

## 1<sup>st</sup> Notice for Annual Reexamination

Date:

Client:

It is now time for your annual reexamination. We are required by HUD to review your family's income, assets, deductions, household members, etc. annually to verify your continued eligibility for the Housing Choice Voucher (HCV) 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 household members who are 18 years and older must sign all the enclosed documents. If a household member will turn 18 before the effective date of the Annual Reexamination, please schedule an appointment for them to sign all necessary documents after their 18th birthday but before the reexamination date. You must send copies of all the following items that apply to each member of your household. This information must be dated within one hundred twenty (120) days of the date of this letter.

- You must submit 30 consecutive days of the most recent paystubs for every adult household member that is employed. We will use this documentation to calculate your portion of rent. If you would like to provide additional paystubs for a more accurate average, you are welcome to do so. (*If you are paid weekly, provide 4 paystubs; bi-weekly, provide 2 paystubs; semi-monthly, provide 2 paystubs and monthly = 1 paystub*).
- If paystubs are not available, then a letter from your employer on company letterhead, showing hourly rate, hours worked per week, date of hire and overtime pay (if any) are acceptable.
- Current letter to verify each household member's income from ODJFS Office of Unemployment, Bureau of Workers' Compensation, Social Security Administration (SS, SSI, SSDI), FCDJFS TANF, Veteran's Administration, pensions, etc.
- Official printout from Franklin County Child Support Enforcement Agency (or other locality child support enforcement agency) 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. If you do not file taxes, please request a Self-Employment Certification Form.
- If you are claiming a childcare deduction, an official statement/letter from childcare provider on company letterhead that states the child/ren that care is being provided for the amount being paid, and the frequency of payments. If the childcare provider cannot provide a statement/letter on company letterhead, you will need to provide a statement/letter from your childcare provider.
- If you are claiming a medical deduction, you are Head of Household, Co-Head or Spouse and are **Elderly** (62 years or older) or **Disabled**, medical expenses not covered by insurance such as monthly insurance premiums, pharmacy printouts, receipts for physician prescribed over-the-counter medicines that specifically states the item purchased, etc. for any household member. If claiming over-the-counter medicines, you must provide written documentation from the physician that states you must take the medicine. (*Recommendation from the physician is not sufficient to claim expense as deduction*).
- One most recent checking and one savings account statement, a letter from bank, credit union or financial institution listing each individual account, the total market value of each account, any penalties to convert to cash and the percentage or interest paid on each account.
- Verification of all other income such as Door Dash, Uber/Lyft or similar sources or assets not specifically named in this list for each household member.

**Do not send original documents!** Email all applicable documents listed above, along with your completed Annual Recertification Packet to **CMHA** ([annualrecert@cmhanet.com](mailto:annualrecert@cmhanet.com)) or mail to **1407 Cleveland Avenue, Columbus, OH 43211**.

**Failure to complete your Annual Recertification before the stated deadline may result in termination of your Housing Choice Voucher assistance.**

**Instructions for registering for Rent Café are enclosed in this packet.**



### **Instruction Sheet for RentCafe Sign Up**

Dear Participant,

To make participation in the Housing Choice Voucher (HCV) Program easier and more efficient, CMHA is launching its online portal: **RentCafe**.

Once registered, you'll be able to manage all aspects of your HCV participation - from submitting annual and interim recertifications, to requesting moves, submitting requests for tenancy approvals, and porting to other jurisdictions. You can also upload required documents and access all your program materials instantly.

CMHA encourages all participants to enroll today and take advantage of this streamlined experience! Follow these steps to sign up for RentCafe on the portal:

- Visit our online portal at: <https://portal.cmhanet.com>
- Select **Resident Login**
- Select **Click Here to Register**
- Select **I don't have a registration code**
- Complete the registration screen and create an account

CMHA encourages you to complete your recertification online through RentCafe as it will save you time.

If you need assistance registering for RentCafe on the portal, please contact us at 614-421-6000.

