



# BVE

## Rural Housing and Community Programs

### Things You Should Know About USDA Rural Rental Housing

***Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification***

#### **Penalties for Committing Fraud**

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

#### **How To Complete Your Application**

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

#### **Ask for Help if You Need It**

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

#### **Before You Sign the Application**

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

#### **Tenant Recertification**

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;



- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

## Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

## If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

### Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

### Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

### When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

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The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

# USDA-Rural Development/HUD – Butte View Estates

The minimum requirement to determine eligibility for Butte View Estates is as follows:

- ☐ Proof of current income from all sources
  - ☐ ID for all adults
  - ☐ Birth Certificates for all members
  - ☐ Social Security Cards for all members
  - ☐ 6 month bank statements
- 

Los requisitos mínimos para calificar para Butte View Estates son los siguientes:

- ☐ Comprobante de ingresos actuales de todas las fuentes
- ☐ Identificación para todos los adultos
- ☐ Acta de nacimiento de todos los miembros
- ☐ Tarjetas de seguro social para todos los miembros (si es aplicable)
- ☐ 6 meses de estado de cuenta bancaria (si es aplicable)





REGIONAL HOUSING AUTHORITY  
1455 BUTTE HOUSE ROAD, YUBA CITY, CA 95991  
**Teléfono (530) 671-0220 \* Fax (530) 673-0775**  
**Instrucciones para la Aplicación de Butte View Estates**  
**LEA CON CUIDADO!**



**APLICACIONES** serán distribuidas en la OFICINA DE LA AUTORIDAD DE VIVIENDAS en el domicilio 1455 Butte House Road. Aunque, la prioridad no será establecida hasta que el aplicante haya entregado toda la información necesaria. Una carta será mandada por correo al aplicante dentro de 10 días indicando que documentos son necesarios para que la aplicación sea considerada completa. **LA PRIORIDAD NO SERÁ ESTABLECIDA HASTA QUE TODOS LOS DOCUMENTOS NECESARIOS SE HAYAN RECIBIDO.** La hora y la fecha que todos los documentos finalmente se hayan recibido serán notadas en la lista de espera para establecer prioridad. Una aplicación completa incluye una autorización para verificar empleo e ingresos. **NO TENEMOS VIVIENDAS DE EMERGENCIA.**

**RENTA BÁSICA/CANTIDAD DE DEPOSITO.**

1 Recamara \$833.00      DEPÓSITO basada en los ingresos  
2 Recamara \$931.00      DEPÓSITO basada en los ingresos

**REQUISITOS DE INGRESOS.** Para ser elegible no debe exceder las cantidades mencionadas en seguida para su tamaño de familia.

<u>Tamaño de Familia</u>	<u>Limites de Ingresos</u>
1	\$39,150
2	\$44,750
3	\$50,350

<u>Tamaño de Familia</u>	<u>Limite de Ingresos</u>
4	\$55,900
5	\$60,400

**APLICACIONES** serán aceptadas en el mismo lugar los **lunes a jueves de 8:00 AM a 5:00 PM.**

**CAMBIO DE DOMICILIO.** Por favor póngase en contacto con la Autoridad de Viviendas si usted tiene un cambio en su domicilio de correo actual o número de teléfono.





**REGIONAL HOUSING AUTHORITY**  
**U S D A / DESARROLLO RURAL EN BUTTE VIEW ESTATES**

**AVISO AL APLICANTE:** Información en la aplicación debe estar completa. Si no está completa, la aplicación será regresada al aplicante. Es su responsabilidad de ponerse en contacto con esta oficina para avisarles de cualquier cambio en sus circunstancias: domicilio, teléfono, ingresos, número de miembros en su hogar, etc. para mantener su posición en la lista de espera.

PARA USO DE OFICINA

APLICACIÓN # \_\_\_\_\_  
FECHA RECIBIDA \_\_\_\_\_  
HORA RECIBIDA \_\_\_\_\_  
TAMAÑO DE  
RECÁMARAS \_\_\_\_\_

Prioridad    1        2        3                    VL                    L                    M

**I. INFORMACIÓN PERSONAL – Por favor indique TODAS las personas que vivirán con usted:**

	NOMBRE COMPLETO	RELACIÓN AL APLICANTE	FECHA DE NACIMIENTO	NÚMERO DE SEGURO SOCIAL	VIVIRA EN LA UNIDAD P= TEMPORAL F= TIEMPO COMPLETO
1		YO MISMO			
2					
3					
4					
5					
6					
7					
8					

