NOCONA HOUSING
AUTHORITY

Phone: 940-825-6515 Fax: 940-825-6517

APPLICATION for PUBLIC HOUSING

Instructions: Please read Carefully. Incomplete applications will not be processed.

This form must be signed by all household members 18 years of age or older. Failure of the applicant to sign this application constitutes grounds for denial of eligibility.

This application is valid for all public housing properties operated by the Nocona Housing Authority hereinafter referred to as "NHA".

To be qualified for admission to public housing an applicant must:

a. Be a family as defined in NHA's Admission and Continued Occupancy policy;

b. Document citizenship, eligible immigration status, or pay a higher rent;

c. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in NHA office.

d. Provide original Social Security cards, valid state issue Driver's License, and Birth Certificates for ALL members of the household, proof of income (past three months of check stubs, award letter, child support, pension award letter, etc.), and past six months of checking, current saving account statements, and past six months of Cash App, PayPal, Venmo, Samsung Pay, Apple Pay, Google Pay, and Zelle account statements.

e. Meet or exceed the Applicant Selection Criteria;

f. Pay any money owed to NHA or any other housing authority;

g. Not have any outstanding utility bills;

h. Not have had a lease terminated by NHA or any other housing authority in the past 3 years;

i. Be able and willing to comply with the NHA lease;

j. Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity;

k. Not have any family members subject to a lifetime sex offender registration in any state.

Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size.

Each applicant who meets the above qualifications will receive one unit of the size and type needed when it becomes available. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list, and the applicant will not be permitted to reapply for 12 months.

Applicants with disabilities will be given assistance, if requested, with the completion of the application at PHA's office at the address above.

NHA will conduct a criminal record check and credit check on all adult applicants (18 or older). All household adults must pass a criminal background check dating back 10 years.

APPLICATION for PUBLIC/ PHA-OWNED HOUSING

Date & Time Received by NHA: _____

Unit Size: _____

1. Name of head of household: _____

2. Name of adult co-head of household: _____

3. Current address, Street, Apt. #: _____

   Current City, State and Zip: _____

   Current Cell, Home, & Work Phone #s: _____

4. Email Address: _____

For Statistical Purposes Only

5. Race of Head: ❒ Caucasian/White ❒ African American/Black ❒ Asian or Pacific Islander ❒ Native American/ Alaska Native ❒ Pacific Islander/Hawaiian Native

6. Ethnicity of Head: ❒ Hispanic/Latino ❒ Non-Hispanic/Non-Latino

Family Information

7. List all people who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). No one except those listed on this form may live in the unit.

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time Student?
H				___ __ ____	Head			
2				___ __ ____				
3				___ __ ____				
4				___ __ ____				
5				___ __ ____				
6				___ __ ____				
7				___ __ ____				
8				___ __ ____				

Family Income Information

8. Please list the source and amount of **all income expected for the coming 12 months for all family members**, including but not limited to all earnings and benefits received from working, TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, pension, Child Support, etc. Example: Wages, $150/week, SSI, $421/month. **If you are not collecting child support, you will have to at least file for it.**

Family Member Name	Income Source	Amount $	Frequency – Per
			❒Week ❒Month ❒Year
			❒Week ❒Month ❒Year
			❒Week ❒Month ❒Year
			❒Week ❒Month ❒Year

9. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc? ❒Yes ❒No If yes, describe the type of asset(s) please: _____
What is the market value of all assets? _____

10. Do you own any real estate? ❒Yes ❒No If yes, what is the address?_____
_____

11. Have you sold any real estate in the past two years? ❒Yes ❒No If yes, what was the address?_____
_____

12. Please list landlords for the past three (3) years:

    Current Landlord's name and phone #: _____
    Current Landlord's Address: _____
    Date Family Moved to this location: _____

    Most recent former address, Street, Apt. #: _____
    Landlord name and phone #: _____

    Most recent former address, Street, Apt. #: _____
    Landlord name and phone #: _____

Screening

13. Have you ever been evicted from housing? ❒Yes ❒No If yes, why?_____
_____

14. Have you ever lived in public housing or received a Section 8 voucher before? ❒Yes ❒No If yes, where?_____ Dates: From_____ To_____ Name of Lessee:_____
Do you owe any money to the housing authority or Section 8 agency? ❒Yes ❒No

15. Do you have any past due utility bills? ❒Yes ❒No If yes, please describe and give amount owed:
_____

16. Have you, or any member of the applicant household ever been evicted from Public, Assisted, or Private housing for violent criminal or drug related activity? ❒Yes ❒No If yes, please explain the problem and who was involved:

_____

17. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? ❒Yes ❒No If yes, please explain the problem and who was involved:

_____

18. Is anyone in your household currently on parole or probation? ❒Yes ❒No If yes, please explain:

_____

19. Have you or any household member ever been arrested for any drug or alcohol related activity, or violent criminal activity ? ❒Yes ❒No If yes, please explain the problem and who was involved:

_____

20. Does any household member currently use a controlled or illegal drug? ? ❒Yes ❒No If yes, please explain the problem and who was involved:

_____

Qualifying for Deductions in Calculating Rent

21. Is the head of household or spouse age 62 or older or a person with a disability?
❒Yes ❒No If yes, please answer the following questions. If no, please skip down to question # 24.