Sincerely,

Columbus Metropolitan Housing Authority



**FAMILY PERSONAL DECLARATION**

This form must be completed in order for CMHA to process and certify your household. 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 (Cell): \_\_\_\_\_

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?

**RELATIONSHIP TO HOH:** Spouse / Son / Daughter / Grandchild / Other Adult / Live-in Aide / Foster Child, etc.  
**MARITAL STATUS:** Married / Single / Separated / Divorced / Widowed  
**RACE:** 1 = White 2 = Black 3 = American Indian-Alaskan Native 4 = Asian 5 = Native Hawaiian-Other Pacific Islander  
**ETHNICITY:** 1 = Hispanic or Latino 2 = Not Hispanic or Latino

Name	Date of Birth	Social Security Number	RI/ship to HOH	Marital Status	Gender M / F	Race	Ethnic
1	_____	_____	HEAD	_____	_____		
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 hereby 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 EXPRESS, 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. 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 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 medical apparatus 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. REASONABLE ACCOMMODATION** This section applies to ALL HOUSEHOLDS that include person(s) with disabilities

**Yes**  **No** Has a disabled family member been prescribed medical equipment by their physician?  
If yes, please list family member(s) and the type(s) of medical equipment prescribed: \_\_\_\_\_

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

**9. CHILD CARE EXPENSES** 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: \_\_\_\_\_

**10. FULL-TIME STUDENT STATUS** Please answer yes or no to the following questions. Please ✓ the appropriate box and provide required information.

**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.

**11. 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 three (3) years? 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: \_\_\_\_\_

**12. 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 composition, assets, allowances, income deductions, and criminal activity may be grounds for the denial or termination of CMHA Housing Choice Voucher 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 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):

Columbus Metropolitan Housing Authority  
880 E. 11th Avenue  
Columbus, OH 43211

**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(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 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.

**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.



**Reporting Changes Between Annual Reexamination Policy**

*Reporting changes in income and family composition between Annual Reexaminations can be crucial. This temporary delay in rent increases acts as an incentive for families to improve and sustain their enhanced financial situations.*

Families **MAY** report changes at any time regarding earned or unearned income, family composition, childcare 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.**

**If the family’s income increases OR decreases by 10% (or more), the family is required to report this change to CMHA.**

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. 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 approval. If denied by the landlord, eligible families may qualify to move under CMHA moving procedures. **Failure to report these changes as indicated above is a violation of the family’s obligations.**

If you do not report the changes within 10 calendar days of the change, you may still have to pay a higher rent or repay CMHA for overpaid funds to your landlord.

An *Interim Change Reporting Form* must be completed online via Rent Café, mailed via USPS, or hand delivered where a date stamped copy will be provided to you for your records. **All changes require supporting documentation. Any interim request submitted without supporting documentation will be rejected.**

Please mail or deliver the forms to:  
 1407 Cleveland Avenue, Columbus, OH 43211

The Interim Change Reporting Form records the exact date the change was first reported to CMHA.

***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 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 Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

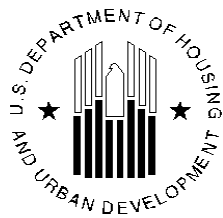
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**Signature of Applicant**

**Date**

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

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



## 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:**

Columbus Metropolitan Housing Authority  
 880 E. 11th Avenue  
 Columbus, OH 43211

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

**Signature**

**Date**

**Printed Name**

## Declaration of Citizenship Status (Section 214)

**Note 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 statements carefully, check that which applies to you, and sign and return it to Columbus Metropolitan Housing Authority (CMHA). Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

**Instructions to the Family:** Print or type the First Name, Middle Initial and Last Name of all family members who share the same citizenship status. Parents/Guardians must sign their own name for family member(s) under the age of 18 years and select the boxes indicating “Child” and “Parent/Guardian Signature”. (DO NOT sign child’s name). **Family members with a different citizenship status must complete a separate form.** Attach INS document(s) evidencing eligible immigration status. Sign and date.

