Pre-Aplicación de asistencia de Vivienda

Por favor complete la aplicación y regrese a la oficina de Viviendas Publicas de la cuidad de Chandler. La dirección postal es: Mail Stop 101, P.O Box 4008 Chandler, AZ 85244-4008. **Aplicaciónes incompletas serán regresadas.**

Marque el programa que usted está solicitando: ☐ Programa de Viviendas Públicas ☐ Vale de Elección de Vivienda (Conocido como vivienda de sección 8)

1 INFORMACIÓN DEL PRINCIPAL DE LA CASA:

Apellido: _____ Nombre: _____

Seguro Social: ☐☐☐-☐☐-☐☐☐☐ Fecha de Nacimiento: ☐☐-☐☐-☐☐☐☐

Número de Teléfono:☐☐☐-☐☐☐-☐☐☐☐ Correo Electrónico de cabesa de Familia: _____

Sexo: ☐ Masculino ☐ Femenina Edad: ☐☐ ☐ Tercera Edad (62 Años o mayor)

Domicilio Postal:

Calle/PO Box:

Ciudad:

Estado:

Código Postal:

Domicilio Físico:

Calle:

Ciudad:

Estado:

Código Postal:

2 INFORMACIÓN DE COMPOSICIÓN FAMILIAR:

Incluye cada una de las personas que vivirá en la unidad asistida.

	Apellido	Nombre	I	Relación	Fecha de Nacimiento	Edad	Sexo	Seguro Social
1.				**CABESA**				
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Si usted tiene más de 8 miembros en el hogar por favor marque aquí ☐ y anote los nombres adicionales en una hoja separada

Solamente Uso para la Oficina

Bedroom Size:_____ Total Family Income: $_____ Staff Initials: _____ Date:_____

3 INFORMACIÓN DE INGRESOS

¿Cúales son los ingresos recibidos en total cada mes por *todos* los miembros del hogar (antes de los impuestos)
$ _____ Fuente de Ingresos: _____

4 CONFORMIDAD DE OPORTUNIDADES IGUALES

Se solicita la información siguiente para cumplir con los requisitos de oportunidades iguales y asegurar que ninguna discriminación ocurre. Su respuesta no afectará su selección para el programa. Por favor marque la caja apropiada.
Raza del principal de casa:
☐ Caucásico ☐ Afroamericano ☐ Isleño Pacífico ☐ Asiático ☐ Amerindio

Pertenencia étnica del principal de la casa: ☐ Hispano ☐ No Hispano

5 INFORMACIÓN GENERAL

SI	NO	
☐	☐	¿Usted o cualquier miembro de la casa ha(n) sido encontrados culpables/condenados y desalojados durante los últimos cinco años por un crimen y/o algún actividad relacionadas con drogas? Si, sí por favor explique:
☐	☐	¿Usted o cualquier miembro de la casa es sujeto a un registro de por vida bajo delincuencia sexual del estado? Si, sí quién?
☐	☐	¿Usted o cualquier miembro de la casa ha sido condenado por delitos relacionados con las drogas para la producción o fabricación de metanfetamina en una propiedad subsidiadas por el Gobierno Fedral? Sí, si quién?
☐	☐	¿Debe usted cualquier dinero a cualquier Agencia de Vivienda? Si, sí cúal es la cantidad: El nombre y dirección de la Agencia onde debe el dinero:
☐	☐	¿Usted o cualquier miembro de la casa ha sido desalojado de viviendas subsidiadas por el Gobierno Federal durante los últimos cinco años? Si, si por favor explique:
☐	☐	**¿Usted o algún miembro de la familia cree que él / ella necesita alojamiento razonable para participar en cualquier programa de la Ciudad de Chandler?** La oficina de Viviendas y Desarollo de la cuidad de Chandler se ha comprometido a cumplir plenamente con todas las leyes locales, estatales y federales de no discriminación y igualdad de oportunidades. Si usted marco que si, por favor completa una forma de "Alojamiento Razonable ".