**II. HISTORIA DE VIVIENDAS – Todo aviso y llamada telefónica se mandará a este domicilio y número de teléfono:**

DOMICILIO ACTUAL: \_\_\_\_\_

DOMICILIO DE CORREO: \_\_\_\_\_

TELÉFONO DE CASA: \_\_\_\_\_ NUMERO DE TRABAJO: \_\_\_\_\_ MENSAJE/NÚMERO CELL: \_\_\_\_\_

VIVIENDO EN ESTE HOGAR DE \_\_\_\_\_ A \_\_\_\_\_ CANTIDAD DE RENTA PAGADA \$ \_\_\_\_\_

RÁZON POR LA QUE DESALOJO \_\_\_\_\_

NOMBRE DEL DUEÑO \_\_\_\_\_

TELÉFONO \_\_\_\_\_

DOMICILIO \_\_\_\_\_

**NOTA:** Si usted contesta si a cualquiera de las siguientes preguntas, por favor explique en una hoja de papel separada y agréguela a esta aplicación.

a. Usted ha tenido un domicilio adicional no mencionado anteriormente, o ha aplicado para viviendas bajo un nombre diferente? Si\_\_\_ No\_\_\_ . Si es que si, por favor explique: \_\_\_\_\_

b. Está usted relacionado con cualquiera de los dueños anteriores? Si\_\_\_ No\_\_\_ . Si es que si, por favor indique su relación después del nombre del dueño en la línea anterior. \_\_\_\_\_

c. Usted anticipa un cambio en la cantidad de personas en su hogar por cualquier razón dentro de los siguientes 12 meses? Si\_\_\_ No\_\_\_

d. Usted o cualquier miembro de su familia de 18 años o mayores están atendiendo a la escuela? Si\_\_\_ No\_\_\_ Si es que si, quien? \_\_\_\_\_

e. Usted requiere de una unidad accesible para deshabilitados o acomodos especiales? Si es que si, por favor explique. \_\_\_\_\_

f. Usted o cualquier miembro de la familia del aplicante ha sido arrestado o juzgado por algún crimen penal?

Si \_\_\_\_ No \_\_\_\_ Si es que si, por favor explique: \_\_\_\_\_

Usted o cualquier miembro de la familia del aplicante está bajo condición libre de pena? Si \_\_\_\_ No \_\_\_\_

Si es que si, por favor explique: \_\_\_\_\_

g. Usted o cualquier miembro de la familia del aplicante alguna vez ha vivido en Viviendas Públicas o recibido

Asistencia de Renta Sección 8? Si \_\_\_\_ No \_\_\_\_

Si es que si, Donde: \_\_\_\_\_ Nombre de la Agencia: \_\_\_\_\_ Fechas: De \_\_\_\_\_ A \_\_\_\_\_

**III. EMPLEO ACTUAL/PREVIO:**

EMPLEO	DOMICILIO	TELÉFONO	FECHAS DE EMPLEO

**IV. INFORMACIÓN DE INGRESOS DEL HOGAR**

INGRESOS (Indique el tipo de trabajo)	MENSUAL	ANUAL
1. Empleo:		
2. Otro Empleo:		
3. Compensación de Desempleo:		
4. TANF- asistencia para familias con hijos dependientes		
5. SSI/SSA-Seguro Social		
6. Beneficios Matrimoniales/Asistencia para Hijos Menores		
7. Pensión, Jubilación o Préstamos de Capital		
8. Interés		
9. Otro (Especifique)		
	INGRESO TOTAL ANUAL	

**V. BIENES:** Liste TODAS las Cuentas de Ahorros/Cheques que tenga. Si no tiene, marque NINGUNA.

NOMBRE DEL BANCO	NÚMERO DE CUENTA	DOMICILIO	TELÉFONO

Liste cualquier otro bien (bienes raíces, seguro de vida, depósitos de tiempo o cuentas de jubilación, etc.). Liste detalles en una hoja separada. Si no tiene, marque

NINGUNO. \_\_\_\_\_

**VI. CUIDADO DE HIJOS:** (Complete solamente si sus hijos tienen 12 años de edad o menos y viven en su hogar).

Usted emplea el cuidado de sus hijos para que usted o alguien en su hogar trabaje o continúe su educación?

