Address of Company</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount of Income _____

<u>Household Member</u>	<u>Name & Address of Company</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount of Income _____

YES ___ NO ___ **Regular pay as a member of the Armed Forces?**

<u>Household Member</u>	<u>Base Name and Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES ___ NO ___ **Unemployment benefits or workman's compensation?**

<u>Household Member</u>	<u>Location of Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES ___ NO ___ **Public Assistance, General Relief or Aid to families with dependent children?**
(Do Not Include Food Stamps)

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES ___ NO ___ **Social Security, SSI or any other payments from the Social Security Administration?**

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES ___ NO ___ **Child Support, Spousal Support or Alimony?**

Is the support court ordered? Yes ___ No ___

Name of enforcement agency: _____

Name of court who ordered payments: _____

Payment Amount: _____ Monthly ___ Weekly ___ Bi-weekly ___

Do you receive payments that are not court ordered? Yes ___ No ___

Name of person making payments: _____

Payment Amount: _____ Monthly ___ Weekly ___ Bi-weekly ___

- ❖ Child support payments that are received shall be included as income whether or not there is a court order awarding payment.
- ❖ Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that the payments are not being made and further documents that all reasonable legal actions to collect amounts due have been taken. Actions include filing with the appropriate courts or agencies responsible for enforcing payments.

YES ___ NO ___ **Regular payments from a Retirement or Pension?**

<u>Household Member</u>	<u>Source of Benefits</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES ___ NO ___ **Regular payments from Annuities?**

<u>Household Member</u>	<u>Source of Benefits</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES ___ NO ___ **Regular payments from Veterans Benefits?**

<u>Household Member</u>	<u>Source of Benefits</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES ___ NO ___ **Regular payments from any type of settlement? (e.g. accident or insurance settlements)**

<u>Household Member</u>	<u>Source of Benefits</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____



YES ___ NO ___ Regular gifts or payments from anyone outside of the household? (This includes anyone supplementing your income or paying any of your bills.)

<u>Household Member</u>	<u>Source of Benefits</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES ___ NO ___ Educational grants, scholarships, or other student benefits?

<u>Household Member</u>	<u>Source of Benefits</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES ___ NO ___ Regular payments from lottery winnings or inheritances?

<u>Household Member</u>	<u>Source of Benefits</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES ___ NO ___ Regular payments from rental property or other types of real estate transactions?

<u>Household Member</u>	<u>Source of Benefits</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES ___ NO ___ Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

YES ___ NO ___ Are you or any other ADULT household member claiming ZERO income?

ASSETS

Do you or any household member have any of the following:

YES ___ NO ___

Checking Account

Household Member: _____

Account number: _____

Name of Institution: _____

Value: _____ Interest Rate: _____

Household Member: _____

Account number: _____

Name of Institution: _____

Value: _____ Interest Rate: _____



YES ___ NO ___

Savings Account

Household Member: _____

Account number: _____

Name of Institution: _____

Value: _____ Interest Rate: _____

Household Member: _____

Account number: _____

Name of Institution: _____

Value: _____ Interest Rate: _____

YES ___ NO ___

Money Market Funds

Household Member: _____

Account number: _____

Name of Institution: _____

Value: _____ Interest Rate: _____

Household Member: _____

Account number: _____

Name of Institution: _____

Value: _____ Interest Rate: _____

YES ___ NO ___

Trusts, IRA, 401(k), Keogh Accounts

Household Member: _____

Account number: _____

Name of Institution: _____

Value: _____ Interest Rate: _____

Household Member: _____

Account number: _____

Name of Institution: _____

Value: _____ Interest Rate: _____

YES ___ NO ___

Certificates of Deposits (CD's)

Household Member: _____

Account number: _____

Name of Institution: _____

Value: _____ Interest Rate: _____

Household Member: _____

Account number: _____

Name of Institution: _____

Value: _____ Interest Rate: _____

YES ___ NO ___

Real Estate, Rental Property, Land Contracts or Deeds

If yes, please explain: _____

YES ___ NO ___

Stocks, Bonds, Securities, and/or Safe Deposit Box

Household Member: _____

Account number: _____

Name of Institution: _____

Value: _____ Interest Rate: _____

Household Member: _____

Account number: _____

Name of Institution: _____

Value: _____ Interest Rate: _____

YES ___ NO ___

Whole or Universal Life Insurance

Household Member: _____

Account number: _____

Name of Company: _____

Address: _____

Cash Value: _____

Household Member: _____

Account number: _____

Name of Company: _____

Address: _____

Cash Value: _____

YES ___ NO ___

Have you or any member of your household disposed of any assets for less than fair market value in the last two years?

If yes, explain: _____

Date: _____ Value: _____

CHILDCARE EXPENSES

YES ___ NO ___

Do you currently pay childcare or dependent care? If yes, please list name, address and phone number of provider: _____

YES ___ NO ___

Is your child care subsidized?

What is your weekly payment (after subsidy)? \$ _____

MEDICAL EXPENSES
(Elderly or Disabled Households Only)

YES ___ NO ___

Are any members of your household over the age of 62 years, disabled or handicapped and have recurring medical expenses in EXCESS of 3% of your income which are NOT compensated by another party?