6 PREFERENCIAS DE CASA

La División de Viviendas Publica seleccionará familias basadas en las preferencias locales siguientes dentro de cada categoría de tamaño de dormitorio: Por favor marque cualquiera de los siguientes que se aplican a su casa: Todos los artículos comprobados serán verificados antes de que la ayuda sea ofrecida.

☐ **Persona (s) Desplazada:** Los individuos o las familias desplazadas por la acción de administración municipal o cuya vivienda ha sido extensivamente dañada o destruida a consecuencia de un desastre natural declarado o por otra parte formalmente reconocido de acuerdo con Leyes de Alivio de Desastre Federales.

☐ **Viviendo o Trabajando en la Cuidad de Chandler:** Los candidatos deben vivir o trabajar dentro de la Ciudad de Chandler. Los candidatos deben contribuirse hacia gastos de casa y deben ser físicamente empleados por un negocio dentro de la Ciudad de Chandler.

☐ **Personas Trabajadoras:** Los candidatos con un miembro de familia adulto se matricularon en un programa de formación de empleo, actualmente de 20 horas por semana, o asisten a la escuela en completa. Esta preferencia también es ampliada igualmente a todas las familias mayores y todas las familias cuya cabeza o el cónyuge reciben ingresos basados en su inhabilidad de trabajar.

☐ **Ninguno de lo de arriba**

AUTORIZACIÓN PARA
LA LIBERACION DÉ INFORMACION

Yo _____ por este medio doy mi permiso a la Ciudad de la División de Reurbanización y Alojamiento de Chandler para obtener la información independiente sobre mí y mi familia para la determinación de la elegibilidad, el nivel apropiado de alojar ventajas y conveniencia en el Alojamiento de Estados Unidos y el Desarrollo Urbano ha asistido a programas de alojamiento. Expresamente, autorizo la liberación de la información de:

- Bancos y Otras Instituciones Financieras
- Oficinas de Crédito
- Tribunales
- Patrones Corrientes y Antiguos
- Propietarios Corrientes y Antiguos
- Medicina y/o Instalaciones de Tratamiento de Alcohol (limitado con la instalación que tiene la causa razonable de creer al candidato es contratado actualmente en el uso ilegal de sustancia controlada)
- Abastecedores Médicos
- el Centro de Información de Delito Nacional, Departamentos de Policía, y otras agencias de aplicación de la ley
- Abastecedores de: Pensión alimenticia, Puericultura, Apoyo de Niño, Ayuda de Invalidez y Asistencia Médica
- Escuelas y Colegios
- Administración de Seguridad Social estadounidense
- Departamento estadounidense de Asuntos Veteranos
- Compañías de Utilidad
- Otro:_____

Estoy de acuerdo que la Ciudad de la División de Reurbanización y Alojamiento de Chandler puede usar fotocopias de esta autorización de acompañar sus peticiones de la información. Entiendo que la Ciudad de la División de Reurbanización y Alojamiento de Chandler solicita documentos para verificar la elegibilidad, y el nivel de ventajas y conveniencia bajo HUD ha asistido a programas de alojamiento, incluso fuentes de ingresos y activos, salarios y reclamaciones de paro, información de declaración de renta, identificación y composición de la casa, alojando la historia. La División de viviendas de la cuidad de Chandler reconoce que la responsabilidad al grado proporcionado según la ley protege la información que esto recibe en la determinación de la elegibilidad del participante / del candidato para alojar la ayuda. Esta forma es válida durante quince (15) meses de la fecha de la firma del candidato/participante.