22. Does your household have any medical expenses (include insurance, Medicare deduction, doctor bills, dentist bills, hospital bills, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? ❒Yes ❒No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on each medical expenses:
Type of expense:_____
Monthly medical expense:$_____Name, address & phone # of person who can verify expense:_____

23. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? ❒Yes ❒No If yes, describe the nature of the expense and the monthly amount:

_____
Name, address & phone # of someone who can verify the expense:_____

_____

24. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to School, or attend job training? ❒Yes ❒No If yes, please provide the name, address, and phone # of the childcare provider:_____
Monthly unreimbursed childcare cost: $_____

25. Is any member of the household age 18 or older (other than family head and spouse) a full time student or person with a disability? ❒Yes ❒No If yes, Name of the family member and name and address of someone who can verify this information: Name of family member:_____
Name, address & phone # of someone who can verify this information:_____

_____

26. Driver's License or State ID #: Applicant:_____ Co-applicant:_____
    Automobile: Year:_____ Make:_____ Model:_____ License:_____
27. Do you want to have a pet in your apartment? ❒Yes ❒No
    NHA requires a $150 non-refundable pet fee for (1) animal and $300 non-refundable pet for (2) animals.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Texas Health and Human Services Commission, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature Date

Co-applicant Signature Date

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

Any additional information you think NHA will need to know:

U.S. Department of Housing and Urban Development (HUD)

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

1. **HUD-9887/A Fact Sheet**
2. **Form HUD-9887 (to be signed by the Applicant or Tenant)**
3. **Form HUD-9887-A (to be signed by the Applicant or Tenant and Owner or Management Agent)**
4. **Individual Verifications (to be signed by the Applicant or Tenant)**
5. **Revocation of Consent (to be signed by the Applicant or Tenant and Owner or Management Agent)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

HUD–9887/A Fact Sheet: Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head, regardless of age, must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by HUD.

Federal laws and regulations require that the information you provide must be verified. This information is verified in two ways:

1. HUD and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), state agencies that keep wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD and PHAs can receive the information authorized by form HUD-9887.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all the sources of income that you report. There are certain mandatory deductions that reduce the income used in determining tenant rents. The O/A will verify your family's expenses if you are eligible to have certain expenses deducted from your annual income.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a health and medical care expenses deduction. Her annual income may be adjusted because of this deduction. Because Mrs. Anderson's health and medical care expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris is 53 years old. Mr. Harris does not qualify for the health and medical care expenses deduction, because he is not at least 62 years of age and he is not disabled. Because he is not eligible for the deduction, the amount of his health and medical care expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his health and medical care expenses and cannot verify with a third party about any health and medical care expenses that Mr. Harris reports.

Consumer Protections

Information received by HUD and/or the PHA is protected by the Federal Privacy Act. Information received by the O/A or PHA is subject to State privacy laws. Employees of HUD, the PHA, and the O/A are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

NOTE: These forms have been translated into languages other than English and those translations must be provided if needed. If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include, depending on the circumstances, the following: home visits when the applicant's or tenant's disability prevents them from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on their behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A's verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887/A, HUD or the O/A may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

The O/A is required to give each household a copy of form HUD-9887/A Fact Sheet, form HUD-9887, and HUD-9887-A along with appropriate individual consent forms and the revocation of consent form. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet**: Describes verification requirements and the verification process. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of applicant/tenant information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third-party verification along with consumer protections.
4. **Individual Verification Forms:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.
5. **Revocation of Consent**: Allows the applicant/tenant to revoke their consent of the 9987 and 9887-A.

The public reporting burden for the HUD 9887 and the HUD 9887-A is estimated to average 10 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. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000 or email: PaperworkReductionActOffice@hud.gov. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number

Consequences for Not Signing the Consent Forms or Revoking the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on forms HUD-9887 and 9887-A.

If you revoke your consent of form HUD-9887, form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants).

