

## GARFIELD COUNTY HOUSING AUTHORITY

1430 RAILROAD AVENUE, UNIT F

RIFLE, CO 81650

(970) 625-3589

Fax (970) 625-0859

[www.garfieldhousing.com](http://www.garfieldhousing.com)

### PRE-QUALIFICATION PACKET

#### **In order to determine your eligibility, we will need the following:**

1. The enclosed application, completed/ Family reporting packet, completed.
2. Proof of residency preference (such as copy of current driver's license, household utility bill, current lease, social security statements, or pay stubs)
3. Proof of ANY source of income, i.e. paycheck stubs, Social Security letters, printouts for child support, unemployment, TANF, OAP, and AND.
4. Verification of legal identity (all members of the household)
5. Bank Statements (latest statement)
6. Latest tax return (only if self-employed)
7. Verification of day care expenses (if applicable)
8. Verification of medical expenses (if over 62 or disabled)
9. Copy of current lease (only if you will remain in current unit)
10. Copy of current utility bill
11. Copy of Social Security cards (ALL members of the household)

If you do not wish to remain in Garfield County when you receive your voucher, please contact the Housing Authority so we may determine if you are eligible to transfer to another agency.

**Please provide the above documentation within 10 business days in order to determine your eligibility for this program. If not received before the deadline your name will be removed from the waiting list and you will be required to reapply to receive assistance in the future.**

Once your eligibility is determined a housing specialist will follow up with you.

Applicants who owe money to any Public Housing Authority, including Garfield County Housing Authority, for unreported income or for unpaid rent or utilities for a previous rental unit occupied while on the Section 8 program will not be issued a voucher unless the debt is paid in full at or prior to the scheduled briefing.

Applicants who are considered a current drug user, have methamphetamine convictions, or listed on the national sex offender list are not eligible for housing assistance.

If you have any questions, or if you or anyone in your household is a person with disabilities, and you require a reasonable accommodation in order to fully utilize our program and services, please contact the Garfield County Housing Authority at (970) 625-3589 or (888) 627-3589.

Sincerely,

Rosa Zavaleta  
Intake Specialist  
(970) 625-3589 Ext. 101/ Email: [rosa@garfieldhousing.com](mailto:rosa@garfieldhousing.com)



**Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony. This institution is an equal opportunity provider and employer.**



## Checklist

### All information listed is needed before 10 business days

\_\_\_\_\_ Enclosed full application, family reporting packet, completed. **Any household member over 18 years old must fill out Authorization for Release of Information and Public Request for Arrest Information form. (Last 2 pages)**

\_\_\_\_\_ Proof of residency preference. (If applicable) Such as: copy of current driver's license or ID, household utility bill, bank statements, current Lease, Social Security statements, OAP statements, or pay stubs. Documents NOT accepted: Self declaration, statements from friends or family, verification of post office boxes.

\_\_\_\_\_ Proof of ANY source of income (paycheck stubs, Social Security letters, printouts for child support, unemployment, TANF, OAP, and AND) Please provide at least 4 paystubs if applicable.

\_\_\_\_\_ Verification of Legal Identity:

**Adults: Must provide certificate of birth, naturalization papers, church issued baptismal certificate, current valid driver's license or Department of Motor Vehicles identification card, U.S. military discharge, or current passport.**

**Children: Must provide certificate of birth, hospital issued certificate of live birth, adoption papers, or court ordered custody agreement.**

\_\_\_\_\_ Bank Statements (latest statement for Checking and Savings if applicable)

\_\_\_\_\_ Latest tax return (only if self-employed)

\_\_\_\_\_ Verification of day care expenses (if applicable)

\_\_\_\_\_ Copy of current Lease (only if you will remain in current unit)

\_\_\_\_\_ Copy of current utility bill (this may or may not be needed)

\_\_\_\_\_ Copy of Social Security cards (ALL members of household) **If mailed in you must bring ALL Social Security Cards to the briefing to be inspected by Garfield County Housing Authority staff.**

\_\_\_\_\_ Documentation of medical expenses. (If over 62 or disabled) This includes regular payments on outstanding medical/ dental bills, pharmacy printouts, medical insurance premiums, vision expenses, etc.

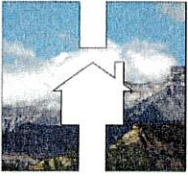
\_\_\_\_\_ To prequalify for senior housing, we will need Rental History form.

\_\_\_\_\_ Verification of Disability form if not on SSI or SSDI which must be signed by licensed professional. Please ask for this form if needed.

**Incomplete packets will NOT be accepted!!!**

**If not completed before 10 business days your name will be REMOVED from the waiting list and you will be required to reapply to receive assistance in the future.**

**The packets enclosed are to be filled out entirely. We realize some information needed can be redundant. However, these packets are needed for different purposes and must be filled out.**



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**Full Application**

**Part 1: Household Members**

List all individuals living in your unit:

Full Name	Relationship	Disability (Check one)	Date of Birth	Age	Gender	Veteran
Name: _____ SSN: _____	Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ SSN: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ SSN: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ SSN: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ SSN: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ SSN: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ SSN: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ SSN: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Do ALL the minor children listed above live with you 50% of the time or more?  Yes  No  N/A

2. Do you see any changes within the next year? (such as pregnancy, child moving, someone moving in, etc.)  
 Yes  No If yes, please explain: \_\_\_\_\_

3. Do you have a live-in caregiver?  Yes  No If yes, please name: \_\_\_\_\_



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4. Designated utility company and account number (Only applies if you receive a utility reimbursement. Please also provide a copy of your most recent bill): \_\_\_\_\_

**Part 2: Contact Information:**

Please provide your current contact information:

Head of Household: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/ Cohead/ Other Adult: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

**Part 3: Criminal Activity**

Have you or any member of your household been convicted of the following crimes in the last 12 months?