YES ___ NO ___

Are you or anyone in your household disabled or handicapped and pay for Attendant Care or Auxiliary Apparatus?

Name and Address of Doctor(s):

Name and Address of Pharmacy(s):

YES ___ NO ___

Do you have medical insurance?

YES ___ NO ___

Does your insurance reimburse you for medical expenses?
If yes, what portion are you responsible for: _____

ADDITIONAL REQUIRED INFORMATION

YES ___ NO ___

Does your household have any pets? If yes, please provide up to date paperwork from your veterinarian

YES ___ NO ___

Is there a reasonable accommodation that you or a household member may need to accommodate a disability? If yes, please describe: _____

YES ___ NO ___

Have you or any adult member of your household been arrested or convicted of drug related criminal activity or violent criminal activity? If yes, please explain:

VEHICLE IDENTIFICATION

List All motor vehicles you own, including motorcycles and vehicles provided by your employer for your use.

1. Make/Model: _____ Year: _____ Color: _____
License Plate Number: _____ State: _____
2. Make/Model: _____ Year: _____ Color: _____
License Plate Number: _____ State: _____

SIGNATURE CLAUSE

I/we certify that under penalty of perjury that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/we consent to release the information in order to qualify for continued housing. I/we understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/we agree to provide verification of all income and assets as required by the Owner or its agent. I/we further authorize disclosure of all information, which will verify my/our income and assets. I/we understand applicants must be eligible for assisted housing.

ALL ADULT MEMBERS OF THE HOUSEHOLD (18 YRS OR OLDER) MUST SIGN BELOW.

X _____
Head of Household Signature

X _____
Date

Co-Head Signature

Date

Other Adult Family Member Signature

Date

Other Adult Family Member Signature

Date

NOTICE: In compliance with Section 504 of the Rehabilitation Act of 1973, the Fair Housing Act & Title II of the Americans with Disability Act, the Allegheny County Housing Authority does not discriminate on the basis of disability in employment or in the admission, access to or use of its programs or activities. Any discrimination on this basis is illegal.

EMPLOYMENT VERIFICATION

Applicant/ Tenant	SSN:	Date of Birth:		
Address:	City:	State:	Zip:	

Employer Contact:

Employers Name:	Contact Person		
Address:	Phone :	Fax:	
City:	State:	Zip:	Email:

Applicant/ Tenant Signature Date

The individual named directly above is an applicant/ tenant of the IRCE 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of the stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely

Return to :

Residential Property Manager

This section is to be completed by the employer only

- Please answer all questions fully leaving no blanks
- Please provide an employee pay history when returning this completed form

Employee name: _____ Job Title: _____

Presently Employed: Yes ___ Date first Employed: ___/___/___ No ___ last date of Employment ___/___/___

Current Wages: ___ Hourly ___ Salary Rate hourly \$ _____ Paid ___ Weekly ___ Bi Weekly ___ Monthly ___ Semi Monthly ___ Yearly
Pay Method ___ Cash ___ Check ___ Direct Deposit ___ Other _____

Number of regular hours scheduled per week: _____

Overtime Rate: \$ _____ Average number of shift differential hours per week: _____

Commission, bonus, tips, other \$ _____ Paid ___ Weekly ___ Bi Weekly ___ monthly ___ Semi Monthly ___ Yearly

Gross YTD: _____ Number of pay periods included in the Gross YTD: _____

Prior Year Gross Pay \$ _____ Number of pay period in the prior gross pay _____

List the most recent change in the employee's rate of pay \$ _____ % _____; Effective date: ___/___/___

List any anticipated change in the employee's rat of pay within the next 12 months \$ _____ % _____ Effective date: ___/___/___

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) _____

Is employee eligible for unemployment during the layoff? ___yes ___no.

Does employee participated in a retirement plan i.e 401k? ___ No ___ Yes

If additional space is needed please attach a separate sheet with information. Date and signature

Employer Signature Employer Print Name Date

Employers name and Address

Phone number Fax number Email address

Note: section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or Agency of the United States as to any matter within its jurisdiction.

NON-EMPLOYMENT AFFIDAVIT

To be completed by any adult household member, including emancipated minors, who claim no employment income.

TENANT/APPLICANT: _____ UNIT NO: _____

DEVELOPMENT NAME: _____

DIRECTIONS: Please select all that applies to indicate the existence or lack of unemployment benefits and wage history for the last twelve (12) months preceding the certification.

1. I am not currently employed in any capacity and do not anticipate the change in my status. (Please check all that applies)

I am not seeking employment.

I have not recently applied for employment.

I have not been offered employment.

I am not under any affirmative obligation to obtain employment.

I do not plan to look for employment due to: _____

2. I am not currently employed in any capacity; however, I anticipate becoming employed in the next 12 months.

A. (Check one)

I have been offered a position with _____ (employer) that will begin _____ (date)

I am seeking employment as a _____ (position) and I anticipate earning \$ _____ per _____ (frequency).

