




## Applying for HUD Housing Assistance? Think about this....is Fraud Worth it?

Do You Realize....	Report Fraud
<p>If you commit fraud to obtain assisted housing from HUD, you could be:</p> <ul style="list-style-type: none"> <li>• <b>Evicted</b> from your apartment or house</li> <li>• <b>Require to repay</b> all overpaid assistance you received.</li> <li>• <b>Fined</b> up to \$10,000.00</li> <li>• <b>Imprisoned</b> for up to five years</li> <li>• <b>Prohibited</b> from receiving future assistance.</li> <li>• <b>Subject</b> to State and local government penalties.</li> </ul>	<p>If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to <a href="mailto:hotline@hudoig.gov">hotline@hudoig.gov</a>. You can write the Hotline at:</p> <div style="text-align: right;"> <p>HUD OIG Hotline, GFI 451 7<sup>TH</sup> Street, SW Washington, DC 20410</p> </div> <div style="text-align: center;">  </div>

If a person other than the applicant/participant completes the following forms, please indicate your name:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Relationship to Applicant/Tenant

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# Full Application for Housing Assistance City of Chandler

Date Stamp(COCHA office use only)

To be completed by the applicant/resident in their own handwriting. The information you give on the form regarding household composition, income, family assets and deduction must be accurate and complete. Complete all sections. Failure to complete this form accurately and completely will result in you being removed from the waiting list.

HEAD OF HOUSEHOLD INFORMATION				
NAME	FIRST	LAST	MIDDLE/MAIDEN NAME	
MAILING ADDRESS	Street	Apt/Unit #	City/State/Zip	
PHYSICAL ADDRESS	Street	Apt/Unit #	City/State/Zip	
CONTACT INFORMATION	HOME PHONE	CELL PHONE	WORK PHONE	HEAD OF HOUSEHOLD'S EMAIL

Check all that apply for the head of household:

☐ Male ☐ Female ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow

If you are married and your spouse is not living with you, you must provide the following information:

SPOUSE/FORMER SPOUSE NAME	ADDRESS
---------------------------	---------

Have you ever used a name other than the one you are using now? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Have you ever used a social security number other than the one you are using now? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

GENERAL INFORMATION	
<div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div>	<p>In the <b>past</b>, have you ever lived in subsidized housing or received rental assistance? If yes, name and address of the Agency that provided or is providing assistance:</p> <p>Dates assistance began and ended: _____ Who was the Head of Household? _____</p>
<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<p>Are you <b>currently</b> receiving rental assistance? If yes, name and address of Agency providing assistance:</p> <p>Dates assistance began: _____ Who is the Head of Household? _____</p>
<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<p>Do you currently owe any money to any Public or Assisted Housing Agency? If yes, amount: _____</p> <p>Name and address of Agency owed money: _____</p>
<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<p>Have you or any member of the household been evicted from federally assisted housing during the past five years? If yes, please explain: _____</p>
<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<p>Have you or any member of the household been arrested during the past five years for criminal and or drug related activity? If yes, please explain: _____</p>
<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<p>Is any household member subject to a lifetime registration requirement under a state sex offender registration program? If yes, who? _____</p>
<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<p>Has any household member ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally assisted housing? If yes, who? _____</p>

**GENERAL INFORMATION Continued**YES  
☐NO  
☐

**Do you or any member of the household believe he/she needs a reasonable accommodation to participate in any program for the City of Chandler Housing and Redevelopment Division?** The City of Chandler Housing and Redevelopment Division is committed to fully complying with all state, federal and local laws involving non-discrimination and equal opportunity.

If you check yes, please request and complete a "Reasonable Accommodation" form or speak to a housing representative.

**FAMILY COMPOSITION**

**Begin with yourself.** List all persons who will be living in the unit and the relationship of each person to the Head of Household. Include live-in aides. (MUST complete entirely incl. birthdates, social security # & etc.)

FULL NAME	RELATION TO HEAD OF HOUSEHOLD (HOH)	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH (DOB)	RACE	ETHNICITY	OFFICE USE ONLY
1. <input type="checkbox"/> Disabled	<i>Head of Household</i>						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
2. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
3. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
4. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
5. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
6. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
7. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
8. <input type="checkbox"/> Disabled							<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID

Use another sheet of paper to list additional household members

**Full Time Student**

☐ No one in the household is a full-time student.

List all full time students, including children, who will be living in the household when you receive rental assistance.

FULL NAME	SCHOOL NAME	SCHOOL ADDRESS	SCHOOL PHONE #	GRADE / COURSE OF STUDY
1.				
2.				
3.				
4.				