Sexual offense  Yes  No

Methamphetamine production  Yes  No

Felony crime  Yes  No

Violent Criminal act  Yes  No

Is any member of your household required to register as a sex offender?  Yes  No

If yes, who? \_\_\_\_\_

**Part 4: Income**

1. Do you or any household member work?  Yes  No

If yes, please complete the following for ALL members working:

Head of Household:

Employer Name: \_\_\_\_\_

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

How much per hour? \_\_\_\_\_

Average hours worked weekly: \_\_\_\_\_

Paid: Daily / Weekly / Bi-weekly / Bi-Monthly / Monthly

Spouse/Cohead/ Other Adult/ Age 18 years or older:

Employer Name: \_\_\_\_\_

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

How much per hour? \_\_\_\_\_

Average hours worked weekly: \_\_\_\_\_

Paid: Daily / Weekly / Bi-weekly / Bi-Monthly / Monthly

Minors:

Employer Name: \_\_\_\_\_

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

How much per hour? \_\_\_\_\_

Average hours worked weekly: \_\_\_\_\_

Paid: Daily / Weekly / Bi-weekly / Bi-Monthly / Monthly

2. Does anyone outside of your household assist you with paying your bills (cell phone payment, utility bills, groceries, etc.)?  Yes  No

If yes, who assists you? \_\_\_\_\_

How much? \_\_\_\_\_

How Often? \_\_\_\_\_

**Please list ALL other income your household receives that can be expected for the next 12 months.**

**Include income of minors:**

Family Member Name	Source/Type of Income (Such as Social Security, SSI, Pensions, Unemployment, AND, OAP, TANF, etc.)	Gross monthly income including tips

3. Do you receive child support?  Yes  No

If a household member receives child support payments and/or maintenance payments, are these payments received through the Family Support registry?  Yes  No

Family Support registry number if applicable: \_\_\_\_\_

If the payments are not received through the family support registry, please provide the following information regarding your payments:

Name of person making payment: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**YOU MUST PROVIDE DOCUMENTAION AS PROOF OF ALL SOURCES OF INCOME**

4. Is any member of your household a full-time student?  Yes  No

If yes, name of family member: \_\_\_\_\_

Name of school attending: \_\_\_\_\_

Address of school: \_\_\_\_\_

Does this person receive student financial assistance?  Yes  No

**Please provide a copy of school transcripts, loans, and grants.**

**Part 5: Assets**

**Check all types of assets or accounts your household currently has:**

My household does not have any asset accounts

<input type="checkbox"/> Savings Account	<input type="checkbox"/> Stocks	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Payee/escrow account
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Bonds	<input type="checkbox"/> Own a home or land	<input type="checkbox"/> Educational Savings Account (Such as 529, ABLA)
<input type="checkbox"/> Trusts- Revocable or Irrevocable	<input type="checkbox"/> Money Market Funds	<input type="checkbox"/> Retirement Accounts	<input type="checkbox"/> Personal Property exceeding 50,000
<input type="checkbox"/> Cash App/ Pay Pal/ Venmo	<input type="checkbox"/> Cash		

**For each asset account, please provide the following information:**

Account Holder Name: _____ Bank Name: _____ Account Type: _____ Account Number: _____ Current Balance: _____ Annual Income from Asset: _____	Account Holder Name: _____ Bank Name: _____ Account Type: _____ Account Number: _____ Current Balance: _____ Annual Income from Asset: _____
Account Holder Name: _____ Bank Name: _____ Account Type: _____ Account Number: _____ Current Balance: _____ Annual Income from Asset: _____	Account Holder Name: _____ Bank Name: _____ Account Type: _____ Account Number: _____ Current Balance: _____ Annual Income from Asset: _____

**Please provide verification of ALL assets**

1. Please list the address of any real estate (including land) that you own: \_\_\_\_\_  
 \_\_\_\_\_

2. Have you closed any type of asset accounts in the last 12 months?  Yes  No

If yes, please provide the name of the bank where the account was closed: \_\_\_\_\_

Date account was closed: \_\_\_\_\_ (month and year)

Type of account closed: \_\_\_\_\_

**Part 6: Allowances**

1. Is anyone in your household paying for childcare 12 years of age or younger?  Yes  No  
 If yes, please provide the following:

Family member paying for childcare: \_\_\_\_\_  
 Child's name: \_\_\_\_\_  
 Name of provider: \_\_\_\_\_  
 Provider address: \_\_\_\_\_  
 Provider phone number: \_\_\_\_\_  
 Amount paid per month: \_\_\_\_\_

**Please attach copies of receipts showing proof of payments**

**Disabled or Elderly Family Only (Head, Co-Head, or Spouse is 62 years or older or is a person with a disability)**

If you (the head of household), your spouse, or co-head are at least 62 years old, or a person with a disability and the medical expenses you pay out-of-pocket each year is more than 3% of your annual income, The Garfield County Housing Authority might be able to lower the amount of rent you pay.

