

## Housing Choice Voucher Program

### 1st Notice for Annual Reexamination

Date:

Client #:

Dear Participant Family,

It is now time for your annual reexamination. We are required by HUD to review your family's incomes, assets, deductions, household members, etc. annually in order to verify your continued eligibility for the Section 8 Housing Choice Voucher program and the level of assistance you are eligible to receive.

**You are required to respond to this Remote Annual Reexamination Letter within TEN CALENDAR DAYS from the date of this notice.**

All adult household members must sign all of the enclosed documents. If you have a household member that will turn 18 years of age prior to your annual reexamination effective date, you must call to schedule an appointment for them to sign all documents after they turn 18 years of age but before the effective date of your Annual Reexamination.

You must send copies of all of the following items that apply to each member of your household. This information must be dated within sixty (60) days of the date of this letter.

- The most recent six (6) weeks of consecutive paystubs for every adult household member that is employed (i.e. paid weekly you will send six, paid bi-weekly you will send three (3), paid twice a month you will send three(s)). Or a letter from your employer, on company letterhead, showing hourly rate, hours worked per week, date of hire and overtime pay (if any).
- Current letter to verify each household member's income from: Bureau of Unemployment, Workman's Comp., Social Security, OWF/AFDC, VA, SSI, pensions, etc.
- Child support – Official printout of the previous 90 days payment history for each child support order or notarized statement from person paying support.
- If self-employed, monthly income/expense reports and a copy of your most recent tax return.
- Official statement from person providing childcare or letter from the childcare agency on company letterhead that states the children that care is being provided for, the amount being paid and the frequency of payments.
- If Head of Household is Elderly (62 or older) or Disabled ONLY - Medical expenses not covered by insurance such as monthly insurance premiums, pharmacy printouts, receipts for physician prescribed over the counter medicines that specifically state the item purchased, etc. for any household member. If claiming over the counter medicines, you must have written documentation from the physician that states you must take the medicine. Recommendation from the physician is not sufficient to claim expense as deduction.
- Most recent 6 months of checking account statements or most recent savings account statement. Or letter from bank, credit union or institution listing each individual account, the total market value of each account, any penalties to convert to cash and the percent or interest paid on each account.
- Verification of all other incomes or assets not specifically named in this list for each household member.

**Please do not send your original documents!**

Please mail all applicable documents listed above, along with your completed annual reexamination packet to:

CMHA/CGI  
P.O. Box 163490  
Columbus, OH 43216

You may also drop the packet off at the CGI office address listed below. **Please do not email documents that have any Personal Identifying Information!**

Failure to comply with this request to complete your annual reexamination before the stated deadline may result in terminate of your Section 8 Housing Choice Voucher assistance.

Sincerely,

Housing Specialist

@housing.systems

CGI Federal Inc.	107 S. High St, 2 <sup>nd</sup> FL	Columbus, OH 43215
Email Address:	Main Number	TTY: 800.750.0750
cmha.hcv@housing.systems	833.378.2220	FAX: 877.424.1825

## Housing Choice Voucher Program

### HCV Mail-In Reexamination Checklist

Client Name:

Date Mailed Out:

Client #:

Return By:

Please read all forms carefully. Please ensure all forms are complete and signed.

Note: Some forms are front and back

**Complete and sign the following enclosed documents and return:**

- Personal Declaration for Annual Reexamination
- Affidavit of Assets
- HUD 92006 Supplement to Application
- Requirements for Participants - Family Obligation
- Reporting Changes in Between Annual Reexamination Policy
- HUD 9886 Authorization for Release
- CMHA Authorization for Release
- Live-In-Aide Acknowledgment Form (if applicable)

**Please provide copies of all documents listed below that apply to your household. Documents must be dated within the previous 60 days. Please do not send original documents that you will need.**