_____	_____	☐☐☐-☐☐-☐☐☐☐
Firma de candidata/participante	Fecha	Seguro Social
_____	_____	☐☐☐-☐☐-☐☐☐☐
Firma de otro miembro de familia mayor de 18 años	Fecha	Seguro Social
_____	_____	☐☐☐-☐☐-☐☐☐☐
Firma de otro miembro de familia mayor de 18 años	Fecha	Seguro Social
_____	_____	☐☐☐-☐☐-☐☐☐☐
Firma de otro miembro de familia mayor de 18 años	Fecha	Seguro Social

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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)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
City of Chandler Housing and Redevelopment Mail Stop 101 P.O. Box 4008 Chandler, AZ 85244	

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form **HUD-9886** (7/94)

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

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

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

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

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

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

Signature of Applicant	**Date**

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

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

Form **HUD- 92006** (05/09)

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U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. ***Remember, you may receive rental assistance at only <u>one</u> 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.

<u>Note:</u> 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.

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

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

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

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

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

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

Signature _____ Date

Date Stamp(COCHA office use only)

Chandler Arizona
Where Values Make The Difference

RE: NOTIFICACIÓN DE LISTA DE ESPERA

Querido Candidato:

Gracias por solicitar Ayuda de Alojamiento con la Ciudad de Chandler. Su aplicación ha sido aceptada y será examinada para la determinación preliminar de la elegibilidad. Si usted califica con nuestras exigencias de elegibilidad, su aplicación será colocada en nuestra lista de espera en la fecha siguiente y tiempo sellado encima para los programas de alojamiento siguientes:

☐ **Viviendas Publicas** ☐ **Vale de Elección de Vivienda (Conocido como vivienda de sección 8)**

Esto es nuestro deseo de proveerle del alojamiento seguro, decente, y sanitario. La Ciudad de Chandler y la División de Reurbanización y Alojamiento reconoce que la responsabilidad al grado proporcionado según la ley protege la información que esto recibe en la determinación de la elegibilidad del candidato/participante para alojar la ayuda.

¡Advirtiendo! El título 18, la Sección 1001 del Código de los Estados Unidos, declara que una persona es culpable de un crimen si da declaraciones falsas o fraudulentas a cualquier departamento o agencia de los Estados Unidos.

He leído y soy consciente de lo siguiente:

1. Mi aplicación ha sido presentada.
2. No voy a recibiré ayuda inmediata. Mi esperar puede ser ofrecido a partir de unos meses a más largo que un año. Las preferencias de casa ofrecidas por las autoridades de viviendas afectarán el tiempo de esperar.
3. Las Autoridades de Alojamiento me colocarán en la lista de espera y más tarde verificarán toda la información en mi aplicación.
4. Es mi responsabilidad de asegurar que todos los cambios en esta aplicación, incluso cambios de dirección, miembros de casa o ingresos deben ser relatados por escrito. Todos los cambios deben ser sometidos por escrito usando nuestro "Reporte de Cambios". La copia de esta forma debera ser estampada con la fecha y tiempo para ser considerada valida por la oficina de la Cuidad de Chandler Vivendad y Desarollo. Ningunos cambios telefónicos serán aceptados. **Falta de relatar cambios por escrito causará su retiro de la lista de espera.**
5. Si mi aplicación es quitada de la lista de espera, tendré que volver a aplicar cuando la División de vivienda de la cuidad de Chandler acepta aplicaciones.
6. Mi aplicación para alojar ayuda puede ser negada debido a actividad criminal o deudas a otras autoridades de alojamiento de cualquier miembro de casa.
7. Esta aplicación no obliga la Ciudad de Chandler a proporcionar el alojamiento tampoco esto me obliga a aceptar la ayuda de alojamiento.

Juro realmente por este medio y certifico que toda la información mía y de mi familia es verdadera y correcta. Entiendo que cualquier información falsa causará mi aplicación que sea negado o terminación de mi ayuda de alojamiento. Declaro bajo la pena del perjurio conforme a las leyes de los Estados Unidos de América y el Estado de Arizona que la información contenida en esta aplicación de hechos es verdadera, correcta y completa.