**Please attach proof of payment (12-month printout, receipts, etc.) for each of the expenses listed. Please check IRS Publication 502 Medical and Dental Expenses as the guide to determine medical expense deductions.**

Check all types of out-of-pocket medical expenses your family pays for and include the estimated amount paid each month:

<input type="checkbox"/> Prescription co-pays	<input type="checkbox"/> Doctor visit co-pays	<input type="checkbox"/> Insurance Premiums	<input type="checkbox"/> Eyeglasses/eye care payments	<input type="checkbox"/> Service Animal costs
\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month
<input type="checkbox"/> Dental Payments	<input type="checkbox"/> Hearing aid payments	<input type="checkbox"/> Hospital payments	<input type="checkbox"/> Transportation to treatment (cab fare, mileage, etc.)	<input type="checkbox"/> Other
\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month

**Part 7: Current Housing Information:**

Are you planning to remain at your current address?  Yes  No

Landlord's Name \_\_\_\_\_

Do you pay rent now?  Yes  No

If yes, monthly rent amount: \_\_\_\_\_ Average utilities amount? \_\_\_\_\_

Do you need to move from your current address?  Yes  No

If so, have you found a new rental?  Yes  No

If yes, indicate name and address of new landlord. \_\_\_\_\_

Are you living in Garfield County?  Yes  No If so, since when? \_\_\_\_\_

Do you now or have you ever owed money to any Housing Authority, Rental Assistance Program,

Indian Housing Program, Lift-Up Homeless Program or landlord while receiving rental assistance?

Yes  No If so, please explain: \_\_\_\_\_

**Part 8: Race/Ethnicity**

**YOUR ORIGIN HAS NO BEARING ON YOUR ELIGIBILITY.** Please check one:

Race:

- White
- Black/African American
- Asian
- American Indian Native Hawaiian/Pacific Islander
- Multiracial

Ethnicity:

- Hispanic/Latino
- Non-Hispanic

**Part 9: Certification:**

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act. The information in this form is to be used by the Garfield County Housing Authority to determine eligibility, unit size and amount of tenant payment. It will not be disclosed outside the Housing Authority except as required or permitted by law. **IMPORTANT:** By signing this application you are certifying that you are aware that Federal Law provides for a fine of imprisonment for any person who fraudulently receives assistance to which he/she is not entitled. I understand that the Housing Authority may require documentation of any information provided in this application or in the future. I hereby authorize release of information requested from or by the Housing Authority. I am aware that it is my responsibility to notify the Authority of any change in information included in this application. I certify that all answers given herein are true, correct, and complete to the best of my knowledge.

I do hereby swear and attest that all of the information provided on this form is true and correct. I understand that all changes in the income of any member of the household as well as any changes household composition must be IMMEDIATELY reported in WRITING to the Garfield County Housing Authority.

My signature below also authorizes the Garfield County Housing Authority to check criminal arrest records through CBI, MRI Software, or any other credited agency, on all adult members of my household, including myself, anytime during the next 15 months.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

Name of person completing form (If other than head of household): \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date

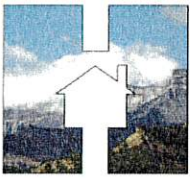
\_\_\_\_\_  
Phone Number

Reason why head of household did not complete form: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.**



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www.garfieldhousing.com

### Family Obligations and GCHA Policies

Garfield County Housing Authority (GCHA) may terminate assistance to program participants for violations of one or more of the following obligations or policies:

#### **The Garfield County Housing Authority does not help pay any part of damage deposits or last month's rent!**

1. Participants must supply all information requested by GCHA and/or their Housing Specialist. This information includes, but is not limited to, household income, household members, social security numbers and evidence of citizenship or legal status, changes to student status.
2. Participants must honor deadlines set by GCHA (return paperwork, call by..., respond by... etc.)
3. Participants must notify GCHA in writing within 10 business days of: 1) Increase in current income/revenue such as wages, child support social security income etc. 2) New/additional income/revenue sources such as wages, child support, social security income etc. You must provide verification within 10 business days of issuance such as pay stubs, letters from employers, etc. and continue to provide for at least 3 months. 4) Income of all minors and full-time students including wages, social security income, etc. 5) changes to student status. **THIS TYPE OF NOTIFICATION MUST BE SUBMITTED SEPERATLEY FROM ANY OTHER NOTICE OR PAPERWORK** (recertification)
4. Annual income means all amounts, monetary or not which go to, or on behalf of, the family member(s), are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date and is not specifically excluded by federal regulations. Asset income is also included in annual income.
5. Participants reporting zero income must attend "Zero Income" meetings as requested by GCHA staff.
6. If a family intentionally misreports or omits facts regarding income/revenue/assets or composition of the family which results in overpayment of rent subsidy is considered program abuse. Federal regulations require participants to repay all overpaid rental assistance. Applicants and participants must supply information that is complete, accurate and true!
7. Families must obtain prior approval to add new household members other than through birth, adoption or court-ordered custody of a child. GCHA will not approve additional household members who do not meet agency eligibility criteria or if the new addition will result in unit overcrowding. The head of household must notify GCHA if a member vacates unit.
8. Applicants must locate a unit prior to the expiration of their voucher. Requests for extensions must be made in writing prior to expiration date of the voucher.