- Paystubs covering prior six (6) weeks for all employed household members (if applicable)
- Social Security/SSI award letter (if applicable)
- Pension/Retirement benefit statement (if applicable)
- VA/Military benefit statement (if applicable)
- Child Support &/or Alimony printout for the previous 90 days (if applicable)
- OWF award letter (if applicable)
- IRS tax transcripts if self-employed or requested (if applicable)
- Verification of all other household income not specifically listed (if applicable)
- Affidavit of assets if less than \$5,000 (if applicable)
- Bank statements for the previous six months for checking accounts (if applicable)
- Most recent bank statement for savings accounts (if applicable)
- Verification of all other assets held by all family members (if applicable)
- Verification of unreimbursed, out of pocket medical expenses (if applicable for households whose Head of Household is 62 years of age or older or disabled)
- Doctor statement of prescribed over-the-counter medications on letterhead (if applicable for households whose Head of Household is 62 years of age or older or disabled )
- Verification of childcare expenses (if applicable for dependents 12 years of age and younger)
- Other:

Housing Specialist:

Phone Number:

CGI Federal Inc.	107 S. High St, 2 <sup>nd</sup> FL	Columbus, OH 43215
Email Address: cmha.hcv@housing.systems	Main Number 833.378.2220	TTY: 800.750.0750 FAX: 877.424.1825

## Housing Choice Voucher Program

### FAMILY PERSONAL DECLARATION to COMPLETE AR

This form must be completed in order for CMHA/CGI to process and certify your Annual Recertification. You must use the correct and current legal name for each member of your household as it appears on the Social Security Card. All adult household members (18 years or older), including a live-in aide, must sign this document certifying that the information pertaining to them is true and complete to the best of their knowledge.

Head of Household: \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Street

City State Zip Code

Email address: \_\_\_\_\_  
By providing your email, you are agreeing to the use of electronic media as another method for transmission of information.

#### 1. HOUSEHOLD COMPOSITION: (persons that will live you on a full time basis)

Yes  No Have any changes occurred in your household composition since your application and/or last reexamination?

<b>RELATIONSHIP TO HOH:</b>	Spouse / Son / Daughter / Grandchild / Other Adult / Live-in Aide / Foster Child, etc.
<b>MARITAL STATUS:</b>	Married / Single / Separated / Divorced / Widowed
<b>RACE/ETHNICITY:</b>	White 1 / Black 2 / American Indian 3 / Hispanic 4 / Asian-Pacific Islander 5

Name	Date of Birth	Social Security Number	Rl/ship to HOH	Marital Status	Gender M / F	Race/ Ethnicity
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____

**2. TOTAL HOUSEHOLD INCOME:** Please answer **yes** or **no** to the following questions. Please  the appropriate box and provide required information.

Does any adult in the household receive any of the following sources of income, excluding live-in aide?

**Yes**  **No** Wages from Employment (This includes any income earned by any family member 18 years or older).  
Please list all wage earners and their employers:

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Wages/Week: \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Wages/Week: \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Wages/Week: \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Wages/Week: \_\_\_\_\_

**Yes**  **No** Wages from a federal, state, or local employment training program?

If yes, list the household member: \_\_\_\_\_ Amount: \_\_\_\_\_ per \_\_\_\_\_ (week / month / year)

Please list training program: \_\_\_\_\_

**Yes**  **No** Self-employed (for example: taxi driver, beautician, child care provider, etc.)

If yes, occupation: \_\_\_\_\_ Income: \_\_\_\_\_ per \_\_\_\_\_ (week / month / year)

**Yes**  **No** Social Security, SSI, or SSDA payments received by adults for all adults or dependents.

Name: \_\_\_\_\_ Monthly Benefit Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Monthly Benefit Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Monthly Benefit Amount: \_\_\_\_\_

**Yes**  **No** Unemployment, disability compensation, workers compensation, and/or severance pay:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ per \_\_\_\_\_ (week / month / year)

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ per \_\_\_\_\_ (week / month / year)

**Yes**  **No** Annuities, dividends, interest from insurance policies, retirement benefits, pensions, disability or death benefits, and other similar types of periodic income. If yes, please list.