Use another sheet of paper to list additional students

Income Information <input type="checkbox"/> No one in the household is full or part time employed						
EMPLOYMENT INFORMATION: List all full and/or part time employment for all members of the household (including: self-employment, babysitting or military reserves, etc.)						
FAMILY MEMBER	EMPLOYER NAME & ADDRESS	EMPLOYER'S PHONE NUMBER	START DATE	RATE/ HOUR	HOURS/ WEEK	OFFICE USE ONLY
				\$		
				\$		
				\$		

Use another sheet of paper to list additional employment

OTHER INCOME: Does anyone, including children, receive or expect to receive money from any source listed below? Check "Yes" or "No" for each item. <b>If yes, list who and amount received monthly.</b>						
ITEM	Yes	No	SOURCE NAME AND ADDRESS		MONTHLY AMOUNT	OFFICE USE ONLY
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>			\$	
TANF/Cash Assistance	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>			\$	
SSI	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Pension	<input type="checkbox"/>	<input type="checkbox"/>	Type of Pension:		\$	
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Disability Compensation	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Babysitting	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Payee: State:	Name of child: Court Order #:	\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Payee: State:	Name of child: Court Order #:	\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Payee: State:	Name of child: Court Order #:	\$	
Alimony/ Spousal Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Payee: State:	Name of child: Court Order #:	\$	
Educational Grants	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Educational Scholarships	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Work Study	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Financial support from family or friends	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Caretaking	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Armed Forces/Reserves	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Income from Rental Property	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Other:	<input type="checkbox"/>	<input type="checkbox"/>			\$	

Asset Information						<input type="checkbox"/> No one in the household has assets
List <b>all</b> Bank Accounts, Retirement Plan Accounts: including 401, 403,457, IRA or Keogh Plans, Deferred Compensation Plans, stocks, bonds, securities, CD's, credit union shares, Savings Bonds, or any possessions kept for investment purposes, etc.						
FAMILY MEMBER	NAME & ADDRESS (BANK, BROKER, ETC.)	TYPE OF ACCOUNT	ACCOUNT NUMBER'S LAST FOUR DIGITS	BALANCE/VALUE	ANTICIPATED INTEREST	OFFICE USE ONLY
		<input type="checkbox"/> Checking		\$	\$	
		<input type="checkbox"/> Checking		\$	\$	
		<input type="checkbox"/> Checking		\$	\$	
		<input type="checkbox"/> Saving		\$	\$	
		<input type="checkbox"/> Saving		\$	\$	
		<input type="checkbox"/> Saving		\$	\$	
		<input type="checkbox"/> Other		\$	\$	
		<input type="checkbox"/> Other		\$	\$	

REAL ESTATE:					<input type="checkbox"/> No one in the household owns any real estate
Provide information for any real estate (land and/or building) which <b>any</b> household member currently owns.					
FAMILY MEMBER	COMPLETE ADDRESS OF REAL ESTATE	APPRAISED VALUE	MORTGAGE BALANCE	MORTGAGE HOLDER	
Name and Address of Mortgage Holder:					

DIVESTITURE OF ASSETS: During the past two (2) years, has any member of the household disposed of, transferred or otherwise given away any assets? No <input type="checkbox"/> Yes <input type="checkbox"/> Were they given away for less than they were worth? No <input type="checkbox"/> Yes <input type="checkbox"/> If you answered Yes, to either question please complete the following:			
DESCRIPTION OF ASSET	CASH VALUE*	AMOUNT RECEIVED	DATE DISPOSED OF
	\$	\$	
	\$	\$	
*CASH VALUE is the market value of the asset minus reasonable costs incurred in selling or converting an asset to cash. Such reasonable costs include: Penalties for withdrawing funds before maturity, Broker/legal fees for the sale or conversion of assets, Settlement costs for real estate transactions.			

EXPENSE INFORMATION					<input type="checkbox"/> No one in the household has child care expenses
CHILD CARE EXPENSES: List only those expenses for children age 12 and younger, which enable you or another household member to work or attend school. List only those expenses that you pay out of pocket.					
CHILD CARE PROVIDER INFORMATION				PER WEEK	OFFICE USE ONLY
Name	Address	City/State/Zip	Phone #	\$	
Name	Address	City/State/Zip	Phone #	\$	
Reason for childcare expense:					

**MEDICAL EXPENSES:**☐ **Not Applicable—Ineligible or no expenses.**

Complete this section if the **head of household** or **spouse** is **62 years of age or older, disabled or handicapped**. List only expenses you pay out of pocket. Check "Yes" or "No" for each item. The most current IRS Publication 502, *Medical and Dental Expenses*, will be used to determine the costs that qualify as medical expenses. The items below are a few examples of allowable medical expenses from IRS Publication 502.