B. My anticipated income is supported by (check all that applies):

Written confirmation from my new employer

Previous tax return

Previous job pay stub/ salary history

Three current employment advertisements showing average compensation for a similar position

Other: _____

3. I attest that the following is true regarding benefits related to my unemployment:

A. (Please check one)


I am currently receiving unemployment benefits or other benefits related to my non-employment status.

I am not currently receiving and do anticipate receiving unemployment benefits or other benefits.

I am not currently receiving and do not anticipate receiving unemployment benefits or other benefits.

B. If benefits related to your unemployment status (i.e. disability) other than unemployment is being received, please identify source: _____ and amount \$ _____.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my lease agreement.

 _____
Tenant/ Applicant Signature

 _____
Date

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

ALLEGHENY COUNTY HOUSING AUTHORITY

IF APPLIES

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate.)

Household Name: _____ Unit No.: _____

Development Name: _____ City: _____

- 1) I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, etc.);
 - j. Any other source not named above.
- 2) I currently have no income of any kind and there is no imminent change expected in my financial status or employment during the next 12 months.
- 3) I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

 _____
 Signature of Applicant/Tenant Printed Name of Applicant/Tenant Date

 Signature of Manager/Witness Printed Name of Manager/Witness Date

PENALTIES FOR MISUSING THIS VERIFICATION

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.



QUESTIONNAIRE FOR APPLICANTS/RESIDENTS WHO CLAIM ZERO INCOME

Property Name: _____
 Applicant/Resident Name: _____
 Unit Number if Applicable: _____

You have been shown to be at zero income on your submitted verifications since _____. There are normal living expenses that continue even though you are not actively employed.

We know that there is income that is not necessary to include in the countable income. We are asking you to assist us by answering the following questions.

We are trying to make sure that countable income has not been overlooked.

1. In the past twelve months, have you had any income from any source?
2. Do you have any cash on hand?
3. Do you do any odd jobs like field work, babysitting etc.?
4. Do your parents, children, friends, or any other person outside of your household give you help to meet your needs?
 Yes No If so, what kind of help and how often?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

AMOUNT

5. In the past months when you say you have had minimal, or no money, how did you, or do you, pay for the following?

AMOUNT

- | | | |
|----|---|--|
| A. | Rent? | |
| B. | Electricity? | |
| C. | Telephone/ Cellphone? | |
| D. | Other utility bills? | |
| E. | Food? | |
| F. | Cleaning supplies (dish soap, laundry soap, cleaning supplies, etc.)? | |
| G. | Paper supplies (toilet paper, paper towels, etc.)? | |
| H. | Personal hygiene items (shaving cream, shampoo, deodorant, etc.)? | |
| I. | Laundromat expenses? | |

AMOUNT

- J. Do you smoke? Yes No If yes, how do you buy your cigarettes?

AMOUNT

- K. Do you have cable TV? Yes No If yes, how do you pay for this service?

AMOUNT

- L. How do you get around?

AMOUNT

If you own a car how are expenses (gas, oil, insurance, etc) paid?

- M. Do you have payments on charge cards or charge accounts?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

If yes, how are they paid? _____

N. Do you have medical expenses?

Yes

No

If yes, how are they paid?

AMOUNT

Additional comments:

Signature of Interviewer

X

Signature of Applicant/Resident

Print Name:

X

Print Name:

Date

X

Date

PENALTIES FOR MISUSING THIS VERIFICATION

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

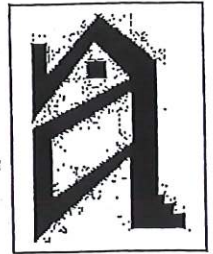


ALLEGHENY COUNTY HOUSING AUTHORITY
625 Starwix Street 12th Floor
Pittsburgh, PA 15222



ALLEGHENY COUNTY HOUSING AUTHORITY

Allegheny County Housing Authority
301 Chariters Avenue
Mckees Rocks, Pa 15136



DEPARTMENT OF HUMAN SERVICES

To Whom It May Concern:

The Allegheny County Housing Authority is required to verify the income of all members of families applying for admissions as tenants to Public Housing units, which we operate, and to re-examine periodically the incomes of tenant families. To comply with this Federal regulation, we ask for your cooperation for supplying income and asset information for the person listed below. This information will be held in confidence for use only in determining eligibility status and rent of the family. The Tenant has signed below and gives authorization for the release of this information. Your prompt return of the information in the enclosed self-addressed envelope will be appreciated.

ALLEGHENY COUNTY HOUSING AUTHORITY

Manager Date

Applicant/Tenant _____ SS Number _____
 Address _____ DPW Number _____
_____ D.O.B. _____

AUTHORIZATION

I hereby authorize the release of information concerning my income and assets to the Allegheny County Housing Authority.