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ per \_\_\_\_\_ (week / month / year)

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ per \_\_\_\_\_ (week / month / year)

**Yes**  **No** Alimony. If Yes, list amount: \_\_\_\_\_ weekly \_\_\_\_\_ monthly

**Yes**  **No** Do you or any family member have any other income such as regular gifts or money, payment of utilities, or other daily essentials by someone other than the persons listed in your household? If yes, list provider and amount.

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ per \_\_\_\_\_ (week / month / year)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

**Yes**  **No** Did you or any adult in your household file a state or federal income tax return within the last 12 months?

If yes, for what tax year? \_\_\_\_\_

**3. JFS CERTIFICATION:** Please answer **yes** or **no** to the following questions. Please  the appropriate box and provide required information.

I/we certify by this signed statement, the following and it is complete, true and correct to the best of my knowledge:

**Yes**  **No** Benefits from Job & Family Services (TANF, SNAP).

Name of member receiving benefit: \_\_\_\_\_ Type: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Name of member receiving benefit: \_\_\_\_\_ Type: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Name of member receiving benefit: \_\_\_\_\_ Type: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

**Yes**  **No** Child Support. If Yes, list amount:

Child: \_\_\_\_\_ Order #: \_\_\_\_\_ Amount: \_\_\_\_\_ (week / month / year)

Child: \_\_\_\_\_ Order #: \_\_\_\_\_ Amount: \_\_\_\_\_ (week / month / year)

Child: \_\_\_\_\_ Order #: \_\_\_\_\_ Amount: \_\_\_\_\_ (week / month / year)

**4. ZERO INCOME CERTIFICATION:** Please answer **yes** or **no** to the following questions. Please  the appropriate box and provide required information.

**Yes**  **No** Are any adult household members claiming zero income? If **yes**, list names below. If **no**, proceed to **section 5**.

I certify by this statement that I have no income at this time. I understand that I must report any and all income at my next Annual Reexamination. I hear by swear and attest that the information given above regarding my household income is complete, true, and correct to the best of my knowledge.

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

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

\_\_\_\_\_  
Print Name of Other Adult

\_\_\_\_\_  
Print Name of Other Adult

\_\_\_\_\_  
Print Name of Other Adult

\_\_\_\_\_  
Print Name of Other Adult

**Yes**  **No** Is the household claiming zero income? If **yes**, complete questions below.

Does any member in the household have any of the following sources of informal support, excluding live-in aide?

**Yes**  **No** Cable service/internet? Bill estimate \$ \_\_\_\_\_ /month Who pays this bill: \_\_\_\_\_  
Address: \_\_\_\_\_

**Yes**  **No** Telephone, cellular phone, pager? Bill estimate \$ \_\_\_\_\_ /month Who pays this bill: \_\_\_\_\_  
Address: \_\_\_\_\_

**Yes**  **No** Own or lease an automobile?  
If **yes**, list **monthly** payments for: Loan/lease \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Repairs \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_ Who pays this bill(s): \_\_\_\_\_  
Address: \_\_\_\_\_

**Yes**  **No** Rent any furniture or electronic entertainment equipment? Provide actual cost of the weekly/monthly rental fee.  
Fee \$ \_\_\_\_\_ per \_\_\_\_\_ Who pays this bill: \_\_\_\_\_  
Address: \_\_\_\_\_

**Yes**  **No** Household pet? Expense: \$ \_\_\_\_\_ /month Who pays this bill: \_\_\_\_\_  
Address: \_\_\_\_\_

Yes  No    Belong to a health club or social organization that has monthly due/fees?  
 Monthly fee: \_\_\_\_\_ Who pays this bill: \_\_\_\_\_  
 Address: \_\_\_\_\_

Yes  No    Do you use tobacco or alcohol products? Monthly Expense: \$  
 Monthly fee: \_\_\_\_\_ Who pays this bill: \_\_\_\_\_  
 Address: \_\_\_\_\_

**How do you obtain food and other vital non-food household items?** \_\_\_\_\_  
 How much \$ \_\_\_\_\_ /month Who pays for these items: \_\_\_\_\_  
 Address: \_\_\_\_\_

**5. TOTAL HOUSEHOLD ASSETS:** Please answer **yes** or **no** to the following questions. Please  the appropriate box and provide required information.