ITEM	YES	NO	NAME AND ADDRESS OF WHOM YOU PAY	AMOUNT	OFFICE USE ONLY
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Prescription Medicines and Insulin ( <u>not</u> nonprescription medicines)	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Doctors	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Dentists	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Dentures	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Hearing Aids	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Necessary surgery and medical procedures	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Services of medical facilities hospitalization, long-term care, and in-home nursing services	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Handicapped/ attendant care expenses which enable a family member (including the handicapped family member) to work.	<input type="checkbox"/>	<input type="checkbox"/>	Name and Complete Address of Care Giver	\$	
Auxiliary apparatus that would enable the handicapped person to work such as wheelchairs, walkers, scooters, ramps or special equipment for the blind, equipment added to cars and vans to permit their use by the family member with a disability, or service animals.	<input type="checkbox"/>	<input type="checkbox"/>	Apparatus, Name And Address Where Purchased	\$	
Other: (Medical expenses from the most recent IRS Publication 502):	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Other: (Medical expenses from the most recent IRS Publication 502):	<input type="checkbox"/>	<input type="checkbox"/>		\$	

**APPLICANTS OF PUBLIC HOUSING PROGRAM ONLY - Landlord References**

List at least three (3) of your most recent landlords in the past five (5) years and provide their complete mailing address.

LANDLORD'S NAME	ADDRESS OF RENTAL UNIT	LANDLORD'S COMPLETE ADDRESS	LANDLORD'S TELEPHONE #/ FAX #	MONTHLY RENT \$	DATES YOU LIVED THERE FROM: TO: & REASON FOR LEAVING
Current Landlord:					
Prior Landlord:					
Prior Landlord:					



# Applicant/Tenant Certification

## City of Chandler

### **Giving True and Complete Information**

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 and certify that the information shown is true and correct.

### **Reporting Changes in Income or Household Composition**

I know I am required to report within ten (10) days of its occurrence in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

### **Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

### **No Duplicate Residence or Assistance**

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

### **Cooperation**

I know I am required to cooperate in supplying all information needed to determine eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

### **Criminal and Administrative Actions for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

**WARNING!** TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I do hereby swear and attest that all the information above about my household and me is true and correct. I also understand that all changes in household members or income must be reported to the City of Chandler Housing Authority **IN WRITING WITHIN TEN WORKING DAYS** and that only people listed on this declaration, when approved by the Housing Agency may reside in the unit being subsidized.

I declare under penalty of perjury under the laws of the United States of America and the State of Arizona that the information contained in this statement of facts is true, correct and complete.

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Signature of Head of Household

Date

---

Signature of Other Adult

Date

---

Signature of Other Adult

Date

---

Signature of Other Adult

Date

*Mailing Address:*  
Mail Stop 101, PO Box 4008  
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division  
<https://www.chandleraz.gov/affordablehousing>  
Ph (480) 782-3200 ♦ Fax (480) 782-3220

*Office Location:*  
235 S. Arizona Avenue  
Chandler, AZ 85225



The Arizona relay Service provides free 24 hour telephone access for the deaf, hard of hearing, deaf-blind, and hearing or speech impaired. 7-1-1 (TTY) \* 7-1-1 (Voice) / TTY English (800) 367-8939 ♦ Espanol (800) 842-2088





Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____                 </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

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**Signature of Applicant**

**Date**

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

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

Form HUD- 92006 (05/09)

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## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby give my permission to the City of Chandler Housing and Redevelopment Division to obtain independent information about me and my family for the purpose of determining eligibility, the appropriate level of housing benefits and suitability under the United States Housing and Urban Development's assisted housing programs. Specifically, I authorize release of information from:

- Banks and Other Financial Institutions
- Credit Bureaus
- Courts
- Current and Former Employers
- Current and Former Landlords
- Drug and/or Alcohol Treatment Facilities (limited to facility which has reasonable cause to believe applicant is currently engaged in illegal use of controlled substance)
- Family Composition
- Federal, State, Tribal or Local Benefit Agencies Welfare and other Social Service Agencies
- Identity and Marital Status
- Medical Providers
- The National Crime Information Center, Police Departments, and other law enforcement agencies
- Providers of: Alimony, Childcare, Child Support, Disability Assistance and Medical Care
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies
- Other: Enterprise Income Verification (EIV), The Work Number and Verify Today.com

I agree that the City of Chandler Housing and Redevelopment Division may use photocopies of this authorization to accompany its requests for information. I understand that City of Chandler Housing and Redevelopment Division is soliciting documents to verify eligibility, level of benefits and suitability under HUD's assisted housing programs, including sources of income and assets, wages and unemployment claims, tax return information, identification and composition of household, housing history. The City of Chandler Housing and Redevelopment Division acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's /participant's eligibility for housing assistance. This form is valid for fifteen (15) months from the date of applicant's/participant's signature.