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9. Participants must pay their portion of the rent **EVERY** month.
10. The initial term of the lease must be one (1) year.
11. Participants must not violate their Family Obligations listed on your Voucher (and handbook page 2 4 A – D)
12. Participants must not damage the unit beyond reasonable wear and tear.
13. Participants must not allow utilities the family is responsible for paying to be shut off.
14. Participants must not commit frequent or repeated violations of their lease.
15. Participants must not enter into a second lease or side agreement with their landlord.
16. Participants must give GCHA copies of all notices from landlord i.e. rent increases, lease violations, eviction notices.
17. Participants must notify GCHA **and** their landlord **in writing** of their intent to move **prior** to moving out of the unit.
18. Participants must allow GCHA to inspect the unit at least bi-annually as scheduled; you will be notified by mail of the inspection date and time. An adult household member age 18 or older must be present for the inspection. Missing your unit inspection is grounds for program termination.
19. Participants must use the assisted unit **as their only residence**.
20. Participants must not rent out any part of the unit to another person/family.
21. Participants must notify GCHA in writing if the entire household will be absent from their unit 30 days or more. Absences cannot exceed 60 continuous days except for confinement for medical purposes which is 180 days maximum.
22. Participants must not own or have any financial interest in the unit. Nor rent from a family member or relative.
23. Participants may not receive rental assistance from GCHA while receiving additional rental assistance from another agency for the same unit or rental assistance on a second unit.
24. Participants terminated from the Housing Choice Voucher program by GCHA or any other public housing authority may not be allowed to reapply for assistance with GCHA. Voucher Relinquishment forms are available if you no longer wish to participate in the program.
25. Participants can move with continued assistance once every twelve (12) months. Notice must be given 30 calendar days in advance in accordance with lease and copy of notice given to GCHA.
26. GHCA discloses previous and current addresses known to the agency of past, present landlords if requested by perspective Landlord. No other information will be shared with landlords.

27. The head of household is responsible for the compliance of all family obligations and reporting requirements for the entire household.

A complete list of your Family Obligations is found on the Housing Choice Voucher.

The Garfield County Administrative plan with the federal regulations and GCHA policies can be found at [www.garfieldhousing.com](http://www.garfieldhousing.com)

**Other Causes for Termination or Denial of Assistance:**

1. Any member of the household has outstanding debt with GCHA or another public housing authority.
2. If a household defaults on their repayment agreement with GCHA, our agency will seek repayment of the debt through every legal remedy available to us, including collection agencies. All household members aged 18 and older are financially responsible for money owed GCHA/collections. This may add costs for attorney fees, court costs and interest to the outstanding balance.
3. Any member of the household has engaged in or threatened abusive or violent behavior toward GCHA staff, housing specialist(s) and/or other agency staff.
4. Any household member has engaged in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. The federal law classifies marijuana as an illegal drug.
5. Any member of the household who has engaged in the abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
6. Any member of the household is required to register as a lifetime sex offender.

**Right to a Hearing**

If a decision is made to terminate housing assistance, the head of household will receive written notice with the specific reason(s) for program termination. The notice will provide a deadline by which he or she may request an informal hearing to appeal the termination decision.

**I have read and understand all the information provided on this statement.**

\_\_\_\_\_

Head of Household

\_\_\_\_\_

Date

\_\_\_\_\_

Spouse/ Co-head

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult

\_\_\_\_\_

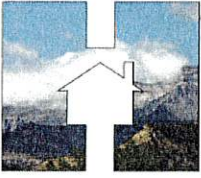
Date

\_\_\_\_\_

Other Adult

\_\_\_\_\_

Date



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**ADDITIONAL ADULT POLICY/ACKNOWLEDGMENT**

The Garfield County Housing Authority's (GCHA) Administrative Plan defines a guest as a person temporarily staying in the unit with the consent of a member of the household who has expressed or implied authority. A guest can remain in the assisted unit no longer than 30 consecutive days, **or** a total of 90 cumulative calendar days during any 12-month period **or** lease provisions **whichever is least**.

Children who are subject to joint custody arrangement or for whom a family has visitation privileges for a person living outside the assisted unit more than 50 percent of the time, is not subject to the time limitations of guests outlined above.

Any ADULT age 18 or older not included on the 50058 who is in the unit more than the authorized guest policy, without **written** approval from GCHA will be considered living in the unit as an unauthorized household member.

The burden of proof that the individual is a guest is on the family in the absence of proof; the individual will be considered an unauthorized member of the household. Statements from neighbors and or the landlord will be considered evidence in making the determination of how long "guest" has been present in the assisted unit.

Any ADULT using the assisted unit's address for any purpose, including a mailing address, taxes, legal documents, other state or federal programs will be called a household member.

If household composition should change during the term of the lease, the head of household is responsible for notification to GCHA in writing. Failure to do this could result in termination of program participation, repayment of any overpaid rent subsidy.

I have read and understand the above statements. There is no adult living/staying in the unit other than whose name(s) appear on the application/50058 and lease. I agree to notify the GCHA of any changes in writing. Every adult household member age 18 or older must sign this policy acknowledgment form. **THIS FORM APPLIES TO ALL HOUSEHOLDS INCLUDING SINGLE PERSON HOUSEHOLDS**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Significant Other/Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

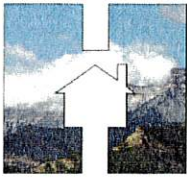
\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date



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### CHANGES REQUIRING WRITTEN NOTIFICATION TO THE HOUSING AUTHORITY

#### Changes to household income

Participants are required to report the following income changes in writing within **ten (10) business days** of the change: **THESE CHANGES NEED TO BE MADE SEPERATLY FROM ANNUAL RECERTIFICATION PAPERWORK!**

- 1) ALL changes to money coming into the household must be reported to GCHA.
- 2) ALL income increases to the last reported earned or unearned income.
- 3) New earned or unearned income sources.
- 4) Changes to last reported earned or unearned income sources i.e. change of jobs, 2<sup>nd</sup> job, etc.
- 5) New assets, depletion of assets.
- 6) When any household members turn 18.
- 7) Changes to student status.