( ) Si ( ) No

Estos gastos son pagados por usted? ( ) Si ( ) No

Cantidad Pagada: \$ \_\_\_\_\_

**VII. GASTOS MÉDICOS:** Usted tiene gastos médicos que exceden el 3% (tres por ciento) de sus ingresos anuales?

( ) Si ( ) No

NOTA: Gastos médicos solamente pueden ser deducidos para hogares con ancianos (encabezado de la familia, su esposa o esposo, o el miembro único en el contrato de arrendamiento que tenga 62 años de edad o mayor O un individuo con una deshabilidad).

**VII. VEHICULOS:**

Marca/Modelo: \_\_\_\_\_ Color: \_\_\_\_\_ Año: \_\_\_\_\_

Número de Licencia: \_\_\_\_\_



Yo certifico que la vivienda a la que estoy aplicando será mi hogar permanente. Yo certifico que yo no mantendré otra unidad separada de renta subsidiada en una localidad diferente.

EL APLICANTE VERIFICA QUE LA INFORMACIÓN ANTERIOR ESTÁ COMPLETA Y PRECISA Y QUE CUALQUIER MALA REPRESENTACIÓN DESCALIFICARÁ AL APLICANTE. EL APLICANTE AUTORIZA LA INVESTIGACIÓN Y LA VERIFICACIÓN DE ESTA INFORMACIÓN.

FIRMA DEL APLICANTE

FECHA

FIRMA DEL CO-APLICANTE

FECHA

#### VIII. RAZA/ETHNICIDAD

La información que refiere a raza, etnicidad, y designación sexual solicitada en esta aplicación se pide para asegurarle al Gobierno Federal, actuando por medio del Servicio de Viviendas Rurales, que las leyes federales que prohíben la discriminación en contra de aplicaciones de inquilinos basadas en raza, color, origen nacional, religión, sexo, status familiar, edad y deshabilitad se están cumpliendo. Usted no está obligado a proporcionar esta información, pero se le pide de favor que lo haga. Esta información no se usará en evaluar su aplicación o en discriminar en contra suya de cualquier manera. Aunque, si usted prefiere no proporcionar esta información, el dueño está obligado a notar la raza, etnicidad, y sexo de aplicantes individuales basado en observación visual o apellido.

#### Etnicidad:

Hispano o Latino \_\_\_\_\_

No Hispano o Latino \_\_\_\_\_

#### Raza:

1 Indio Americano/Nativo de Alaska \_\_\_\_\_

2 Asiático \_\_\_\_\_

3 Negro o Africano Americano \_\_\_\_\_

4 Hawaiano Nativo o Nativo de Otras Islas Pacíficas \_\_\_\_\_

5 Blanco \_\_\_\_\_

**Sexo:** Masculino \_\_\_\_\_ Femenino \_\_\_\_\_

**PARA USO DE LA OFICINA ÚNICAMENTE:** Aplicación completa recibida: Fecha: \_\_\_\_\_

Prioridad: 1 2 3 V L M

**Ingresos:** (ajustados para el tamaño de familia) \_\_\_\_\_

Ingresos: \_\_\_\_\_

**Deducciones:** Dependientes \_\_\_\_\_ Cuidado de Hijos \_\_\_\_\_

Hogar de Anciano \_\_\_\_\_

Gastos Médicos: \_\_\_\_\_

Gastos para Deshabilitados: (3% de ingresos anuales podrán ser deducidos) \_\_\_\_\_

**Califican:** Si/No Asistencia de Renta Asignada: \_\_\_\_\_

**DENTRO DE 10 DÍAS CALENDARIOS DE QUE SE RECIBA LA APLICACIÓN COMPLETA, EL APLICANTE SERÁ NOTIFICADO DE SU STATUS:**

Status de la aplicación: Vivienda \_\_\_\_\_

Puesta en la Lista de Espera \_\_\_\_\_

(Fechas) Rechazada \_\_\_\_\_

Sacada \_\_\_\_\_

(Agregue copias de correspondencia escrita a esta aplicación)

Especialista: \_\_\_\_\_

## INCOME, ASSETS AND ALLOWANCES

The requirement to collect the information requested herein is found in the Federal Government Regulations covering Assistance Payments on behalf of eligible tenants/households residing in this federally assisted housing project. EVERY QUESTION MUST BE ANSWERED, and if the answer is YES, then an explanation must be given. In the event there is insufficient space to write your answer immediately following the question, please use the space on the back of the form.