_____ Print Name	_____ Signature of Household	_____ Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security Number
_____ Print Name	_____ Signature of Household	_____ Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security Number
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_____ Print Name	_____ Signature of Household	_____ Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security Number

*Mailing Address:*  
Mail Stop 101, PO Box 4008  
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division  
<https://www.chandleraz.gov/affordablehousing>  
Ph (480) 782-3200 Fax (480) 782-3220

*Office Location:*  
235 S. Arizona Avenue  
Chandler, AZ 85225

The Arizona relay Service provides free 24 hour telephone access for the deaf, hard of hearing, deaf-blind, and hearing or speech impaired. 7-1-1 (TTY) \* 7-1-1 (Voice) TTY English (800) 367-8939 / Espanol (800) 842-2088



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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)

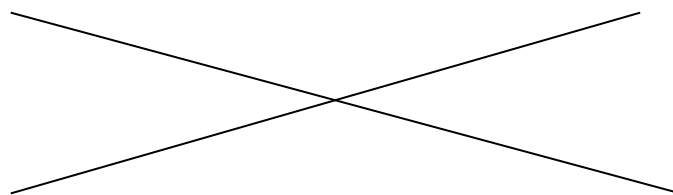
U.S. Department of Housing

and Urban Development

PHA 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

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



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

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

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

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

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

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

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

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

## Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

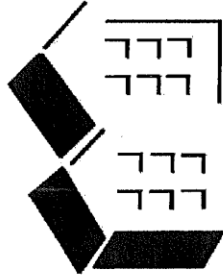
Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined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

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



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (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](http://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/officesbrp/programs/bthinfo/eiv.cfm>.

#### The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH 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

\_\_\_\_\_  
Signature of Family Member 18 and over Date

\_\_\_\_\_  
Signature of Family Member 18 and over 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 10/31/2019.

#### 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:**

**City of Chandler Housing and Redevelopment**  
**235 S. Arizona Avenue**  
**Chandler, Arizona 85225**  
**(480) 782-3200**

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

**Signature** **Date**

**Printed Name**

**Signature** **Date**

**Printed Name**



## IVT AUTHORIZATION FOR THE RELEASE OF INCOME DATA TO THE HOH

### Purpose:

The Department of Housing and Urban Development (HUD) now requires Public Housing Agencies (PHA) to use the Income Validation Tool (IVT) system to verify employment. The PHA is only allowed to disclose the income information to the person to whom it pertains. This would require an individual meeting with each adult household member. In order to do joint meetings or meet with only the Head of Household (HOH) the PHA needs each adult household member to sign a release to allow the PHA to disclose their income data to the HOH.

### Release:

In signing this consent form you are authorizing the PHA to disclose your income information from the IVT system to the head of household for your household. This information is used to determine the eligibility of the family to receive rental assistance and to assist in the determination of the level of assistance the family will receive. Your information is kept confidential and, with your consent, is only disclosed to the head of household for your voucher family.

**I authorize the PHA to disclose my income information from the IVT report to the head of household.**

_____ Head of Household Printed Name	_____ Head of Household Signature	_____ Date
_____ Adult Household Member Name	_____ Adult Household Member Signature	_____ Date
_____ Adult Household Member Name	_____ Adult Household Member Signature	_____ Date
_____ Adult Household Member Name	_____ Adult Household Member Signature	_____ Date
_____ Adult Household Member Name	_____ Adult Household Member Signature	_____ Date

*Mailing Address:*  
Mail Stop 101, PO Box 4008  
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division  
<https://www.chandleraz.gov/affordablehousing>  
Ph (480) 782-3200 ☐ Fax (480) 782-3220

*Office Location:*  
235 S. Arizona Avenue  
Chandler, AZ 85225

The Arizona relay Service provides free 24 hour telephone access for the deaf, hard of hearing, deaf-blind, and hearing or speech impaired. 7-1-1 (TTY) \* 7-1-1 (Voice) / TTY English (800) 367-8939 ♦ Espanol (800) 842-2088



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## AUTHORIZATION FOR USE / DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

From: **City of Chandler Housing and Redevelopment, 235 S. Arizona Avenue, Chandler AZ 85225**

The household member above has applied for, or is receiving, federal rental assistance. HUD requires that we verify information used in determining the household member's eligibility and rent.

We would appreciate your cooperation in answering the question on the attached verification form(s), if applicable, and returning the documents via **fax at 480-782-3220 or email, if stated on the verification form.** The household member has consented to the release of the information, as shown below.

### HOUSEHOLD MEMBER RELEASE

I have the right to revoke this Authorization, in writing to the Provider listed above, at any time. The revocation is only effective after it is received and logged by the above named Provider. Any use or disclosure made prior to a revocation is not included as part of the revocation.

The information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer protected by the HIPAA privacy regulations. I may obtain a copy of the Notice of Privacy Practices from the Provider listed above.

My Authorization, or refusal to provide additional Authorization(s), does not affect my ability to obtain treatment from the provider listed above.

I certify that I am the patient identified above, or that I am a legal guardian, agent, representative, or executor of the patient, and will hold the above mentioned provider and its affiliates and subsidiaries harmless from liability for their compliance with the provisions of this Authorization.