**If in doubt, contact your Housing Specialist to discuss.**

The family may request a re-examination of income anytime the family has experienced a change in circumstances since their last annual recertification. Changes will not be made monthly!

Garfield County Housing Authority (GCHA) routinely uses HUD's Enterprise Income Verification database and other non-HUD sources of up-front income verification. This includes all private or public databases available to us. At each examination, the current income and expense information provided by the family is compared to these databases to detect possible under or unreported income. However, families should **NEVER** expect the database availability to substitute for their written notice requirements!

In the case of family-caused errors or program abuse, the family will be **required** to repay any excess subsidy received. GCHA may, but is not required to, offer the family a repayment agreement. If the family fails to pay the debt in full, fail to sign the offered repayment agreement, or defaults on their signed repayment agreement GCHA will terminate the family's assistance. The account will then be turned over to a collection agency and/or any other resources available to GCHA to collect the debt. Additional expenses for attorney's fees, court costs and interest will be added to any outstanding balanced owed our agency. All adult family members terminated from the program for violation of our policies will not be allowed to reapply for assistance again with this agency (GCHA).

#### Changes in household composition

Participants are required to report all changes in their family (household) composition within **ten (10) business days** of the change: **THESE CHANGES NEED TO MADE SEPERATLY FROM ANNUAL RECERTIFICATION PAPERWORK!**



Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony. This institution is an equal opportunity provider and employer.



- 1) Birth, adoption or court-awarded custody of a child. No approval from the agency is required. However, Social Security card and birth certificate must be provided within 30 days; extensions can be granted, if needed.
- 2) If a member no longer lives in the unit **or** a household member is expected to be out of unit for 30 days or more. You must report in writing when the temporarily absent household member returns to the unit **OR** that they will be permanently absent.
- 3) If a live-in aide, foster child, or foster adult no longer lives in the unit.

**If in doubt, contact your Housing Specialist to discuss.**

New family and household members requiring approval **prior** to moving in:

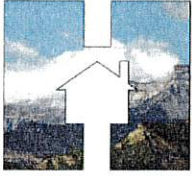
1. Add a new family member (anyone other than birth, adoption or court-awarded custody of a child(ren)). This includes any person not on the lease who is expected to stay in the unit more than 30 consecutive days or 90 cumulative days within a 12-month period **OR** in excess of the landlord guest policy whichever is LEAST for GCHA, therefore no longer qualifies as a "guest".
  - a. GCHA will not approve individuals unless they meet the agency's eligibility criteria and documentation requirements. GCHA may have other restrictions as well.
2. Live-in aide.
3. Foster child or foster adult.

GCHA will not approve the addition of new household members (anyone other than birth, adoption or court-awarded custody of a child(ren)), live-in aide, foster child or adult if it will cause a violation of HQS standards.

GCHA will provide written approval or rejection if the requested individual does meet agency eligibility criteria or documentation requirements along with the reason for a denial. The agencies will make the determination within ten (10) business days of receiving all information required to verify the individual's eligibility.

**I have read and fully understand my written notification requirements with the Garfield County Housing Authority and Colorado Division of Housing. Head of Household is responsible for the reporting requirements of the entire household.**

_____	_____
Head of Household	Date
_____	_____
Spouse/Co-head/Other Adult member	Date
_____	_____
Other Adult	Date
_____	_____
Other Adult	Date



**GARFIELD COUNTY HOUSING AUTHORITY**  
**1430 RAILROAD AVENUE, UNIT F**  
**RIFLE, CO 81650**  
**(970) 625-3589 or (888) 627-3589**  
**Fax (970) 625-0859 \* TTY (800) 659-2656**

**Authorization for Release of Information**

I give authorization to the Garfield County Housing Authority to contact or communicate with any and all agencies including, but not limited to: Landlords (past, present and/or prospective), employers, law enforcement, Departments of Human Resources, Adult and Family Services, State Employment Divisions, Family Support Registry or any other agencies to request any documentation deemed necessary to determine my eligibility or continued participation in the Section 8 Housing Choice Voucher Program.

I authorize any agencies contacted by the Garfield County Housing Authority to cooperate fully and divulge all information requested.

This authorization expires fifteen months after the date signed below.

**SIGNATURES:**

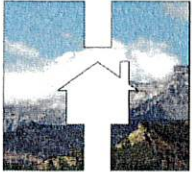
Head of Household (Print)	Signature	Date	Last 4 of SS Number
Co-Head / Spouse (Print)	Signature	Date	Last 4 of SS Number
Adult Family Member (Print)	Signature	Date	Last 4 of SS Number
Adult Family Member (Print)	Signature	Date	Last 4 of SS Number
Adult Family Member (Print)	Signature	Date	Last 4 of SS Number
Live-in-Aide (Print)	Signature	Date	Last 4 of SS Number

GCHA Authorization 11/13/2020



**Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.**





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## **MEDICAL EXPENSES**

Medical expenses may be deducted from the income of a family whose head, spouse, co-head or sole member is at least 62 years old, or is a person with disabilities. Once a family is considered an elderly or disabled family, the medical expenses of all the family members may be considered.