**I/We certify, under penalty of perjury that to the best of my knowledge, I/we am lawfully within the United States, as I/we are** (check only the appropriate box):

<input type="checkbox"/> I am a citizen by birth, a naturalized citizen or nation of the United States
<input type="checkbox"/> I have eligible immigration status, and I am 62 years of age or older. <b>Attach evidence of proof of age</b> (i.e., copy of driver license/state identification, birth certificate) <i>see instruction (1) on the next page;</i>
<input type="checkbox"/> I have eligible immigration status as checked below (see next page for explanation). <b>Attach INS document(s) evidencing eligible immigration status and signed verification consent form.</b>
<input type="checkbox"/> Immigrant status under § 101(a)(20) of the Immigration and Nationality Act (INA), see instruction (2) on the next page; <input type="checkbox"/> Permanent residence under §249 of INA, see instruction (3) on the next page; or <input type="checkbox"/> Parole status under §207, 208, or 203 of the INA, see instruction (4) on the next page; or <input type="checkbox"/> Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA, see instruction (4) on the next page; or <input type="checkbox"/> Threat to life or freedom under §243(h) of the INA, see instruction (6) on the next page; or <input type="checkbox"/> Amnesty under §245A of the INA, see instruction (7) on the next page
<input type="checkbox"/> I am a non-citizen with eligible immigration status, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I certify that diligent and prompt efforts will be made to obtain this evidence.
<input type="checkbox"/> I am not contending eligible immigration status, and I understand that I am not eligible for financial housing assistance

HOH (First, Middle Initial, Last Name)	HOH Signature	Date
Family Member (First, Middle Initial, Last Name)	Adult Family Member Signature	Date
Family Member (First, Middle Initial, Last Name)	Adult Family Member Signature	Date
<input type="checkbox"/> (Child) Family Member (First, Middle Initial, Last Name)	<input type="checkbox"/> Parent/Guardian Signature	Date
<input type="checkbox"/> (Child) Family Member (First, Middle Initial, Last Name)	<input type="checkbox"/> Parent/Guardian Signature	Date
<input type="checkbox"/> (Child) Family Member (First, Middle Initial, Last Name)	<input type="checkbox"/> Parent/Guardian Signature	Date
<input type="checkbox"/> (Child) Family Member (First, Middle Initial, Last Name)	<input type="checkbox"/> Parent/Guardian Signature	Date

- (1) **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.
- (2) **Immigrant status under 101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by 101(1)(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 (8U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.
- (3) **Permanent residence under 249 of INA.** A noncitizen who entered the U.S. before January 1, 1092, 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 INA (8 U.S.C. 1259) [amnesty granted under INA 249].
- (4) **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 INA (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, 1080, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
- (5) **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 INA (8U.S.C.1182(d)(5) [parole status].
- (6) **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].
- (7) **Amnesty under 245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A]

**Privacy Act Statement:** The information on this form is being collected by CMHA to determine the applicant's or tenant's eligibility for housing assistance. CMHA may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to: (1) the Department of Housing and Urban Development (HUD) as required by HUD; and (2) to the Immigration and Naturalization Service (INS) for purposes of verification of the immigration status of each individual and not for any other purpose.

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

**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 manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.



## Housing Choice Voucher Program Requirements for Families

### Obligations of the Family

- A. When the family’s unit is approved and the Housing Assistance Payment (HAP) Contract is executed, the family must follow the rules listed below to continue participating in the Housing Choice Voucher (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 family is away from the unit for an extended period of time in accordance with 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 lease.
  - 7. Use the assisted unit for the residence of the family. The unit must be the family’s only residence.
  - 8. Request CMHA writing of the birth, adoptions 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 bill 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 Housing Choice Voucher 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 Housing Choice Voucher Program housing assistance while residing in a 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 of the right to peaceful enjoyment of the premises by other residents.
- E. **The Family (including each family member) may not:**
  - 1. Engage in abuse or violent behavior towards CMHA Personnel (including third-party entities contracted by CMHA) at the administrative office 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 Signature	Date	Spouse/Co-Head Signature	Date
Other Adult Signature	Date	Other Adult Signature	Date