Do you or any adult members of your household have any of the following assets?

Yes  No    **Checking Account?**

Name of Account Holder	Last 4 digits of Account #	Bank	Account Balance
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Yes  No    **Savings Account?**

Name of Account Holder	Last 4 digits of Account #	Bank	Account Balance
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Yes  No    **Direct Deposit/Prepaid Card**

**NOTE:** For DIRECT EXPIRESS, CHIME, NETSPEND, and SIMILAR ACCOUNTS: If you do not receive monthly bank statements, please submit a copy of an ATM or similar receipt that provides the current date, account balance, and the last four digits of the card visible. Please redact the remaining information on your card prior to submitting the photocopy with the AR packet.

Name of Account Holder	Last 4 digits of Account #	Account Type	Bank	Account Balance
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____

Yes  No    **Certificates of Deposit or Money Market Account**

Name of Account Holder: \_\_\_\_\_ Bank: \_\_\_\_\_  
 Last 4 digits of Account #: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Yes  No    **Trust Account**

Name of Account Holder: \_\_\_\_\_ Bank: \_\_\_\_\_  
 Last 4 digits of Account #: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Yes**  **No** Stocks, bonds, or other forms of income generating investments.

Name of Account Holder: \_\_\_\_\_ Bank: \_\_\_\_\_  
Last 4 digits of Account #: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Yes**  **No** Real property (house, land, commercial real estate, rental property, etc.) If **yes**, list below:

**Yes**  **No** Have you or any adult member in your household received any lump sum payments such as inheritances, capital gains, lottery winnings, insurance or other types of settlements, or other lump sum receipt not listed? If **yes**, please list below.

Type/Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Yes**  **No** Have you or any adult member in your household disposed of any assets within the 2 years prior to this certification for less than the market value of the asset? (This includes any asset given or sold to a family member, person, or organization)? If **yes**, please list below.

List type of asset sold or transferred \_\_\_\_\_ Amount received: \_\_\_\_\_

**6. REASONABLE ACCOMMODATION / MEDICAL EXPENSES** Please answer **yes** or **no** to the following questions. Please  the appropriate box and provide required information.

**Yes**  **No** Is the head of household elderly (62 years or older), handicapped, or disabled? If **NO**, please go to Section 7

**Yes**  **No** Do you need a special/reasonable accommodation in order to have equal access to the housing (e.g. live-in aide, power-of-attorney, application/Reexamination home visit, etc.)?

If yes, please describe \_\_\_\_\_

**Yes**  **No** Have you previously been approved for a special/reasonable accommodation in the past 12 months?

**Yes**  **No** Do you currently have a live-in aide? Name: \_\_\_\_\_

**Yes**  **No** Do you anticipate medical/prescription drug expenses that will not be covered by insurance for the next 12 months?

If yes, list to whom they will be owed and estimate the amount not covered by insurance.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Amount: \_\_\_\_\_

**Yes**  **No** Do you pay for additional medical insurance premiums? If yes, list amount per month: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**7. DISABILITY ASSISTANCE EXPENSES** Please answer **yes** or **no** to the following questions. Please  the appropriate box and provide required information.

HUD allows a deduction from annual income for anticipated expenses for a care attendant and/or auxiliary apparatus for a handicapped or disabled family member if such expense(s) enables a family member (including the handicapped family member) to work. If you qualify for this deduction, Please answer **YES** or **NO** to the following questions by checking the appropriate box and filling in the required information.

**Yes**  **No** Do you anticipate any expenses in the next 12 months for attendant care and/or special equipment to allow a family member to work? If **NO**, please go to Section 8.

**Yes**  **No** Is this expense reimbursed by an outside source such as insurance, Medicare, or grants? If yes, list amount: \_\_\_\_\_

**Yes**  **No** Is attendant care paid to a family member living in the household? If yes, the deduction cannot be granted.