*By my signature hereon, I authorize the above named provider to release my protected health information, as identified, to the City of Chandler Housing and Redevelopment. This authorization expires at the termination of my participation in the City of Chandler Housing and Redevelopment Division housing programs, or on this date, whichever is earlier:\_\_\_\_\_.*

**Patient's Signature:**\_\_\_\_\_

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

**Mailing Address:**  
Mail Stop 101, PO Box 4008  
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division  
<https://www.chandleraz.gov/affordablehousing>  
Ph (480) 782-3200 Fax (480) 782-3220

**Office Location:**  
235 S. Arizona Avenue  
Chandler, AZ 85225

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## Public Housing

### Notice of Occupancy Rights Under The Violence Against Women Act, Form HUD-5380

### The Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation, Form HUD-5382

I have received a copy of the above named HUD Forms.

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Family Members over the age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Family Members over the age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Family Members over the age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Family Members over the age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Family Members over the age of 18

\_\_\_\_\_  
Date

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# NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

## City of Chandler Housing and Redevelopment Division

### **To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **public housing and housing choice voucher** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

### **Protections for Applicants**

If you otherwise qualify for assistance under **public housing or housing choice voucher**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

### **Protections for Tenants**

If you are receiving assistance under **public housing or housing choice voucher**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **public housing or housing choice voucher** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

### **Removing the Abuser or Perpetrator from the Household**

The City of Chandler Housing and Redevelopment Division (COCHRD) may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If the COCHRD chooses to remove the abuser or perpetrator, COCHRD may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, COCHRD must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, COCHRD must follow Federal, State, and local eviction procedures. In order to divide a lease, COCHRD may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, COCHRD may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, COCHRD may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

1. **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If COCHRD does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, COCHRD may ask you for such documentation, as described in the documentation section below.
2. **You expressly request the emergency transfer.** COCHRD may choose to require that you submit a form, or may accept another written or oral request.
3. **You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

COCHRD will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

COCHRD's emergency transfer plan provides further information on emergency transfers, and COCHRD must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

COCHRD can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from COCHRD must be in writing, and COCHRD must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. COCHRD may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to COCHRD as documentation. It is your choice which of the following to submit if the COCHRD asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by COCHRD with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that the COCHRD has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, the COCHRD does not have to provide you with the protections contained in this notice.

If the COCHRD receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), COCHRD has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, COCHRD does not have to provide you with the protections contained in this notice.

### **Immigration Status/Self-Petitioner (PIH Notice 2017-02)**

A "Self-Petitioner" is a category of battered noncitizens seeking legal permanent resident status without the cooperation or knowledge of their abusive relative. A "VAWA Self-Petitioner" is a category of battered noncitizens seeking VAWA-related relief and other VAWA-related petitions or applications for lawful permanent resident status.

PIH Notice 2017-02 explains the procedures that COCHRD must follow when an applicant or resident/tenant requests admission or continued residency as a result of being a VAWA self-petitioner

- A. In accordance with Section 214 of the Housing and Community Development Act of 1980, HUD may not allow financial assistance to ineligible non-citizens, but assistance must not be denied while verifying immigration status or appeal of a determination as to satisfactory immigration status is pending.
- B. HUD has determined that self-petitioners can indicate that they are in "satisfactory immigration status" when applying for assistance or continued assistance from Section 214 covered housing providers. "Satisfactory immigration status" means an immigration status which does not make the individual ineligible for financial assistance. After verifying such immigration status in the Department of Homeland Security (DHS) Systematic Alien Verification for Entitlements (SAVE) System, the COCHRD will make a final determination as to the self-petitioner's eligibility for assistance.

- C. COCHRD will not deny, reduce, or terminate the assistance of a VAWA Self-Petitioner who claims “satisfactory immigration status”. COCHRD will verify that the applicant or participant is a self-petitioner by utilizing the SAVE system to verify immigration status.
- D. All protections afforded under VAWA apply to the self-petitioner throughout the verification process.
- E. Not every noncitizen victim who has been subjected to battery or extreme cruelty will qualify under these procedures. In order to qualify, the noncitizen victim must have been battered or subjected to extreme cruelty by their spouse or parent, who is a U.S. citizen or LPR. COCHRD may receive a petition at any time, but submissions will most likely be related to a request for VAWA protections pursuant to 24 CFR Part 5 Subpart L (e.g. with a request for an emergency transfer or family breakup resulting from domestic violence, dating violence, sexual assault, or stalking).
- F. COCHRD will follow the steps outlined in PIH Notice 2017-02 to complete verification.

### **Confidentiality**

COCHRD must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

COCHRD must not allow any individual administering assistance or other services on behalf of COCHRD (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

COCHRD must not enter your information into any shared database or disclose your information to any other entity or individual. COCHRD, however, may disclose the information provided if:

- ☐ You give written permission to COCHRD to release the information on a time limited basis.
- ☐ COCHRD needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- ☐ A law requires COCHRD or your landlord to release the information.

VAWA does not limit COCHRD’s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, COCHRD cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if COCHRD can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

1. Would occur within an immediate time frame, and
2. Could result in death or serious bodily harm to other tenants or those who work on the property.