_____ _____
Tenant Signature Date

TO BE COMPLETED BY THE COUNTY ASSISTANCE OFFICE

Total Number of Family Members _____ Monthly Grants \$ _____
Number of Adults _____ Children _____ Effective Date of Grant _____
Any member of the household sanctioned? _____ If so, how many? _____
Other Sources of Income _____ Monthly Amount \$ _____
Does the household receive SNAP? _____ Monthly Amount \$ _____
COUNTY ASSISTANCE OFFICE
By _____ Date _____

ALLEGHENY COUNTY HOUSING AUTHORITY

Allegheny County Housing Authority
301 Chariters Avenue
Mckees Rocks, Pa 15136

CHILD SUPPORT VERIFICATION

To: Court of Common Pleas
Family Division – Adult Section
440 Ross Street
Pittsburgh Pa. 15219

X Date: _____

X Name of Resident: _____

X Social Security Number: _____

X _____
Applicant/Resident Signature

As part of our processing, it is necessary that we obtain verification of his/her Child Support and anticipated Gross Annual Income. The applicant hereby authorizes the release of information regarding his/her Child Support Income. We require to complete our determination within a specified time; therefore, your prompt reply will be appreciated. (Please mail rather than have the above individual hand deliver.) Please complete the section below and return it in the enclosed self-addressed envelope. If you have any questions, please contact our office at 724-274-7303.

Sincerely,

Residential Property Manager

THE FOLLOWING TO BE COMPLETED BY AUTHORIZED PERSONNEL

Name/Address of Person Paying Child Support

I authorize the release of information.

X _____
Resident Signature

Child/Children Name(s):

Amount of Support: \$ _____ Weekly ___ Monthly ___ Yearly

Authorized Representative (Please print)

Title

Signature

Telephone Number

Date _____

UNDER \$50,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$50,000.
Complete only one form per household; include assets of children.

Name: _____ Effective Date: _____
Property: _____ Unit #: _____

Complete ALL sections:

1.	I/We have assets (Complete information below)	
2.	I/We do not have any assets at this time.	

My/our assets include:

Source	Cash Value*	* Int. Rate	= Annual Income	Source	Cash Value*	* Int. Rate	= Annual Income
Savings Account	\$		\$	Stocks	\$		\$
Checking Account	\$		\$	Safety Deposit Box	\$		\$
Checking Account	\$		\$	Brokerage Accounts (Mutual Funds, etc.)	\$		\$
Cash on Hand	\$		\$	Money Market Funds	\$		\$
Cash Apps, Peer-to-Peer Accounts (Venmo, Google Pay, Apple Pay, etc.)	\$		\$	Bonds (Treasury, Savings, etc.)	\$		\$
Prepaid Debit Cards (Direct Express, etc.)	\$		\$	Trust Funds	\$		\$
Certificates of Deposit	\$		\$	Land Contracts (Gas/Mineral Rights)	\$		\$
Real Estate	\$		\$	Capital Investments	\$		\$
Life Insurance Policies (excluding Term)	\$		\$	Cryptocurrency (Bitcoin, etc.)	\$		\$
Personal property held as an investment***	\$		\$	Other:	\$		\$

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

B. Asset Income Declaration		
	The net family assets (as defined in 24 CFR 813.102) above do not exceed \$50,000 and the annual income from the net family assets is \$ _____ (Total from Annual Income above). This amount is included in total gross annual income.	
C. Disposal of Assets		
		Yes
		No
1.	Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received for each asset on which this occurred).	
2.	I/We have <u>not</u> sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.	

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant _____ Date _____ Applicant/Tenant _____ Date _____

PENALTIES FOR MISUSING THIS VERIFICATION

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

BANK ACCOUNT VERIFICATION

Applicant/ Tenant	SSN:	Date of Birth:	
Address:	City:	State:	Zip:

Bank Contact

Bank Name:	Contact Person		
Address:	Phone :	Fax:	
City:	State:	Zip:	Email:

My Signature Authorizes Verification of My Bank Account Information:

Applicant/ Tenant Signature date

The individual named directly above is an applicant/ tenant of the IRC 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of the stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely

Return to

Property Manager

This section is to be completed by the bank only

Checking Account Number:	Avg 6 Month Balance	Interest Rate	Current Balance
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
Saving Account Number	Current Balance	Interest Rate	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
Other:	Current Balance	Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	
	\$	%	

If additional space is needed please attach a separate sheet with information. Date and signature

Signature Date

Name and title of person supplying the information

Phone number Fax number Email address

Note: section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or Agency of the United States as to any matter within its jurisdiction.

STUDENT CERTIFICATION

TO BE COMPLETED BY EACH HOUSEHOLD MEMBER AGE 18 AND OLDER

Name: _____ Date: _____

Property: _____ Unit #: _____

Refer to the Resident Selection Plan for additional information regarding student eligibility. *Please answer the following questions and if necessary, documentation may be required. If you are not sure, please mark "yes" and your student status will be verified.*