If you are an applicant and denied assistance for this reason, the O/A must notify you of the reason for your rejection in writing and give you an opportunity to respond to the O/A in writing or request a meeting within 14 days to dispute the rejection. The O/A must inform you that if you are a person with disabilities, you have the right to request reasonable accommodations to participate in the informal hearing process.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

A. Section 8 Project-Based Rental Assistance (PBRA)

1. New Construction
2. State Housing Agencies Program
3. Substantial Rehabilitation
4. Section 202/8
5. Rural Housing Services Section 515/8
6. Loan Management Set-Aside (LMSA)
7. Property Disposition Set-Aside (PDSA)
8. Rental Assistance Demonstration (RAD)

B. Section 202/162 Project Assistance Contract (PAC)
C. Section 202 Project Rental Assistance Contract (PRAC)
D. Section 202 Senior Preservation Rental Assistance (SPRAC)
E. Section 811 Project Rental Assistance Contract (PRAC)
F. Section 811 Project Rental Assistance (811 PRA)

O/As must give a copy of the 9887/A Fact Sheet to each household.
See the Instructions on form HUD-9887-A.

Attachment to forms **HUD-9887 & 9887-A** (xx/2025)

Notice and Consent to the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A)

U.S. Department of Housing and Urban Development

Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502–0204
(Exp. xx/xx/xxxx)

HUD Office requesting release of information (Owner should provide the full address of the HUD Multifamily Regional Center or Satellite Office, Attention: Director, Asset Management Division.):	O/A requesting release of information (Owners should provide the full name address of the Owner or the Management Agent):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA Contract Administrator for this project, mark an X through this entire box):
Fort Worth Regional Office 307 W. 7th Street Suite 1000 Fort Worth, TX 76102	Nocona Housing Authority 400 Hobson Street Nocona, TX 76255	Nocona Housing Authority 400 Hobson Street Nocona, TX 76255

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have agreed upon with the owner or management agent (O/A).

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a Contract Administrator in the administration of rental housing assistance.

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 PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD and the PHA responsible for determining eligibility to verity salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Section 104 of the Housing Opportunity Through Modernization Act of 2016 (Pub. L. 114-201). This law authorizes, in part, O/As to obtain any financial record from any financial institution, as the terms financial record and financial institution are defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the O/A determines that the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: By signing this consent form, you are authorizing HUD and the above-named PHA to request income information from the government agencies listed on this form. HUD and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A and/or the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age, must sign the relevant consent forms. After an applicant or participant has signed and submitted a consent form to the O/A on or after January 1, 2024, they do not need to sign and submit subsequent consent forms except under the following circumstances:

1. When any person 18 years or older becomes a member of the family;
2. When a member of the family turns 18 years of age; and
3. As required by HUD or the O/A in administrative instructions.

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

A. Section 8 Project-Based Rental Assistance (PBRA)

1. New Construction

2. State Housing Agencies Program

3. Substantial Rehabilitation

4. Section 202/8

5. Rural Housing Services Section 515/8

6. Loan Management Set-Aside (LMSA)

7. Property Disposition Set-Aside (PDSA)

8. Rental Assistance Demonstration (RAD)

B. Section 202/162 Project Assistance Contract (PAC)

C. Section 202 Project Rental Assistance Contract (PRAC)

D. Section 202 Senior Preservation Rental Assistance (SPRAC)

E. Section 811 Project Rental Assistance Contract (PRAC)

F. Section 811 Project Rental Assistance Demonstration (811 PRA)

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assistance benefits. If you are an applicant and denied assistance for this reason, the O/A must notify you of the reason for your rejection in writing and give you an opportunity to respond to the O/A in writing or request a meeting within 14 days to dispute the rejection. The O/A must inform you that if you are a person with disabilities, you have the right to request reasonable accommodations to participate in the informal hearing process. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Expiration: The authorization to release the information requested by the consent form will remain effective until the earliest of:

1. The rendering of a final adverse decision for an assistance applicant;
2. The cessation of a participant's eligibility for assistance from HUD and the O/A; or
3. The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the Federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:		Additional Signatures, if needed:	
Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Co-Head of Household	Date	Other Family Members 18 and Over	Date

Agencies To Provide Information

State Wage Information Collection Agencies (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to: Social Security number verification, death indicator (when applicable), Title II (Federal Old Age, Survivors, and Disability Insurance Benefits (OASDI)), Title XVI (Supplemental Security Income (SSI) for the Aged, Blind, and Disabled), and Title VIII (Special Benefits for Certain World War II Veterans (SVB) benefit information.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to the following information that may appear on your tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barters Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans

W2-G Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

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 O/A determines the record is needed to determine an applicant 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 initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD office, Office of Inspector General (OIG) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD or the O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Privacy Notice: Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543**). Principal Purpose**: The Department of Housing and Urban Development (HUD) has developed this form to facilitate the verification and consent of release for an applicant's eligibility, recommended unit size, and the amount tenant(s) must pay towards rent and utilities. Applicants must provide the names of all tenants who are at least 18 years old, as well as the names of each family head, spouse, or co-head, regardless of age. **Disclosure**: HUD may disclose this information to federal, state, and local agencies when it is relevant to civil, criminal, or regulatory investigations and prosecutions. HUD, the owner, the management agent (OA), or the public housing agency (PHA) may use computer matching to verify the information you provide. You must provide all the requested information in this form. Failure to provide any of the information may result in the delay of assistance or termination of assistance benefits.

Penalties for Misusing this Consent: HUD, the PHA, the O/A, and any Contract Administrator (or any employee of HUD, the PHA, the O/A, or the Contract Administrator) 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-9887 is restricted to the purposes cited on the form HUD-9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, the O/A or the Contract Administrator responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification of Information Provided by Applicants and Tenants of Assisted Housing

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502–0204
(Exp. xx/xx/xxxx)

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.

   a. The HUD-9887/A Fact Sheet.

   b. Form HUD-9887.

   c. Form HUD-9887-A.

   d. Individual Verification Forms (upon applicant/tenant request)

2. Verbally inform applicants and tenants that:

   a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and

   b. If they have a disability that prevents them from reading and/ or signing any consent, that you, the Owner, are required to provide reasonable accommodations.

3. O/As are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Owners must also give applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This form HUD-9887-A contains consumer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:

   - HUD's requirements concerning the release of information, and
   - Other consumer protections.

2. Sign on the consent forms:

   - you have read this form, or
   - the Owner or a third party of your choice has explained it to you, and
   - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information and for O/As to Verify Information Provide by the Applicant/Tenant

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. In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

HUD's regulations in 24 CFR part 5, subpart B require that as a condition of admission to or continued occupancy, applicants and participants must sign a HUD-approved release and consent form (including any release and consent as required under 24 CFR 5.230) authorizing any depository or private source of income, or any Federal, state or local agency, to furnish or release to the owner or HUD such information as the owner or HUD determines to be necessary. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, benefit payments, and income received from assets. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly or disabled, and allowances for child care expenses, health and medical care expenses, and reasonable attendant care and auxiliary apparatus expenses.

In addition, HUD's regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits.

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If you are an applicant and denied assistance for this reason, the O/A must notify you of the reason for your rejection in writing and give you an opportunity to respond to the O/A in writing or request a meeting within 14 days to dispute the rejection. The O/A must inform you that if you are a person with disabilities, you have the right to request reasonable accommodations to participate in the informal hearing process. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your family receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the certification is delayed, or the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

_____
Name of Applicant or Tenant (Print)

_____
Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses, and I understand that misuse of this consent can lead to personal penalties to me.

_____
Name of Project Owner or Owner's representative

_____
Title

_____
Signature & Date

cc: Applicant/Tenant; Owner file

Applicant's/Tenant's Revocation of Consent to the Release of Information

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502–0204
(Exp. xx/xx/xxxx)

Revocation of Consent: I hereby revoke my consent to allow HUD, the PHA, or the O/A to use information from the Federal and state agencies listed on the back of this form or to request or obtain information from any other third party for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that revoking my consent may result in termination of assisted housing benefits.

If you are an applicant and denied assistance for this reason, the O/A must notify you of the reason for your rejection in writing and give you an opportunity to respond to the owner in writing or request a meeting within 14 days to dispute the rejection. The O/A must inform you that if you are a person with disabilities, you have the right to request reasonable accommodations to participate in the informal hearing process. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Signatures:		Additional Signatures, if needed:	
Head of Household	Date	Other Family Member 18 and Over	Date
Spouse	Date	Other Family Member 18 and Over	Date
Co-Head of Household	Date	Other Family Member 18 and Over	Date

Penalties for Misusing this Consent

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate.. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

Instructions to Owners/Agents

You must provide a copy of the signed revocation to the applicant/tenant and retain the original in the tenant file. You must immediately notify the local HUD office of the applicant/tenant's revocation of consent. After consent is revoked, you must not use EIV data to verify income or request information from third parties for the purpose of verifying the applicant/tenant's eligibility and level of benefits under HUD's assisted housing programs.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:**
	Signature **Date**
	Printed Name

NOCONA HOUSING
AUTHORITY

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

The following page contains a HUD form which provides you with an opportunity to provide contact information for a person or persons that you may wish the Housing Authority to contact on your behalf. Please note the attached form is OPTIONAL. You are not required to provide the Housing Authority with this information.