If COCHRD can demonstrate the above, COCHRD should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

**Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

**Non-Compliance with The Requirements of This Notice**

You may report a covered COCHRD's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with Amy Jacobson, Housing and Redevelopment Manager or HUD's Phoenix field office.

**For Additional Information**

You may view a copy of HUD's final VAWA rule at <http://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>. Additionally, COCHRD must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact your housing specialist.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact 2-1-1 within Arizona or at <https://211arizona.org/domestic-violence/>

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>. For help regarding sexual assault, you may contact 2-1-1 within Arizona or at <https://211arizona.org/domestic-violence/>.

Victims of stalking seeking help may contact 2-1-1 within Arizona or at <https://211arizona.org/domestic-violence/>.

**I have received a copy of the Notice regarding Violence Against Women Act.**

APPLICANT/TENANT PRINTED NAME: \_\_\_\_\_

APPLICANT/TENANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_
2. Name of victim: \_\_\_\_\_
3. Your name (if different from victim's): \_\_\_\_\_
4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_
5. Residence of victim: \_\_\_\_\_
6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_
7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_
8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_  
\_\_\_\_\_
10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

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This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.





**RECEIPT**

I have received a copy of the form entitled:

**2018 Arizona Fair-Housing-Brochure**

**"Things You Should Know" from the U.S. Department of Housing and Urban Development**

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Tenant Signature

Date

---

Address

Chandler

Arizona

---

City

State

Zip

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November 2004

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house:</li><li>▫ Required to repay all overpaid rental assistance you received:</li><li>▫ Fined up to \$ 10,000:</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>
Assets	<ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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### Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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**Recertifications** You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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### Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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### Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

HUD- 1140-OIG THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION



## About the ARIZONA DEPARTMENT OF HOUSING

The Arizona Department of Housing (ADOH) takes an active role in the education and training of housing providers and housing consumers to ensure awareness of fair housing laws. Housing providers and housing consumers who would like to attend a free training on the Fair Housing Act and learn their responsibilities and rights under the law may contact ADOH at 602/771-1000 and ask to speak with the Fair Housing Specialist.

Fair housing trainings and workshops are provided throughout the state of Arizona. At least four fair housing workshops are conducted within each of the 13 rural counties in Arizona per year, with Pima and Maricopa Counties receiving at least two workshops per year. Half of these workshops are geared toward housing professionals such as site managers, property owners, leasing agents, lenders, and housing authority staff. The other half are geared toward housing consumers; however, all classes are open to anyone that would like to attend. Continuing Education Units (CEU) for real estate professionals that need to fulfill this requirement are also provided.

## IF YOU NEED HELP

The Southwest Fair Housing Council (SWFHC) was established in 1986. It is a non-profit, tax-exempt fair housing organization based in Tucson, Arizona, providing services throughout Arizona.

### Tucson:

177 North Church St.  
Tucson AZ 85701  
520-798-1568

### Phoenix:

323 W. Roosevelt St., #1008  
Phoenix, AZ 85003  
602-252-3423

888-624-4611 - TOLL FREE  
520-670-0233 - TTY

## IF YOU SUSPECT DISCRIMINATION

The Civil Rights Division of the Arizona Attorney General's Office investigates and resolves housing discrimination complaints. Anyone interested in filing a complaint should contact one of the following:

### Phoenix:

Arizona Attorney General's Office  
Civil Rights Division  
2005 North Central Ave.  
Phoenix, AZ 85004

602-542-5263 – GENERAL INTAKE LINE  
602-542-5002 – TTY  
877-491-5742 – TOLL FREE  
877-624-8090 – TTY TOLL FREE

### Tucson:

Arizona Attorney General's Office  
Civil Rights Division  
400 W. Congress, #315  
Tucson, AZ 85701

520-628-6500 – GENERAL INTAKE LINE

520-628-6872 – TTY  
877-491-5740 – TOLL FREE

877-881-7552 – TTY TOLL FREE



Arizona  
Department  
of Housing

1110 West Washington, Suite 280  
Phoenix, AZ 85007  
602-771-1000 PHONE 602-771-1001 TTY  
[www.azhousing.gov](http://www.azhousing.gov)



## FAIR HOUSING

Equal Opportunity for All  
It's Not An Option...It's the Law



Arizona  
Department  
of Housing

## WHATEVERYONESHOULD KNOWABOUT FAIR HOUSING

The sale and purchase of a home is one of the most significant events that an individual will experience in their lifetime. It is more than the simple purchase of housing, for it directly impacts the hopes, dreams, aspirations, and economic destiny of those involved. It is for this reason that the Fair Housing Act and other federal and state laws were enacted to guarantee a right to a national housing market free from discrimination based on race, color, religion, sex, disability, familial status, and national origin.

### THE LAW

Civil Rights Act of 1866 – The Civil Rights Act of 1866 prohibits all racial discrimination in the sale or rental of property.

Fair Housing Act – With the enactment of the US Civil Rights Act of 1968, fair housing rights became federal law. Title VIII of the Act, as amended by Congress in 1988 prohibits discrimination based upon the race, color, religion, sex, disability, familial status, or national origin of those seeking housing.