		Yes	No
A. HIITC and HOME			
1.	Are you a full-time student? (Will you or have you attended school for five months or more this calendar year with a full-time status?)		
2.	Are you a part-time student? (If "No" to both, please skip the following questions and sign below.)		
B. HIITC ONLY			
1.	Is at least one student a single parent with child(ren) and this parent is not dependent of another individual and the child(ren) is/are not dependent(s) of someone other than the parent?		
2.	Is at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care?		
3.	Are you married and entitled to file a joint tax return?		
4.	Are you receiving assistance under Title IV of the Social Security Act (TANF/AFDC)?		
5.	Do you participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws?		
C. HOME ONLY			
1.	Are you at least 24 years of age?		
2.	Have you been independent from your parents for at least one year?		
3.	Are you a graduate or professional student?		
4.	Are you a veteran of the United States Military?		
5.	Do you have dependent children?		
6.	Do you have any dependents other than a child or spouse?		
7.	Are you claimed as a dependent on your parent's tax return? (If yes, complete attachment)		
8.	Are you married?		
9.	Were you a disabled student receiving Sec 8 Assistance as of November 30, 2005?		
10.	Are your parents receiving, or eligible to receive Section 8 Assistance?		
11.	Will you be living with your parents?		
12.	Are you receiving any financial assistance from anyone outside the household to pay for your education? (If yes, complete attachment)		

I understand that there are regulations regarding adult student eligibility, and I agree to report any changes in my student status immediately.
I certify that all information is true and correct.

X _____
Signature of Applicant/Resident

X _____
Print Name

X _____
Date



PENALTIES FOR MISUSING THIS FORM: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony if knowingly and willfully making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(4) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

Complete and attach this page if you are claimed as a dependent on your parent's tax return, or if you are receiving any financial assistance from outside the household for your education.

If your parents are claiming you as a dependent, please complete the following:

Parent 1 Name: _____

Address: _____

City, State, Zip: _____

Parent 2 Name: _____

Address: _____

City, State, Zip: _____

If you are receiving financial assistance, please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

NON-DISCRIMINATION AND ACCESSIBILITY FOR INDIVIDUALS WITH A DISABILITY



NOTICE: In compliance with Section 504 of the Rehabilitation Act of 1973, the Fair Housing Act & Title II of the Americans with Disability Act, the Allegheny County Housing Authority does not discriminate on the basis of disability in employment or in the admission, access to or use of its programs or activities. Any discrimination on this basis is illegal.

A reasonable accommodation is a change, adaption, or modification to the ACHA's rules, policies, practices or services which are necessary to provide a qualified individual with a handicap or disability an equal opportunity to participate fully in the services, programs or activities provided by the ACHA. (Examples of reasonable accommodations are: a wheelchair accessible unit, need for a live-in aide, auxiliary aid, guide/service animal, fire alarm for hearing impaired) Do you or any member of your household require a reasonable accommodation?

- Yes * If yes, what accommodation is required?
- No

Please indicate what type of reasonable accommodation you are requesting. Requests for a reasonable accommodation may include, but are not limited to, the following requests:

- Modification of a unit – Ramps, landings, handrails, guardrails, non-skid flooring, roll-in shower, grab bar installation, specific height plumbing features, special lighting, etc.**
Please explain: _____
- Live In Aide**
Please explain: _____
- Assistance with Completion of Documents**
Please explain: _____
- Interpreter**
Please explain: _____
- Larger Unit**
Please explain: _____
- Other**
Please explain: _____

X Print Name: _____ X Date: _____

X Signature: _____

Name of person in household requiring accommodation: _____

ALLEGHENY
COUNTY
HOUSING
AUTHORITY



YOU'LL BE GLAD TO CALL IT HOME.

301 Charliers Avenue
McKees Rocks, PA 15136

Phone (412) 355-8940

FAX (412) 355-8954

TTY (412) 402-2671

www.achsng.com

EXECUTIVE DIRECTOR

Frank Aggazio

BOARD MEMBERS

Mark Foetsler
Chairperson

Sara Innamorato

Paul J. D'Alesandro

Derek Uber

Sydney Hayden

**NOTICE
ACCOMMODATION OF PERSONS WITH
DISABILITIES**

I, _____, understand that at any time during the application process or during my tenancy with the Allegheny County Housing Authority (ACHA), I can make a written request for reasonable accommodations to make my unit readily accessible and usable for myself and /or any Household Member who is a person with a disability.

Applicant Signature

Date

YOU CAN REQUEST THE OFFICIAL ACHA "REQUEST FOR REASONABLE ACCOMMODATIONS" FORM BY CONTACTING AN ACHA STAFF MEMBER.

NOTICE: In compliance with Section 504 of the Rehabilitation Act of 1973 as amended, the Housing Authority does not discriminate on the basis of handicap, physical or mental, in the admission of or access to public housing or in the treatment of employees or applicants for employment, any discrimination on this basis is illegal.



1

APPLICANT/TENANT CERTIFICATION
APPLICANT(S)'S TENANT(S)'S STATEMENT

I/We certify that the information given * to the ALLEGHENY COUNTY HOUSING AUTHORITY on household composition, income, net assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. (Add reference to State Law if applicable.) I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

X _____ Date
Signature of Head of Household

_____ Date
Signature of Co/Head

_____ Date
Signature of other household member 18 years of age & older

_____ Date
Signature of other household member 18 years of age & older

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590. (Within the Washington, D.C. Metropolitan Area, call 426-3500).