**Please provide supporting documents directly from the source providing the care and/or equipment (as described above) verifying the amount, dates, and the purpose for which the family paid the out of pocket expenses.**

**8. CHILD CARE EXPENSES / FULL-TIME STUDENT STATUS** Please answer **yes** or **no** to the following questions. Please ✓ the appropriate box and provide required information.

**Yes**  **No** Do you pay out of pocket child care expenses for dependents 12 years of age or younger so you may work or attend school? Please submit verification of child care costs paid by the family. Amounts paid by sources other than the family, such as the Department of Jobs and Family Services, are not an eligible expense.

Name of child (children) receiving child care: \_\_\_\_\_  
 Amount of current child care expenses: \_\_\_\_\_ per week \_\_\_\_\_ per month  
 Name and address of provider: \_\_\_\_\_

Name of child (children) receiving child care: \_\_\_\_\_  
 Amount of current child care expenses: \_\_\_\_\_ per week \_\_\_\_\_ per month  
 Name and address of provider: \_\_\_\_\_

**Yes**  **No** Are there any family members 18 years or older attending a vocational school or institution of higher education FULL-TIME that offers a diploma, certificate, or degree? If YES, list student's name and full-time school name and address:

Student: \_\_\_\_\_ School: \_\_\_\_\_  
 Student: \_\_\_\_\_ School: \_\_\_\_\_

**NOTE:** To verify full-time student status for the dependent deduction, please submit verification from vocational school/institution of higher education Registrar's Office or School Clearinghouse. A class schedule is not an acceptable form of verification.

**9. CRIMINAL ACTIVITY** Please answer **yes** or **no** to the following questions. Please ✓ the appropriate box and provide required information.

Please answer **YES** or **NO** to the following questions. Please check the appropriate box and fill in the required information.

**Yes**  **No** Have you or anyone in your household been convicted of or pled guilty to any drug related activity or violent criminal activity in the last 18 months? If yes, please list the name of the household member and give details of the crime: \_\_\_\_\_  
 \_\_\_\_\_

**Yes**  **No** Are you or any adult member of your family registered as a sexual offender with local law enforcement agencies? If answer is yes, please provide the name of the family member: \_\_\_\_\_  
 \_\_\_\_\_

**10. CERTIFICATION OF INFORMATION**

I/we hereby certify and attest that all of the above information given above about myself/ourselves and all members or my/our household is complete, true, and correct to the best of my/our knowledge. I/we understand that any misrepresentation of my/our income, family compositic assets, allowances, income deductions, and criminal activity may be grounds for the denial or termination of CMHA Housing Choice Vouche assistance. I/We also understand that I/we may be subject to civil and/or criminal prosecution for furnishing false information to CMHA.

_____	_____	_____	_____
Head of Household	Date	Spouse/Co-Head	Date
_____	_____	_____	_____
Other Adult	Date	Other Adult	Date
_____	_____	_____	_____
Other Adult	Date	Live-in Aide	Date

If you were unable to fill out this form in your own handwriting, please have the person assisting you sign below:

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

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





# Authorization for the Release of Information/ Privacy Act Notice

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

Item #1879

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

OMB CONTROL NUMBER: 2501-0014  
exp. 07/31/2021

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

Columbus Metropolitan Housing Authority  
Charles D. Hillman, President & CEO  
880 E. 11th Ave.  
Columbus, OH 43211

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

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

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

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

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Private owners may not request or receive information authorized by this form.**

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

household become 18 years of age.

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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



## Housing Choice Voucher Program

### Authorization for the Release of Information

**Columbus Metropolitan Housing Authority 880  
E. 11<sup>TH</sup> Ave., Columbus, OH 43211  
614-421-6000**

**Purpose:** In signing this consent form, you are authorizing CMHA to request information from the sources listed on this form. CMHA needs this information to verify your household's income or other information in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level.

CMHA 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, the Federal agencies for employment suitability purposes and to CMHA for the purpose of determining housing assistance. CMHA is also required to protect the information it obtains in accordance with any applicable State privacy law, HUD and CMHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income or other information it obtains based on the consent.