Effective October 1, 2011 the Garfield County Housing Authority will use the IRS publication 502 Medical and Dental Expenses as the guide to determine medical expense deductions.

The amount deducted for medical expenses is the portion of the family's "out-of-pocket" expenses exceeding three percent (3%) of the family's gross income.

You can obtain a copy or view the publication at [www.irs.gov](http://www.irs.gov).



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# GARFIELD COUNTY HOUSING AUTHORITY

1430 RAILROAD AVENUE, UNIT F

RIFLE, CO 81650

(970) 625-3589

Fax (970) 625-0859

www.garfieldhousing.com

## Child Support/Alimony Certification

You must list each absent parent for each child. All items given to, or purchased for, the household on behalf of the child, are income and must be declared.

Do any of the children living in the home have a parent living outside the home?  Yes  No

Name of Parent	Address	Phone	For which child?

**Please check one.**

I do not receive support from this person.

If you do not receive support, you must explain: \_\_\_\_\_

I receive support from this person.

My FSR # is: \_\_\_\_\_

Type of support (Cash, money order, suppling food, bills, cell phones, clothing, FSR , etc.)	Amount
	\$ _____ per /wk/mo/yr
	\$ _____ per /wk/mo/yr
	\$ _____ per /wk/mo/yr
	\$ _____ per /wk/mo/yr
	\$ _____ per /wk/mo/yr

Name: \_\_\_\_\_

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

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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: (Check all that apply)</b>	
<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.

--	--

**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.



**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 record keeping 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 06/30/2026.

**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

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*Debts Owed to PHAs & Termination Notice:*

Signature

Date

Printed Name



**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

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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.

# DECLARATION OF CITIZENSHIP

## Declaration of Section 214 Status

### GARFIELD COUNTY HOUSING AUTHORITY

1430 Railroad Ave. unit F, Rifle, CO 81650 970-625-3589 Fax 970-625-0859

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

Name: \_\_\_\_\_

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

**One box must be checked for each family member indicating status as a citizen or a national of the United States, a non-citizen with eligible immigration status or a non-citizen without eligible immigration status.**

First Name	Last Name	Age	I am a Citizen or National Of the U.S.	I am a Non-citizen with eligible immigration Status	I am a non-citizen without eligible immigration Status	Signature of Adult Listed or Signature of Guardian/Parent
_____	_____	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**WARNING:** Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

**1 Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

**The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:**

**2** Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**3** Immigrant status under 101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101 (a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

**4** Permanent residence under 249 of 1NA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the 1NA (8 U.S.C. 1259) [amnesty granted under IRA 249].

**5** Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the 1NA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

**6** Parole status under 212(d)(5) of INA A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the 1NA (8 U.S.C. 1253(h)) [parole status].

**7** Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

**8** Amnesty under 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under 245A of the 1NA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

**Instructions to Housing Authority:** Following verification of status Claimed by person declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the PHA must enter INS/SAVE Verification Number and date that it was obtained. A PHA signature is not required.

**Instructions to Family Member:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "check" in the appropriate boxes. Each adult must sign and head of household must sign for each dependant.

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/offices/hah/programs/ehiv/ehiv.cfm>.

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

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

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

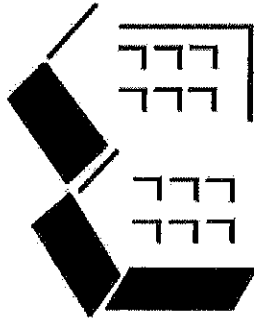
Signature

Date



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# What You Should Know About EIV

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

### What is EIV?

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

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

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

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

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

### What is the EIV information used for?

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

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

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

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

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

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

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

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

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

### What are my responsibilities?

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

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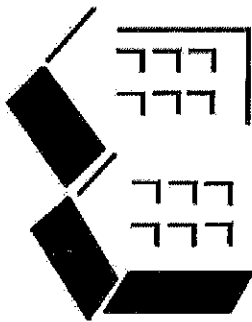
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U.S. Department of Housing and Urban Development

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RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

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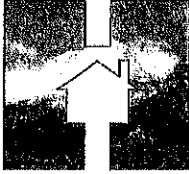
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February 2010



**GARFIELD COUNTY HOUSING AUTHORITY**

**1430 RAILROAD AVENUE, UNIT F**

**RIFLE, CO 81650**

**(970) 625-3589**

**Fax (970) 625-0859**

**LISTING OF FAMILY MEMBERS NOT CONTENDING RESIDENCY STATUS**

I, \_\_\_\_\_ certify, under penalty of perjury 1/, that the persons listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

\_\_\_\_\_  
First name, Middle Initial, Last name

\_\_\_\_\_  
First name, Middle Initial, Last name

\_\_\_\_\_  
First name, Middle Initial, Last name

\_\_\_\_\_  
First name, Middle Initial, Last name

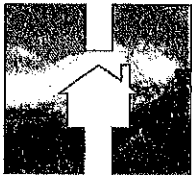
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$ 10,000, imprisoned for not more than five years, or both.

Instructions: If one or more members of a family elect not to contend that he or she has eligible immigration status, and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance despite the fact that no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the HA the family member(s) who will elect not to contend that he or she has eligible immigration status. In the space(s) provided above, type or print the names of the family members who elect not to contend that he or she has eligible immigration status. Listed members of the family do not sign above. However, the Head of Household or Spouse must sign and date the form in the space provided. The Head of Household or Spouse who is the signer must be either a citizen or have eligible immigration status.



**Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony. This institution is an equal opportunity provider and employer.**



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## **PORTABILITY**

### **Portability Overview**

With the rental assistance you will be receiving, you may be allowed the opportunity to move outside the locality in which you received assistance. This is called portability. With a Housing Choice Voucher, you may be allowed to move to another county or state if there is a PHA administering the program in the area in which the unit is located. If there is more than one agency in the area you wish to move, you can choose which agency you wish your voucher sent to or you can ask us to select an agency for you.

Your new agency will have different administrative policies, practices and procedures, different payment standards and maximum rent allowances. Your new agency will provide you with this new information according to their intake procedures. Our agency will provide you with contact information for your new (receiving) agency.

If you are living in a high-poverty census tract, you are encouraged to move to areas that offer greater opportunities for education and jobs. The advantages of moving to a low-poverty area typically offer greater job opportunities, better schools, better public services, lower crime rates, shopping, and other amenities.

### **Portability Stipulations**

The voucher program may allow you to move anywhere within the United States with a few restrictions. The restrictions are as follows:

1. You will be required to live in Garfield County for one year after your initial lease up if you were not a resident of Garfield County at the time of application.
2. You cannot owe any Housing Authority money.
3. You cannot owe any landlord of an assisted unit any money for rent or utilities.
4. You must be in good standing with your present landlord.
5. You may not violate your lease.
6. If you are an applicant, you must income qualify under the very-low income guidelines for the area to which you are planning to move.
7. If the payment standard is higher than Garfield County's, you may be denied portability because of lack of sufficient funding.

2/2019



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To exercise portability, you must:

1. Notify the Garfield County Housing Authority and your landlord that you intend to move.
2. Let your current Housing Authority know where you intend to move. The Housing Authority will approve the payment standard, and if approved will send a packet of relevant file information to your new (receiving) Housing Authority.
3. Contact the receiving Housing Authority to schedule an appointment to meet with them.

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Signature

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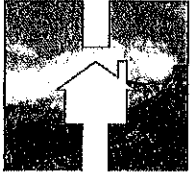
Date

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Signature

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Date



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## Rental History

**Please list previous addresses beginning with the most recent. If you owned your home or was not renting please describe at the bottom of this page.**

Applicant (s) \_\_\_\_\_

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

Lived here from \_\_\_\_\_ To \_\_\_\_\_

Current Landlord Name: \_\_\_\_\_

Current Landlord Address: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

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

Dates lived there: From \_\_\_\_\_ To \_\_\_\_\_

Landlord Name: \_\_\_\_\_

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

Landlord Phone \_\_\_\_\_

Landlord Email: \_\_\_\_\_

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

Dates lived there: From \_\_\_\_\_ To \_\_\_\_\_

Landlords Name: \_\_\_\_\_

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

Landlord Phone: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

If unable to provide a landlord reference, please explain:

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

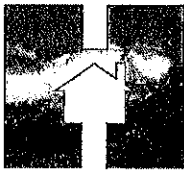
Personal reference we can call?

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



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**Termination of Rental Assistance**

It is the Housing Authority's obligation to terminate your housing assistance if you violate HUD's regulations.

In the event you receive a termination letter it will specify the reason for termination. You may have the right to an informal hearing. Your request for a hearing must be written and be received by our office no later than ten (10) days from the date of the termination letter.

If any adult family member is terminated from the Housing Choice Voucher Program by Garfield County Housing Authority or any other PHA, this agency will deny an application for future assistance.

**Informal Hearings**

An informal hearing may be offered any time a negative decision is made by the Housing Authority such as termination of assistance. The letter offering the informal hearing will tell you that you must request the hearing in writing and will provide a date by which you must make this request.

An informal hearing is an opportunity for you to dispute the decision made by the Housing Authority. During the informal hearing, you and the HA will both have the opportunity to discuss the situation in question and provide evidence. The hearing will be held in front of an impartial, non-involved person who will make a decision regarding the proposed action. The decision will be final.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

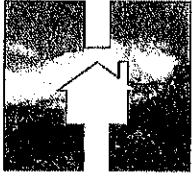
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All applicants and household members over the age of 18 must sign this authorization which allows The Garfield County Housing Authority to determine if they have engaged in criminal activity, including domestic violence or drug related offences.

**PUBLIC REQUEST FOR ARREST INFORMATION**

**Colorado Bureau of Investigation**  
**690 Kipling Street**  
**Denver, CO 80215**

**Tenant PI, LLC**

**1 Riverfront Place, Suite 700**  
**North Little Rock, AK 72114**

**MRI Software LLC**

**28925 Fountain Parkway**  
**Solon, OH 44139**

<b>*First Name</b>	
<b>*Middle Name</b>	
<b>*Last Name</b>	
<b>*Date of Birth</b>	
<b>*Social Security Number</b>	
<b>Gender</b>	
<b>Race</b>	
<b>*Address</b>	

**\*Required Field**

**\*I understand by signing this document I am giving the Garfield County Housing Authority the authorization to request arrest information from the Colorado Bureau of Investigation, Tenant PI, or MRI Software.**

**\*I understand that the Garfield County Housing Authority may need to contact other agencies regarding the contents of this report.**

**\*I also understand that certain arrest information may prohibit me from receiving rental assistance from the Garfield County Housing Authority.**

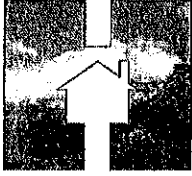
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## What is a CBI Report?