* After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.



YOU'LL BE GLAD TO CALL IT HOME.

301 Chartiers Avenue
McKees Rocks, PA 15136

Phone (412) 355-8940

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TTY (412-) 746-0040

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Derek E. Uber

Sydney Hayden

**AUTHORIZATION FOR RELEASE OF CRIMINAL RECORD,
CREDIT REPORTS, AND LANDLORD REFERENCE
INFORMATION**

I, _____, do hereby authorize the Allegheny County Housing Authority to access\obtain my personal information from any person, agency or service, regarding my background which may include: 1.) criminal background check, 2.) credit reports, 3.) landlord reference check.

I understand that this information will be used to determine my eligibility for public housing. I understand that signing this authorization in no way guarantees my eligibility for public housing.

My full name is :

Any alias names used:

Date of birth:

Any alias date of birth:

Social Security number:

Any alias social security number:

Address, city, state, and zip code:

The information provided is true and correct to the best of my knowledge; information, and belief. I understand that any false statement made, therein, are subject to the penalties of 18 PA, C.S.S. 4904 relating to unsworn falsification to authorities. I understand that I may be required to provide verification of any information requested regarding a criminal history.

Signed: _____

Printed: _____

Date: _____

**ALL ADULTS 18 AND OVER MUST SIGN AN
AUTHORIZATION FORM**

ONE FORM PER ADULT

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

PHA requesting release of Information;(Cross out space if none) (Full address, name of contact person, and date) ALLEGHENY COUNTY HOUSING AUTH 301 Chartiers Avenue Mckees Rocks, PA 15136	PHA 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 from 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 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 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 disclosure 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. the

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

- 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 to consent form may result in the denial of eligibility or termination of assisted assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section on 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 during period(s) within the last 5 years when I have received housing benefits.)

U.S. Social Security Administration (HUD only) (This limited to the wages and self employment information of retirement income as referenced at Section 6103(1)(7)(A) of

Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current/ employees concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information that I provide In Determining eligibility for assisted housing programs and

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 HA's 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:

X _____ X _____
Head of Household Date

X _____
Social Security number of Head of Household

_____	_____	_____	_____
Spouse	Date	Other Family Member over 18 years of age	Date
_____	_____	_____	_____
Other Family Member over 18 years of Age	Date	Other Family Member over 18 years of age	Date
_____	_____	_____	_____
Other Family Member over 18 years of Age	Date	Other Family Member over 18 years of age	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 you 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 an 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 restricted to the purposes cited on the form HUD 9886. Any persons who knowingly or willfully requests, obtains, or discloses any information under false pretense 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 an officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

ALLEGHENY COUNTY HOUSING AUTHORITY
LEASE ADDENDUM
OCCUPANCY OF ACCESSIBLE UNIT

The undersigned Resident (s) acknowledge and agree that they have executed this Lease Addendum on the day and year indicated below together with the Lease Agreement and subject to the terms and conditions set forth therein. This Lease Addendum is intended to assist in achieving the maximum utilization of accessible units by eligible household who require the accessible features of the particular unit. Such Lease Agreement is incorporated herein and made a part of this Lease Addendum and is subject to the terms and conditions herein.

Please initial the applicable statement:

___ I (or a permanent member of my household) require an accessible unit because of a disability that requires the accessible features of the unit. (If this is a unit with accessible features for mobility impairment, I, or a permanent member of my household, meet the definition below.) I acknowledge and agree that if during the period of my occupancy the accessible features of this unit are no longer required by me (or a permanent member of my household), I will promptly notify the ACHA and if a qualified household needing such features is located, I will relocate to a non-accessible unit of appropriate size and comparable feature.

___ I do not require an accessible unit because neither I nor a permanent member of my household has a disability that requires the accessible features of the unit. I therefore acknowledge and agree that if during the period of my occupancy a qualified household needing such features is located, I will relocate to a non-accessible unit of appropriate size and comparable features.

___ The ACHA will use reasonable efforts to ensure the Resident (or permanent member of the household) requires an accessible unit and to place the Resident in an appropriate unit based on that need. If neither the Resident nor a permanent member of the household has a disability that requires the accessible features of the unit, a request for relocation will be made by the ACHA in writing thirty (30) days prior to relocation to a non-accessible unit for which the household is qualified.

By signing below, Resident(s) and the ACHA agree to the terms and conditions in this Lease Addendum and acknowledge that failure to abide by the terms hereof will violate the Lease Agreement.

X Resident's Signature and date

Resident's Signature and date

Resident's Signature and date

Resident's Signature and date

Property Manager Signature and date



YOU'LL BE GLAD TO CALL IT HOME.