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

**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 CMHA's grievance procedures and Section 8 informal hearing procedures.

**Sources of Information to Be Obtained:** The groups or individuals that may be asked to release the authorized information include but are not limited to:

- |  |   |
|--|---|
| Previous Landlords (including Public Housing Agencies) | Veterans Administration                 |
| Courts and Post Offices                                | Retirement Systems                      |
| Schools and Colleges                                   | Utility Companies                       |
| Law Enforcement Agencies                               | Department of Job and Family Services   |
| Support and Alimony Providers                          | Wages from current and former employers |
| Social Service Agencies                                | Financial Institutions                  |
| Medical and Child Care Providers                       |   |

**Consent:** I consent to allow CMHA to request and obtain income information for 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 CMHA under this consent form cannot use income information it receives to deny, reduce or terminate assistance without independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

**Signatures:**

Head of Household	Date	Spouse/Co-Head	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Live-in Aide	Date

**Penalties for Misusing this Consent:**

HUD, CMHA and any owner (or any employee of HUD, CMHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretense 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 disclosures of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer of CMHA or the owner responsible for the unauthorized disclosures or improper use.



# Housing Choice Voucher Program

## REQUIREMENTS FOR FAMILIES

### Obligations of the Family

- A. When the family’s unit is approved and the HAP Contract is executed, the family must follow the rules listed below in order to continue participating in the HCV Program.
- B. Family Must:**
  - 1. Supply any information that CMHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for the use in a regularly scheduled reexamination of family income and composition.
  - 2. Disclose and verify Social Security Numbers and sign and submit consent forms for obtaining information.
  - 3. Supply any information requested by CMHA to verify that the family is living in the unit or information related to the family’s absence from the unit.
  - 4. Promptly notify CMHA in writing when the family is away from the unit for an extended period of time in accordance to CMHA policies.
  - 5. Allow CMHA to inspect the unit at reasonable times and after reasonable notice.
  - 6. Notify CMHA and the owner in writing before moving out or terminating the lease.
  - 7. Use the assisted unit for the residence by the family. The unit must be family’s only residence.
  - 8. Promptly notify CMHA in writing of the birth, adoption, or court-ordered custody of a child.
  - 9. Request CMHA written approval to add any other family member as an occupant of the unit.
  - 10. Give CMHA a copy of any owner eviction notice.
  - 11. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- C. Any information the family supplies must be true and complete.**
- D. The Family (including each family member) must not:**
  - 1. Own or have any interest in the unit (other than in cooperation, or the owner of a manufactured home leasing a manufactured space).
  - 2. Commit any serious or repeated violation of the lease.
  - 3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
  - 4. Participate in illegal drug or violent activity.
  - 5. Sublease or let the unit or assign the lease or transfer the unit.
  - 6. Receive Section 8 tenant-based program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing program.
  - 7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
  - 8. Receive Section 8 tenant-based program housing assistance while residing in unit owned by a parent, child, grandparent, grandchild, sibling of any member of the family, unless CMHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
  - 9. Engage in illegal use of a controlled substance; or abuse of alcohol that threatens the health and safety o the right to peaceful enjoyment of the premises by other residents.
- E. The Family (including each family member) may not:**
  - 1. Engage in abusive or violent behavior towards CMHA Personnel (including third-party entities contracted by CMHA) at its administrative offices or on its properties.

My/our signature below is an ACKNOWLEDGEMENT that these requirements have been reviewed with me/us and I/we have been supplied a copy of this notice.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Head

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Live-in Aide

\_\_\_\_\_  
Date



## *Housing Choice Voucher Program*

### **REPORTING CHANGES BETWEEN ANNUAL REEXAMINATION POLICY**

*REPORTING CHANGES IN INCOME AND FAMILY COMPOSITION BETWEEN ANNUAL REEXAMINATIONS FOR ALL HOUSING CHOICE VOUCHER FAMILIES POLICY:*

Except for limited circumstances, families are not required to report increases in income between Annual Reexaminations. This temporary delay in rent increases serves as an incentive for families to improve and maintain their improved financial circumstances.