### NET FAMILY ASSETS. Do you or any member of your household.....

1. Have cash in Savings and/or Checking accounts, safety deposit boxes, the home, etc? YES/NO  
If yes, how much and under whose control? \_\_\_\_\_
2. Have a trust available to them to which they have access? YES/NO If yes, what is the value of the trust and who is the beneficiary? \_\_\_\_\_
3. Have equity in rental property or other capital investments? YES/NO If yes, describe the property(s) and/or investment(s), the value represented therein, and in whose name(s) they are held. \_\_\_\_\_
4. Have investments in stocks, bonds, treasury bills, certificates of deposit, money market funds, or other negotiable investments not covered elsewhere in this questionnaire? YES/NO If yes, describe investment (s), state the dollar amount (s) and in whose name (s) they are held. \_\_\_\_\_
5. Have an individual retirement account (IRA), or Keogh Account? Yes/No If yes, list the controlling party(s) name (s) on the account(s) and value of the account(s). \_\_\_\_\_
6. Have benefits in a retirement and/or pension fund? YES/NO If yes, and the beneficiary are still employed, state the amount the individual and/or family can withdraw without retiring or terminating employment. \_\_\_\_\_
7. Have anticipated Lump Sum receipts accruing to them such as inheritances, capital gains, one-time lottery winnings, settlements on insurance and/or other claims? YES/NO If yes, describe type of receipt, state the anticipated amount(s) and to whom payable. \_\_\_\_\_
8. Have any personal property held as an investment, such as gems, jewelry, coin collection, or antiques of any kind? YES/NO If yes, describe the type of personal property, state the value on each and the name or names of the owner(s). \_\_\_\_\_
9. Has anyone disposed of any assets which had a value in excess of \$1,000, within two years prior to the effective date set forth on this Certification? YES/NO If yes, give the particulars, incl. dollar amount(s) and the name(s) of the person(s) that have or are receiving the proceeds. \_\_\_\_\_

### ALLOWANCES – Do you or any member of your household.....

10. Have to pay Child care expenses on a regular basis? YES/NO If yes, please list to whom the expenses are paid, how much is paid, and for which family members. \_\_\_\_\_
11. Pay for handicapped assistance, such as care or apparatus? YES/NO If yes, please list to whom the expenses are paid, how much is paid, and for which family members. \_\_\_\_\_
12. Anticipate paying for medical expenses including health insurance premiums during the next 12 months? (This potential allowance applies to households where the HEAD or the SPOUSE is age 62 years or older, handicapped or disabled). YES/NO If yes, please list to whom the expenses are paid, how much is paid, and for which family members. \_\_\_\_\_

13. Are there any expected changes in your household including:

Baby due on \_\_\_\_\_ YES/NO

Adopting a child (ren) on \_\_\_\_\_ YES/NO

Obtaining custody of child (ren) on \_\_\_\_\_ YES/NO

Obtaining joint custody of child (ren) on \_\_\_\_\_ YES/NO

Receiving a foster child (ren) on \_\_\_\_\_ YES/NO

#### OTHER

If you are handicapped/disabled, do you have a need for accessible features? If so, what

\_\_\_\_\_  
\_\_\_\_\_

Are you or any other members of the household enrolled as a student at an institution of higher education?

YES/NO

*\*Institutes of higher education include post-secondary vocational institutes; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it. If you answer "yes", you must complete the Student Verification Form included in this application*



## APPLICANT SIGNATURE AND VERIFICATION

We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. We understand that any false information may make us ineligible for a unit.

We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our rental agreement.

We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

We have read and understand the information in this application, and we agree to comply with such information.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all our income is available to the household for its needs.

We also understand that all adult members of the household must sign the HUD required Consent Form ("Authorization for Release of information") before we can be offered a unit.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

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

Signature of spouse/co-applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_



## Student Questionnaire

Are you a full time student at an institution of higher education? YES/NO

*\*Institutes of higher education include post-secondary vocational institutes; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you have answered 'No', please skip the following questions and sign below.