301 Chartiers Avenue
McKees Rocks, PA 15136

Phone (412) 355-8940

Fax (412) 355-8954

www.achsng.com

Executive Director

Frank Aggazio

Board Members

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Sydney Hayden

GENERAL RELEASE VERIFICATION FORM

I, _____, the undersigned, hereby authorize the release, without liability to the Allegheny County Housing Authority to request and obtain income, wages, salaries, assets, credit records, and references for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

_____ _____
Head of Household Date

Social Security Number of Head of Household

Spouse Date

Social Security Number of spouse

Other Family Member over age 18 Date

Social Security Number of Other Family Member

Other Family Member over age 18 Date

Social Security Number of Other Family Member

*** DO NOT PURGE ***



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STATEMENT OF UNDERSTANDING CASHLESS STATEMENT

The Allegheny County Housing Authority **DOES NOT ACCEPT CASH** payments for rent or any other resident charges.

At no time should a resident provide cash to any Housing Authority personnel or a contractor working on behalf of the Housing Authority.

All rental payments, maintenance charges, utility charges etc. should always be paid by check or money order. All checks and money orders should be made out to Allegheny County Housing Authority (ACHA) before they are given or mailed to Housing Authority personnel.

No cash is accepted at any Housing Authority office, regardless if it is in one of our communities or central (Downtown) office location.

If any management, maintenance personnel or contractor providing service on behalf of the Housing Authority requests a cash payment from you, please report immediately. You can report this to: Mike Vogel, Chief of Police, at 412-402-2508.

Applicant/Resident

Date

Applicant/Resident

Date

Manager

Date



**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.

This Notice was provided by the below-listed PHA:

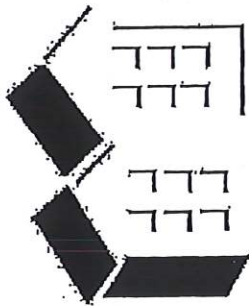
I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:

X Signature
X Printed Name

X Date



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

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.

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.

Identify 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/ehp/programs/ehp/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 892); and
4. Project-Based Voucher (24 CFR 983)

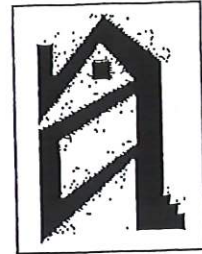
My signature below is confirmation that I have received this Guide.

Signature

Date

ALLEGHENY COUNTY HOUSING AUTHORITY

LEASE REVIEW CHECKLIST



X Date: _____

- Lease Term
- Rent
 - a. Income-based \$ _____ Check if selected: _____
 - b. Flat \$ _____ Check if selected: _____
- Charges
- Security Deposit
- Re-examination/Re-certification
- Interim re-certification/Re-examination
- Landlord/Tenant Obligations
- Unit Inspections
- Termination of Tenancy
- Changes and Modification of Lease
- Housekeeping Standards
- House Rules and Regulations
- Grievance Procedures
- Schedule of Charges
- Lead Base Paint Notification
- Pet Policy
- Other (specify) _____

I hereby certify that the above has been explained to me, and that I have been given the opportunity to ask questions and discuss the ACHA lease agreement contents.

X _____
Resident's Signature

Property Manager's Signature

Resident's Signature

Meyers Ridge Townhomes
Community

Resident's Signature

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.

X _____
Tenant

X _____
Date

Landlord

Date

PENNSYLVANIA
Low Income Housing Tax Credit Program
Lease Addendum

This Lease Addendum sets forth certain mandatory compliance requirements applicable to the Lease between Landlord and Tenant and shall be part of the Lease.

The property participates in federally funded program(s) which mandate certain requirements be applicable to this Lease; including, without limitation:

1. No termination (or nonrenewal of lease) of the tenancy by Landlord except for "Good Cause" – defined as serious and repeated violations of the Lease by the Tenant.
2. Protections of the Violence Against Women Act, as amended from time to time.
3. Protections of the Fair Housing Act, as amended from time to time.
4. No discrimination against households with Section 8 program vouchers or certificates.
5. Landlord shall not increase gross rents above maximum allowable program rents.

In addition, protections of the Pennsylvania Landlord - Tenant Act; as amended from time to time are applicable to this Lease – unless Tenants are provided additional protections under federal regulations or other PHFA guidance.

Tenant agrees to participate and cooperate with the annual income recertification process and to cooperate with reasonable monitoring and physical inspections by management and necessary third parties.

In the event Tenant occupies a unit which has accessibility features not needed by the Tenant, Tenant agrees that Landlord may require Tenant to relocate to another non-accessible comparable unit (upon reasonable notice) to accommodate a household needing the accessible unit.

Tenant agrees to provide information to the Owner/Landlord regarding household composition, student status, income, agrees to participate in collection of information regarding consumption of energy and utilities and authorizes release of information by third party providers to the Owner/Landlord for these efforts and agrees to allow reasonable physical inspection of the unit.

To the extent of any inconsistency with any of the provisions of the attached Lease, the terms of this Lease Addendum shall control.

This Lease Addendum has been signed and dated by the Tenant and by an authorized agent of Landlord (such as a Management Agent) below.