Families **MAY** report changes at any time regarding earned or unearned income, family composition, child care expenses, medical costs or other circumstances that would result in a decrease in the family’s portion of rent. **INCOME DECREASES MUST LAST FOR MORE THAN 30 DAYS TO QUALIFY FOR A NEW RENT DETERMINATION AND A POSSIBLE REDUCTION IN RENT.**

The addition or removal of any family member and their income to the household, or a change in the Head of Household **MUST** be reported within 30 calendar days of the occurrence and must be approved by CMHA/CGI. Any adult proposed to be added to the family’s household must first be approved by the Landlord as specified in the Tenancy Addendum to the landlord lease prior to obtaining CMHA/CGI approval. If denied by landlord, eligible families may qualify to move under CMHA/CGI moving procedures. Failure to report these changes as indicated above is a violation of family obligations.

If you do not report the changes in a timely manner, you may still have to pay a higher rent or repay CMHA/CGI for overpaid funds to your landlord. See CMHA’s Administrative Plan, Interim Reexamination of Income and Rent, 15-1, for more details.

If 6 months elapses since CMHA/CGI’s last Housing Assistance Payment (HAP), the family’s assistance is automatically terminated. See CMHA’s Administrative Plan, Denial or Termination of HCV Program Assistance, 17 D-3, for more details.

An Interim Change Reporting form must be completed online, mailed via USPS, or hand delivered to a CGI office where a date stamped copy will be given to you for your records. **ALL CHANGES REQUIRE SUPPORTING VERIFICATIONS THAT MUST BE PROVIDED WITHIN 10 CALENDAR DAYS OF THE REQUEST FROM YOUR HOUSING SPECIALIST IN ORDER TO BE CONSIDERED TIMELY.**

Mail forms to CMHA/CGI  
P.O. Box 163490  
Columbus, OH 43216

Hand deliver to CGI/CMHA  
107 S. High St., 4<sup>th</sup> floor  
Columbus, Ohio 43215

The Interim Change Reporting form records the exact date the change was first reported to CMHA/CGI. The Interim Packet will be mailed to you within 5 days. If you have not received an Interim Packet within 10 days, please contact your Housing Specialist for additional assistance with this important matter.

*I have completely read, understand and have received a copy of the reporting requirements for all income changes as stated above and will contact CMHA/CGI as required.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Head

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Supplemental and Optional Contact Information for HUD-Assisted Housing

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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



## Housing Choice Voucher Program

### ACKNOWLEDGEMENT OF RIGHTS AND RESPONSIBILITIES FOR LIVE-IN AIDE

I, \_\_\_\_\_ am aware that CMHA is approving  
**HEAD OF HOUSEHOLD**

\_\_\_\_\_, as Live-In Aide to assist  
**LIVE-IN AIDE NAME**

\_\_\_\_\_, who resides at  
**FAMILY MEMBER**

\_\_\_\_\_  
**CURRENT ADDRESS**

As the Head of Household, I realize the approved Live-In Aide must remain in the household and may not be changed unless a "CHANGE REPORTING FORM" has been completed. CGI reserves the right to deny the newly requested Live-In Aide upon approval of a background check.

As a Live-In Aide, I realize that CGI will not add my name as a member of the household, nor utilize my income in calculating rent for this unit.

When the above named Family vacates the listed unit for whatever reason, I realize that I have no legal rights to this unit and that I will have to vacate this unit immediately. I realize I must abide by all CGI policies, rules and regulations while residing in this unit.

The Head of Household will be held responsible for any violations the Live-In Aide commits while residing in this unit.

\_\_\_\_\_  
**HEAD OF HOUSEHOLD SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**LIVE-IN AIDE SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER OF LIVE-IN AIDE**

**ONLY COMPLETE AND RETURN THIS FORM  
IF YOUR HOUSHOLD INCLUDES A LIVE-IN AIDE.**