If you answered yes, we are required to determine your eligibility as a student. Please answer the following questions:

1. Are you a full time student YES/NO
2. Will you be living with your parents? YES/NO
3. If no:
  - a. Are your parents receiving or eligible to receive Section 8 assistance? YES/NO
  - b. Are you claimed as a dependent on your parent's tax return? YES/NO
4. Are you a graduate or professional student? YES/NO
5. Are you at least 24 years of age? YES/NO
6. Are you a veteran of the United States Military? YES/NO
7. Are you married? YES/NO
8. Do you have a dependent child? YES/NO
9. Do you have dependents other than a child or spouse? YES/NO
10. Have you been independent of your parents for at least one year? YES/NO
11. Are you disabled? YES/NO If yes, were you receiving housing assistance as of 11/30/2005? YES/NO  
Are you receiving any financial assistance to pay for your education? YES/NO

If you answered yes to either question on number 11, please list all resources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

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### PENALTIES FOR MISUSING THIS FORM

TITLE 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person(s) who knowingly or willfully request, obtains, or discloses any information under false pretenses concerning an application 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a), (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a), (6), (7) and (8).

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





## CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Butte View Estates will deny the application of any applicant who doesn't provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? YES/NO
2. Do you currently use illegal drugs or abuse alcohol? YES/NO
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? YES/NO
4. Have you been convicted of any drug-related crime within the past 5 years? YES/NO
5. Have you been convicted of any felony within the past five years? YES/NO
6. Have you been convicted of any crime involving fraud or dishonesty within the past 5 years? YES/NO
7. Have you been convicted of any crime involving violence within the past 5 years? YES/NO
8. Are you currently charged with any of the above criminal activities? YES/NO
9. Please list all states in which you have lived or have held driver's licenses or ID's, and include DL or ID #'s.

10. Have you ever used or been known by any other name? YES/NO If so, what name(s)? \_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Devonshire Apartments to verify the above information, and I consent to the release of the necessary information to determine eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Devonshire Apartments, to a public housing authority, or to an agency contracted by Devonshire Apartments to conduct criminal background checks.

Applicant's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_







# REGIONAL HOUSING AUTHORITY

Serving the Cities of Live Oak, Yuba City and Colusa • Counties of Sutter, Nevada, Colusa and Yuba

1455 Butte House Road • Yuba City, CA 95993

Phone: (530) 671-0220 • Toll Free: (888) 671-0220 • TTY: (866) 735-2929 • Fax: (530) 673-0775

[www.RegionalHA.org](http://www.RegionalHA.org)

## AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT

I authorize and direct any and all listed below to release to REGIONAL HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or continued eligibility for assistance under the Housing Choice Voucher, Low-Income Public Housing, USDA Rural Development, Affordable Housing and/or other housing assistance program(s). I understand and agree that this authorization or the information obtained pursuant to its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, welfare department, law enforcement officials, future landlords and other government, state and public agencies. This includes records of my payment history, and any violation of my lease or PHA policies.

### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income and Assets	Criminal Activity
Residences and Rental Activity	Household Composition	Credit Activity
Medical or Child Care Allowances		

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continues participation in housing assistance.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Court Clerks	Welfare Agencies	Retirement Systems
Banks & other Financial Institutions	State Unemployment Agencies	Schools and Colleges
Medical & Child Care Providers	Social Security Administration	Law Enforcement Agencies
Support & Alimony Providers	Credit Providers	Credit Bureaus
Postal Office	Dept. of Motor Vehicles	Medical Facilities
Foster Care Providers	Utility Companies	Workman's Compensation Payers
	Support Service Providers	Family Support Division

### COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Agency may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personal Management; U.S Postal Service; Social Security Administration; Department of Justice; State & County welfare and food stamp agencies.



**The Housing Authority is an equal opportunity employer and housing provider.**



## CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand this form will be used to verify information for future recertification requirements. The original of this authorization is on file with the PHA and will stay in effect for one year and three months from the date signed. I understand I have a right to review and correct any information that I can prove is incorrect.

## SIGNATURES

Signature of Head of Household	(print name)	Date
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Signature of Spouse	(print name)	Date
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Signature of Other Family Member 18 years or older	(print name)	Date
----------------------------------------------------	--------------	------

Signature of Other Family Member 18 years or older	(print name)	Date
----------------------------------------------------	--------------	------

Signature of Other Family Member 18 years or older	(print name)	Date
----------------------------------------------------	--------------	------

Signature of Other Family Member 18 years or older	(print name)	Date
----------------------------------------------------	--------------	------

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGN SEPARATELY.**





## 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:

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

Signature

Date

Printed Name

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<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.

