

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

www.garfieldhousing.com

Family Reporting Form

Part 1: Household Members

List all individuals living in your unit. Include any live-in caregivers:

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

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:

Head of Household: Home _____ Cell _____ Email: _____

Spouse/ Cohead/ Other Adult: Home _____ Cell _____ Email: _____



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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

3. 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

YOU MUST PROVIDE DOCUMENTAION AS PROOF OF ALL SOURCES OF INCOME

3. Is any member of your household **18 years or older** 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, ABLE)
<input type="checkbox"/> Trusts- Revocable or Irrevocable	<input type="checkbox"/> Money Market Funds	<input type="checkbox"/> Retirement Accounts	<input type="checkbox"/> Personal Property exceeding 5,000
<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: _____

Verification needed on closed accounts.

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.

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

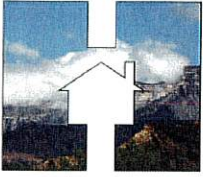
Signature of person completing form

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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Family Obligations and GCHA Policies

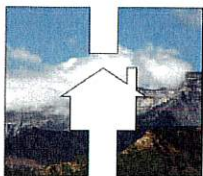
Garfield County Housing Authority (GCHA) may terminate assistance to program participants for violations of one or more of the following obligations or policies:

The Garfield County Housing Authority does not help pay for 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 includes: All amounts, not specifically excluded in 24 CFR 5.609(b); All amounts received from all sources by each member of the family who is 18 years of age or older or is the head of household or spouse; Unearned income by or on behalf of each dependent who is under 18 years of age; and Imputed returns of an asset based on the current passbook savings rate, as determined by HUD, when the value of net family assets exceeds \$50,000 (which amount HUD will adjust annually) and the actual returns from a given asset cannot be calculated.
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.

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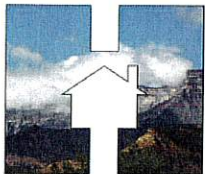


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8. Applicants must locate a unit prior to the expiration of their voucher. Requests for extensions must be made in writing prior to expiration date of the voucher.
9. Participants must pay their portion of the rent **EVERY** month.
10. The initial term of the lease must be one (1) year. GCHA may allow a shorter term if the landlord uses a term less than one year for all initial tenants.
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.

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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. GCHA discloses previous and current addresses known to the agency of past, present landlords if requested by prospective 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.

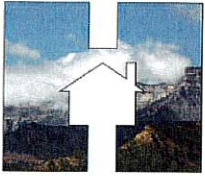
The Garfield County Administrative plan with the federal regulations and GCHA policies can be found at www.garfieldhousing.com

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.
7. Eviction from assisted unit.

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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

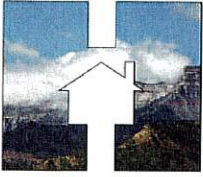
 Other Adult

 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.

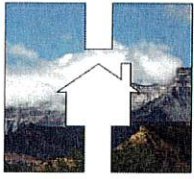
I have read and understand the above statements. There is no adult living/staying in the unit other than whose name(s) appear on the application/50058 and lease. I agree to notify the GCHA of any changes in writing. *Every adult household member age 18 or older must sign this policy acknowledgment form.* **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, 2nd 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!**



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- 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, 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. Head of Household is responsible for the reporting requirements of the entire household.

Head of Household

Date

Spouse/Co-head/Other Adult member

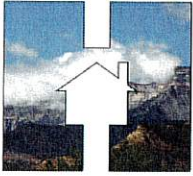
Date

Other Adult

Date

Other Adult

Date



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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



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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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

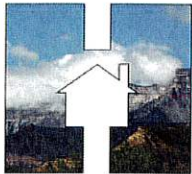
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Signature of Applicant

Date

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

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



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RIFLE, CO 81650
(970) 625-3589 or (888) 627-3589
Fax (970) 625-0859 * TTY (800) 659-2656

Child Support Certification

Applicant/Participant Name: _____ FSR Number: _____

Absent Parent(s) Name(s): _____

Absent Parent(s) Address: _____

Absent Parent(s) Phone Number/ Email: _____

LIST THE NAMES OF ALL CHILDREN LIVING IN THE UNIT:

Child 1: _____ Child 2: _____ Child 3: _____

Child 4: _____ Child 5: _____ Child 6: _____

CHECK ALL THAT APPLY:

Both parents of the following children reside in the unit (check all that apply 1 2 3 4 5 6

I DO NOT receive any form of child support payments for the following child(ren) 1 2 3 4 5 6

I DO NOT anticipate seeking or receiving child support payment within the next 12 months due to the following:

Domestic Violence issues with absent parent

Absent parent is incarcerated

Location of absent parent(s) is not known

Absent parent is deceased

Other (explain: _____)

Child support has not been court-ordered, or

Child support has been court-ordered but is not being received.