In Arizona, state fair housing laws are equivalent to federal law. In some communities, local housing ordinances make it illegal to deny housing based on age, marital status, or sexual orientation. These fair housing laws protect the right of each home seeker and provides equal opportunity in the purchase, sale, rental, leasing, financing, insuring, and advertising of housing.

### WHAT HOUSING IS COVERED

The Fair Housing Act covers most housing. In some circumstances, the Act exempts owner-occupied buildings with no more than four units, single-family housing sold or rented without the use of a broker, and housing operated by organizations and private clubs that limit occupancy to members.

## HOUSING DISCRIMINATION STILL EXISTS SECTION 504

Despite a wide range of housing opportunities throughout Arizona, the doors of homes, apartments, mobile homes, and condominiums are closed to many because of illegal discrimination. Complaints to and testing by fair housing organizations in Arizona indicate that discrimination is a common practice, frequently undetected by home seekers who are unlawfully denied access to housing. You have the right to expect that housing will be available to you without discrimination or other limitations based on race, color, religion, sex, disability, familial status, or national origin.

### SIGNS OF HOUSING DISCRIMINATION

- Refusing to sell, rent, or show available housing.
- Only showing housing in areas where other minorities live.
- Harassment or intimidation.
- Housing advertisements with discriminatory statements or displaying no minorities in group scenes.
- Differing terms for identical dwellings.
- Extensive questioning prior to offering or providing information about the availability of housing.
- Being told the dwellings is not appropriate for your family.
- Terms of availability change between phone contact and your visit.
- You are not contacted after the acceptance of your application.
- House or apartment has an “available” sign but you are told it is not available.
- Refusing to make reasonable accommodation or allow a modification to make the dwelling accessible for a person with a disability.
- Refusing to finance the purchase of a home or to write property insurance, or offering non-standard and unfavorable terms.

Section 504 prohibits discrimination on the basis of disability in any program or activity that receives financial assistance from any federal agency.

With respect to housing, a housing provider may not:

- Deny or refuse to sell or rent to a person with a disability.
- Impose application or qualification criteria that is different than those required of or provided to persons who are not disable.
- Impose rental fees or sales prices, and rental or sale terms or conditions that are different than those required of or provided to persons who are not disable.
- Require persons with disabilities to live only on certain floors
- Deny those with disabilities access to recreational or other public and common use facilities.
- Charge a higher security deposit to a person that uses a wheelchair

## AMERICANS WITH DISABILITIES ACT (ADA)

### Title II

Covers activities of public entities (state and local governments). It requires public entities to make both new and existing housing facilities accessible to persons with disabilities. Housing covered by Title II of the ADA includes, for example, public housing authorities that meet the ADA definition of “public entity,” and housing operated by States or local government, such as housing on a state university campus.

### Title III

Requires that public and common use areas at housing developments are accessible.



I understand that I am required to report to the Chandler Housing authority **ANY** changes in total household income, or assets that might be whether such a move is permanent or temporary in nature.

I understand that I must report these changes **within ten (10) business days** of the change, and the report must be delivered to this office **IN WRITING** on the appropriate **“Change Report Form”**.

I further understand that failure to report such changes is grounds for termination of my housing assistance and cancellation of my housing participation.

I understand failure to report any income from any of the sources listed could be considered fraud and would be grounds for immediate termination. I would have to repay any subsidy overpaid by the housing authority on my behalf.

I understand that income and/or assets include, but are not limited to, the following:

- Employment (Full-time, Part-time, Temporary, Odd Jobs)
- Self-Employment
- Family support
- Baby sitting
- Social Security (SS)
- Supplemental Security Income (S.S.I.)
- Aid for Dependent Children (A.F.D.C.) or (TANF)
- General Assistance (G.A.)
- T.P.E.P. (Two Parent Employment Program)
- Retirement Pensions (Veteran’s or Private)
- Disability Income (from Insurance or Other Sources)
- Workmen’s Compensation
- Unemployment benefits (from ANY state)
- Child Support (or DES Pass-Through)
- Alimony
- Regular Contributions (from ANYONE not living with me)
- Interest Earned from Savings or Checking Accounts
- Interest Earned from Stocks, Bonds, Certificates of Deposit
- Interest Earned from Real Estate (or other Property I own or have an interest in)

I have read this notice and understand my obligations to report all changes.