_____ _____
Firma de principal de casa Fecha

_____ _____
Firma de esposo/a Fecha

Si una persona además del candidato/participante completa esta aplicación, por favor firme y complete lo siguiente.

_____ _____ _____
Nombre de Letra Firma Relación de candidato

_____ _____ _____
Dirección Cuidad estado código postal Teléfono

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Fraud Bulletin
U.S. Department of Housing and Urban Development
Office of Inspector General

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SOLICITUD DE AYUDA DE VIVIENDA HUD?

¿PIENSE EN ESTO…
FRAUDE VALE LA PENA?

¿Te das cuenta ...?

Si cometes fraude para obtener asistencia para su vivienda por HUD, podrían ser:

• desalojado de su apartamento o casa.
• Exigirle que reembolse toda la asistencia que le pagaron de alquiler.
• Una multa de hasta $ 10,000.00
• Encarcelado durante un máximo de cinco años.
• Prohibición de recibir asistencia en el futuro.
• Sin perjuicio de Estado y de sanciones del gobierno local.

¿SABE USTED QUE ...

• Que está cometiendo un fraude si firma una planilla a sabiendas de que ha proporcionado información falsa o engañosa.
• La información que proporcione en la solicitud de asistencia de vivienda y formas de recertificación será verificada.
• La agencia local de vivienda, HUD, o la Oficina del Inspector General verificará la información sobre los ingresos y bienes que usted proporcione con otras agencias federales, estatales o locales y con organismos privados.
• La certificación de la información falsa es fraude

ASÍ QUE TENGA CUIDADO

HAGA PREGUNTAS !

Si usted no entiende algo en la solicitud o planilla de recertificación , pregunte siempre . Es mejor prevenir que curar. Cuando usted llena su solicitud y re-certificación anual para vivienda asistida por HUD, asegúrese de que sus respuestas a las preguntas sean exactas y honestas .

Debe incluir :

• Todas las fuentes de ingresos y los cambios en el ingreso (subir o bono) usted o algún miembro de su hogar recibe , como los salarios , prestaciones sociales , seguridad social y beneficios para veteranos , pensiones, jubilación , etc
• Cualquier dinero que usted recibe en nombre de sus hijos , como la manutención de los hijos , pagos de AFDC, seguro social para los niños , etc
• Todos los activos , tales como cuentas bancarias, bonos de ahorro, certificados de depósito, acciones, bienes raíces, etc , que son propiedad de usted o cualquier miembro de su grupo familiar.
• Todo ingreso procedente de bienes, como intereses de ahorros y cuentas corrientes , dividendos de acciones , etc
• Cualquier negocio o bienes (como su casa) que haya vendido en los últimos dos años a menos de su valor total.
• Los nombres de todas las personas, adultos o niños, parientes o no parientes , que viven con usted y que componen su familia .

CUIDADO CON LAS ESTAFAS DE VIVIENDA VIVIENDA

• No pague dinero a nadie por llenar la solicitud de asistencia de vivienda y planilla de recertificación para usted.
• No pague dinero para moverse hacia arriba en una lista de espera.
• No pague por todo lo que no está cubierto por su contrato de arrendamiento.
• Pida un recibo por el dinero que paga , especialmente si usted paga en efectivo.
• Pida una explicación por escrito si le exigen pagar por otra que el alquiler (mantenimiento, cargos por servicios públicos o de pago) nada.

El Departamento de Vivienda y Desarrollo Urbano (HUD) de la Oficina del Inspector General (OIG) EE.UU. es del orden público del Departamento y el brazo de auditoría y se encarga de investigar las denuncias de fraude, el despilfarro y la mala gestión de los programas financiados por HUD .
FRAUDE DE INFORMES

Graves denuncias de fraude deben ser reportados a su oficina local de HUD del Inspector General o al HUD OIG Hotline en:
http://www.hudoig.gov/report-fraud