I receive/will be receiving **court-ordered** child support each **week** or **month** in the amount(s) of:

\$ _____ (Child 1) \$ _____ (Child 2) \$ _____ (Child 3)

\$ _____ (Child 4) \$ _____ (Child 5) \$ _____ (Child 6)

I receive/will be receiving **non-court-ordered** child support each week or month in the amount(s) of:

\$ _____ (Child 1) \$ _____ (Child 2) \$ _____ (Child 3)

\$ _____ (Child 4) \$ _____ (Child 5) \$ _____ (Child 6)

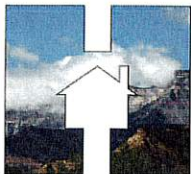
Signature of Applicant/Participant: _____ Date: _____



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. This institution is an equal opportunity provider and employer.



Equal Opportunity



GARFIELD COUNTY HOUSING AUTHORITY

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www.garfieldhousing.com

Alimony Certification

ALIMONY- CHECK ALL THAT APPLY

- I receive/will be receiving **court ordered** alimony in the amount of \$_____ each week month
- I receive/will be receiving **non-court ordered** alimony in the amount of \$_____ each week month
- I **DO NOT** receive any form of alimony payments (there is no court order)

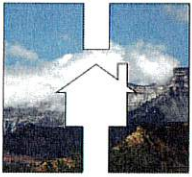
Signature of Applicant/Participant: _____ **Date:** _____

Documentation should also be supplied such as: Court Orders, Separation Agreements, cashed checks or money order stubs, payment records from FSR, etc.



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HEALTH AND MEDICAL CARE EXPENSES DEDUCTION

Unreimbursed health and medical care expenses may be deducted to the extent that, in combination with any disability assistance expenses, they exceed ten percent of annual income.

This deduction is permitted only for families in which the head, spouse, or cohead is at least 62 or is a person with disabilities. If a family is eligible for a medical expense deduction, the medical expenses of all family members are counted.

Definition of *Medical Expenses*

HUD regulations define *health and medical care expenses* at 24 CFR 5.603(b) to mean “any costs incurred in the diagnosis, cure, mitigation, treatment, or prevention of disease or payments for treatments affecting any structure or function of the body. Health and medical care expenses include medical insurance premiums and long-term care premiums that are paid or anticipated during the period for which annual income is computed.” Medical insurance premiums continue to be eligible health and medical care expenses. Health and medical care expenses may be deducted from annual income only if they are eligible and not otherwise reimbursed and may only be deducted for elderly or disabled families.

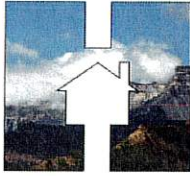
Although HUD revised the definition of *health and medical care expenses* to reflect the Internal Revenue Service (IRS) general definition of medical expenses, HUD is not permitting PHAs to specifically align their policies with IRS Publication 502 for determining which expenses are included in HUD’s mandatory deduction for health and medical care expenses. PHAs must review each expense to determine whether it is eligible in accordance with HUD’s definition of *health and medical care expenses*.

Please attach verification of health and medical care expenses.
Verification must be supplied to be excluded!



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Administrative Plan Updates

The Garfield County must notify current participants of new and revised income exclusions and other discretionary policy changes that affect income calculations effective July 1, 2025.

The Final Rule implementing Sections 102 and 104 of the Housing Opportunity Through Modernization Act of 2016 (HOTMA) will change how the Garfield County Housing Authority conducts Annual and Interim Reexaminations. You may review our current Administrative Plan at www.garfieldhousing.com. Here is a summary of some of the changes:

- **New definition of Annual Income. Other new definitions:** Day laborer, foster adult, foster child, health and medical expenses (formally just called medical), independent contractor, minor, seasonal worker, net family assets. HOTMA amends the definitions of family and earned income.
- **Income is projected forward for the upcoming 12-month period from admission or change.**
- **Changes to student financial assistance excluded income, retirement accounts.**
- **Inflationary adjustments such as deduction for elderly and disabled families, restriction of net family assets, amount of net assets, dependent deduction, income exclusion for earned income of dependents and adoption assistance payments. In general, changes are effective on January 1 each year.**
- **Higher threshold for Imputing Asset Income:** HOTMA raises the imputed asset threshold from \$5,000 to \$50,000, incentivizing families to build wealth without imputing income on those assets
- **In general, all income is included in your calculation unless the rules say that it should be excluded.**
- **Fewer Interim Reexaminations:** HOTMA creates a 10% adjusted income increase/decrease threshold for conducting Interim Reexaminations, and in most cases requires that increases in earned income are not processed until the next Annual Reexamination, allowing families to keep more of their earnings before receiving a rent increase. The new requirements should lead to fewer Interim Reexaminations overall, alleviating the burden for both participants and PHAs.
- **Hardship Relief:** HOTMA provides hardship relief for expense deductions, lessening the impact of the increased threshold for medical expenses. HOTMA permits PHAs to grant hardship relief to families unable to pay rent because of



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unanticipated medical/disability expenses. Families who are no longer eligible for the childcare expense deduction may ask for hardship relief.

- **Asset Limitation:** HOTMA imposes a \$100,000 asset limit for eligibility and continued assistance. Families are also ineligible for assistance if they own real property suitable for occupancy. PHAs have the option of delaying enforcement/termination for up to six months if the family is over the asset threshold at the time of annual reexamination.

Please be patient as we navigate this new Administrative Plan. GCHA may be asking for information not previously requested, etc.