\_\_\_\_\_  
Head of Household Print

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Other Adult Print

\_\_\_\_\_  
Spouse/Other Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Other Adult Print

\_\_\_\_\_  
Spouse/Other Adult Signature

\_\_\_\_\_  
Date

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# Family Composition Statement

Public Housing Program

The City of Chandler Housing and Redevelopment Division's Lease states:

- ☐ Section II, "Except as otherwise indicated, the use of the Residence is limited to Tenant's household. Tenant's household only consists of Tenant (Head of Household) and those other persons listed in the lease and having the relationship to Tenant indicated as household members".
- ☐ Section II.A of the Lease states, "any addition to the household members, including the addition of any live-in aide or a foster child, but excluding natural births, requires prior written approval by the City of Chandler Housing and Redevelopment Division.
- ☐ Section II.B of the Lease states, "Any change in the composition of Tenant's household shall be reported by Tenant in writing to be received by the City of Chandler Housing and Redevelopment Division within ten (10) business days of the occurrence in accordance with paragraph E.2 of Section VII of the Lease.
- ☐ Section VIII.B of the Lease states, "**Tenant shall give prior notice to the Authority of any guest staying overnight at Tenant's premises** and any such overnight stay is deemed an accommodation for the guest. "

**The City of Chandler Housing and Redevelopment Division's Admissions and Continued Occupancy states:**

- ☐ The resident may not allow visitors to stay overnight more than 14 days in a twelve-month period.
- ☐ The family must request the City of Chandler Housing and Redevelopment Division's approval prior to visitors arriving who will be in the unit in excess of 14 days in a year.
- ☐ Visitors who remain beyond this period shall be considered trespassers, and their presence constitutes a breach of the lease.
- ☐ If an individual other than a leaseholder is representing to an outside agency that they are residing in the lessee's unit, the person will be considered an unauthorized member of the household.
- ☐ Roomers and lodgers are not permitted to occupy a dwelling unit, nor are they permitted to move in with any family occupying a dwelling unit.
- ☐ Residents are not permitted to allow a former tenant of the City of Chandler Housing and Redevelopment Division who has been evicted or trespassed to occupy the unit for any period of time.
- ☐ Residents must advise the City of Chandler Housing and Redevelopment Division when they will be absent from the unit for more than 30 days and provide a means for the City of Chandler Housing and Redevelopment Division to contact the resident in the event of an emergency. Failure to advise the City of Chandler Housing and Redevelopment Division of extended absences is grounds for termination of the lease.

**I understand the above statements. There are no other adults or children living/staying in the unit now other than those whose names are on the Lease. I understand that I will be terminated from the Public Housing program if I fail to abide by the rules and regulations set forth in the Lease and Admission & Continued Occupancy Policy.**

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Head of Household Print

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Head of Household Signature

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Date

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**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 (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).

Upon request, the records and report will be made available. Available  
reports and records are provided before the home is sold.

(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. 4852(d) 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.

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

## VIVIENDAS PUBLICAS SOLAMENTE

### Declaracion de Informacion sobre Pintura a Base de Plomo y/o Peligros de la Pintura a Base de Plomo

#### Declaracion sobre los Peligros del Plomo

**Las viviendas construidas antes de/año 1978 pueden contener pintura a base de plomo. El plomo de pintura, pedregos de pintura y polvo puede representar peligros para la salud si no se maneja apropiadamente. La exposición al plomo es especialmente dañina para los niños y las mujeres embarazadas. Antes de alquilar (rentar) una vivienda construida antes de/año 1978, los arrendadores tienen la obligación de informar sobre la presencia de pintura a base de plomo o peligros de pintura a base de plomo conocidos en la vivienda. Los arrendatarios (inquilinos) también deben recibir un folleto aprobado por el Gobierno Federal sobre la prevención de/ envenenamiento de plomo.**

#### Declaracion del Arrendador

- (a) Presencia de pintura a base de plomo y/o peligros de pintura a base de plomo (marque (i) 6 (ii) abajo):  
(i) ☐ Confirmado que hay pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda (explique).

(11) ☒ El arrendador no tiene ningún conocimiento de que haya pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda.

- (b) Archivos e informes disponibles para el vendedor (marque (i) 6 (ii) abajo):  
(i) ☒ El arrendador le ha proporcionado al comprador todos los archivos e informes disponibles relacionados con pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda (anote los documentos abajo). Los records y reportes estaran

disponibles a petición suya. Estos records y reportes disponibles  
seran proveidos antes que se venda la casa.

- (ii) ☐ El arrendador no tiene archivos ni informes relacionados con pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda.

#### Acuse de Recibo del Arrendatario o Inquilino (inicial)

- (c) ☐ El arrendatario ha recibido copias de toda la información indicada arriba.  
(d) ☒ El arrendatario ha recibido el folleto titulado *Proteja a Su Familia de/ Plomo en Su Casa*.

#### Acuse de Recibo del Agente (inicial)

- (e) ☐ El agente le ha informado al arrendador de las obligaciones del arrendador de acuerdo con 42 U.S.C. 4852(d) y esta consciente de su responsabilidad de asegurar su cumplimiento.

#### Certificacion de Exactitud

Las partes siguientes han revisado la información que aparece arriba y certifican que, según su entender, toda la información que han proporcionado es verdadera y exacta.

Arrendador	Date	Arrendador	Date
Arrendatario	Date	Arrendatario	Date
Agente	Date	Agente	Date