X TENANT(S)

LANDLORD

X DATED: _____

DATED: _____

Volunteer Service Determination

Including myself (Head of Household), my household includes these adults (age 18 and older):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Number from Household list Above:	I don't have to perform volunteer work because I am:
	Age 62 or older
	Disabled or blind and unable to perform any volunteer service
	Employed at: _____ Hours per week: _____
	Providing daily care for family member who is disabled or blind: Name of family member: _____
	I am a Full-Time Student at: _____
	Participating in an economic self-sufficiency program at: _____ _____

Family Snap Benefit Eligible: Yes ___ No ___

X _____
Signature of Head of Household

X _____
Social Security Number

X _____
Date

The following residents have been notified as required to perform community service or document student/self sufficiency participation:

_____ Date _____

PHA Staff Signature

Original to tenant file


Community Services and Self-Sufficiency Requirement Certification
For Non-Exempt Individuals


Annual Renewal

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 a year) of community service or participate in an economic self-sufficiency program.

Signature:  _____

Date of Signature:  _____



YOU'LL BE GLAD TO CALL IF HOME.

301 Chartiers Avenue
McKees Rocks, PA 15136

Phone (412) 355-8940
FAX (412) 355-8954

TTY Occupancy
(412) 402-2671

www.achsng.com

Executive Director

Frank Aggazio

Board Members

Mark Foerster

Sara Innamorato

Paul J. D'Alessandro

Derek Uber

Sydney Hayden

STATEMENT OF UNDERSTANDING

Applicants who move after applying for public housing must notify the Occupancy Department of their new address. Failure to do so may delay processing of your application and/or lead to withdrawal of your application.

Applicants must pay outstanding balances due to public housing authorities or other landlords before the Allegheny County Housing Authority will process the application. An owing balance includes unpaid rent, maintenance charges, and legal costs. Failure to pay outstanding balances due will result in withdrawal of your application. Applicants may provide evidence of mitigating circumstances relating to the outstanding balance (for example, loss of income) which will be reviewed at an informal hearing before a decision of eligibility is made.

The applicant will be screened for criminal background, credit checks (if applicable), current and previous landlord references and income/asset verification.

I have read, understood, and completed the following forms:

- Eligibility Application
- Declaration of U.S. Citizenship
- Reasonable Accommodations Checklist
- Authorization for the Release of Information/Privacy Act Notice
- General Release Verification Form
- Authorization for Criminal Record, Credit and Landlord Check
- Applicant/Tenant Certification
- Cashless Statement
- Certification of Receipt of Lead-Based Paint Information
- Statement of Understanding (this form)

Applicants who need a reasonable accommodation should request such by completing the Reasonable Accommodation Checklist.

My signature indicates that I have read and understood the above statements.

X _____ X _____
Applicant's Signature Date

Note: If your application is rejected or withdrawn for any reason, or your request for a reasonable accommodation is denied, you will be given notice in writing. If you disagree with any of the determinations made as indicated above, you have 10 days to respond in writing to request an informal hearing. All correspondence can be addressed to James Bulls, Director Housing Management Operations, Allegheny County Housing Authority, 625 Stanwix Street, 12th floor, Pittsburgh, PA 15222.

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	Date	_____	Date
Lessor		Lessor	
_____	Date	_____	Date
Lessee		Lessee	
_____	Date	_____	Date
Agent		Agent	



YOU'LL BE GLAD TO CALL IT HOME.

301 Charliers Avenue
McKees Rocks, PA 15136

Phone (412) 355-8940

FAX (412) 355-8954

TTY (412) 746-0040

www.achshg.com

EXECUTIVE DIRECTOR

Frank Aggazio

BOARD MEMBERS

Mark Foerster
Chairperson

Sara Innamorato

Paul J. D'Alesandro

Derek Uber

Sydney Hayden

ACKNOWLEDGMENT

FOR ACHA RESIDENTS, SECTION 8, AND MOD REHAB
PARTICIPANTS AND
APPLICANTS ON THE ACHA WAITING LIST

I, _____
(print full name)

acknowledge that I have received the brochure "Protect
Your Family from Lead in Your Home" issued by the
Environmental Protection Agency EP47-K-94-001 5/95.

The signed acknowledgment is a mandatory requirement for
all recipients of ACHA administered programs and applicants
prior to an offer of housing. The attached will remain in the
family's file during participation in ACHA Assisted Housing.

X _____ X _____
Signature Date

****DO NOT PURGE****

11-15-02/rp



Optional and Supplemental 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.

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

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.	
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.



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Executive Director

Frank Aggazio

Board Members

Derek Uber, Chair

Deborah Booker, Vice Chair

Evelyn Beño, Secretary

Paul J. D'Alesandro, Treasurer

Vera Kelly, Asst. Secretary/Treasurer

APPLICANT/TENANT CERTIFICATION APPLICANT(S)'S TENANT(S)'S STATEMENT

I/We certify that the information given * to the ALLEGHENY COUNTY HOUSING AUTHORITY on household composition, income, net assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. (Add reference to State Law if applicable.) I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

X _____ X _____
Signature of Head of Household Date

X _____ X _____
Signature of Co/Head Date

X _____ X _____
Signature of other household member 18 years of age & older Date

X _____ X _____
Signature of other household member 18 years of age & older Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590. (Within the Washington, D.C. Metropolitan Area, call 426-3500).

* After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Date Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.