### Why Do I need to agree to have one done?

As an applicant for Section 8 Rental Assistance, you must sign an authorization giving us permission to perform a criminal back-ground check on all adults in your household.

HUD requires the Housing Authority to review applicant back grounds and determine if any adult in the household has participated in the following activities:

- DRUG RELATED CRIMINAL ACTIVITY THAT WOULD ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELL BEING OF OTHER TENANTS OR CAUSE DAMAGE TO PROPERTY.
- CRIMES OF PHYSICAL VIOLENCE AGAINST PERSONS OR PROPERTY.

If you are concerned about something in your back ground, talk to your Section 8 Coordinator. Many items in your history may not be relevant.

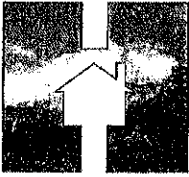
All results are confidential and not passed along to any other agency.

[www.mrisoftware.com](http://www.mrisoftware.com)



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2<sup>nd</sup> Adult Signs!

All applicants and household members over the age of 18 must sign this authorization which allows The Garfield County Housing Authority to determine if they have engaged in criminal activity, including domestic violence or drug related offences.

**PUBLIC REQUEST FOR ARREST INFORMATION**

**Colorado Bureau of Investigation**  
**690 Kipling Street**  
**Denver, CO 80215**

**Tenant PI, LLC**  
**1 Riverfront Place, Suite 700**  
**North Little Rock, AK 72114**

**MRI Software LLC**  
**28925 Fountain Parkway**  
**Solon, OH 44139**

<b>*First Name</b>	
<b>*Middle Name</b>	
<b>*Last Name</b>	
<b>*Date of Birth</b>	
<b>*Social Security Number</b>	
<b>Gender</b>	
<b>Race</b>	
<b>*Address</b>	

**\*Required Field**

**\*I understand by signing this document I am giving the Garfield County Housing Authority the authorization to request arrest information from the Colorado Bureau of Investigation, Tenant PI, or MRI Software.**

**\*I understand that the Garfield County Housing Authority may need to contact other agencies regarding the contents of this report.**

**\*I also understand that certain arrest information may prohibit me from receiving rental assistance from the Garfield County Housing Authority.**

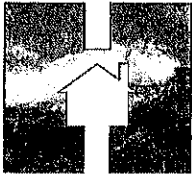
\_\_\_\_\_  
**Signature**

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



**Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.**





GARFIELD COUNTY HOUSING AUTHORITY  
1430 RAILROAD AVENUE, UNIT F  
RIFLE, CO 81650  
(970) 625-3589 or (888) 627-3589  
Fax (970) 625-0859 \* TTY (800) 659-2656

## What is a CBI Report?

### Why Do I need to agree to have one done?

As an applicant for Section 8 Rental Assistance, you must sign an authorization giving us permission to perform a criminal back-ground check on all adults in your household.

HUD requires the Housing Authority to review applicant back grounds and determine if any adult in the household has participated in the following activities:

- DRUG RELATED CRIMINAL ACTIVITY THAT WOULD ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELL BEING OF OTHER TENANTS OR CAUSE DAMAGE TO PROPERTY.
- CRIMES OF PHYSICAL VIOLENCE AGAINST PERSONS OR PROPERTY.

If you are concerned about something in your back ground, talk to your Section 8 Coordinator. Many items in your history may not be relevant.

All results are confidential and not passed along to any other agency.

[www.mrisoftware.com](http://www.mrisoftware.com)



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**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**Signatures:**

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

**Privacy Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban  
Development and the Housing Agency/Authority (HA)**  
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

Garfield County Housing Authority- Rosa Zavaleta  
1430 Railroad Ave Unit F Rifle CO 81650  
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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing  
Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.



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**(970) 625-3589 or (888) 627-3589**  
**\* TTY (800) 659-2656**

**Verification of Disability**

Dr. Name : \_\_\_\_\_

RE: \_\_\_\_\_

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

SS#: \_\_\_\_\_

The above named person is applying for participation in a federally assisted housing program operated by Garfield County Housing Authority. To determine the applicant's eligibility, we must verify that he/she is disabled as defined by the U.S. Department of Housing and Urban Development (HUD). HUD regulations define disability as follows.

- A. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of not less than 12 months, or

In the case of an individual who has attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

- B. Severe chronic disability that:
  - a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b. is manifested before the person attains age 22;
  - c. is likely to continue indefinitely;
  - d. results in substantial functional limitations in three or more of the following areas of major life activity: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, (7) economic self-sufficiency;
  - e. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.
- C. A person with a physical or mental impairment that:
  - a. is expected to be of a long continued and indefinite duration,
  - b. substantially impedes his/her ability to live independently, and
  - c. is of such a nature that such ability could be improved by more suitable housing conditions.

Housing Authority Representative \_\_\_\_\_

Date \_\_\_\_\_

**I hereby authorize the release of any information pertaining to this request.**

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Certification of Disability**

\_\_\_\_\_  is  is not disabled

Applicable definition(s):  A  B  C

Estimated length of disability period: \_\_\_\_\_

Person certifying (print name): \_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Professional Title*

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

**\*\*Do NOT include medical diagnoses!**

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