Also, please note the following information about the Reason for Contact categories included on the form:

- Emergency – In addition to the attached HUD form, the first page of this form provides you with a space to provide emergency contact information. This information will be used at the discretion of the Housing Authority.

- Unable to contact you – If you are not currently housed in a unit where you are receiving housing assistance and the Housing Authority has no other way to contact you; we may use this information to contact you.

- Termination of rental assistance – If the Housing Authority terminates your rental assistance, we will provide a copy of the termination letter to the individual you request.

- Assistance with recertification process – If you are at risk of termination for failing to provide annual recertification documents, we will provide a copy of the relevant letter to the individual you request.

- Eviction from unit (LIPH Only) – If you are being evicted from your Low Income Public Housing unit, we will provide a copy of the eviction letter to the individual you request.

- Late payment of rent (LIPH Only) – If you are being evicted from your Low Income Public Housing unit for late payment of rent, we will provide a copy of the relevant letter to the individual you request.

- Change in lease terms (LIPH Only) – If there is a change in the terms of your Low Income Public Housing lease, we will provide a copy of the relevant letter to the individual you request.

- Change in house rules (LIPH Only) – If there is a change in the house rules of your Low Income Public Housing unit, we will provide a copy of the relevant letter to the individual you request.

- Other – You may request that we contact an individual for some "other" reason. Such requests will be considered on a case-by-case basis.

Please note that you may update, remove, or change this information at any time by contacting the Housing Authority and putting your request in writing. Additionally, you are not required to provide this information. The following form is purely optional and is provided to you as a courtesy.

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

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.

NOCONA HOUSING
AUTHORITY

LANDLORD VERIFICATION FORM

Applicants: Do not fill out this form. Simply print your name, sign, and date at the bottom of the document.

Federal law requires us to screen families applying for admission to our developments to determine their willingness and ability to comply with the Nocona Housing Authority Lease.

For landlords only: If you could fill out the form below and return it to the *Nocona Housing Authority* at *400 Hobson Street, Nocona, TX 76255*, or fax it to *940-825-6517* within 5 days, it would be greatly appreciated.

Name of Applicant: _____

Current Address: _____

Name of Landlord: _____

Are you a relative or friend of the applicant? If so, please describe the relationship: _____

Is this a current landlord or previous? ❑ Current ❑ Previous

Date of Applicant's Tenancy: _____

Does (Did) the Applicant have a lease? ❑ Yes ❑ No

Is this federally subsidized housing? ❑ Yes ❑ No

Rent Payment:

A. Amount of monthly rent: $_____
B. Does (did) applicant pay rent on time? ❑ Yes ❑ No
C. Has (had) he/she ever paid l late? ❑ Yes ❑ No

How late?_____How often?_____

D. Have (had) you ever begun/completed eviction for non-payment? ❑ Yes ❑ No
E. Was a Court judgment rendered in your favor for eviction for non-payment? ❑ Yes ❑ No
F. Do you provide any of the utilities for the unit? ❑ Yes ❑ No
G. Have tenant-paid utilities ever been disconnected? ❑ Yes ❑ No

Caring for the Unit:

A. Does (did) the applicant keep the unit clean, safe, and sanitary? ❑ Yes ❑ No
B. Has (had) the applicant damaged the unit? ❑ Yes ❑ No

Describe: _____ Cost to repair? $_____

C. Has (had) the applicant paid for the damage? ❑ Yes ❑ No
D. Will (did) you keep any security deposit? ❑ Yes ❑ No
E. Does (did) the applicant have problems with insect/rodent infestation? ❑ Yes ❑ No

F. Does (did) the applicant's housekeeping contribute to infestation? ❑ Yes ❑ No

G. Did the applicant make any alterations to the unit without your permission? ❑ Yes ❑ No

General:

A. Is (was)the applicant listed on the lease for the unit ? ❑ Yes ❑ No

B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? ❑ Yes ❑ No
If Yes, Describe: _____

C. Has (had) the applicant, family members or guests damaged or vandalized the common areas? ❑ Yes ❑ No
If Yes, Describe: _____

D. Does (did) the applicant, family members or guests create any physical hazards to the project or other residents? ❑ Yes ❑ No
If Yes, Describe: _____

E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? ❑ Yes ❑ No
If yes, Describe: _____

F. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity? ❑ Yes ❑ No
If yes, Describe: _____

G. Has (had) the applicant given you any false information? ❑ Yes ❑ No
If yes, Describe: _____

H. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? ❑ Yes ❑ No
If yes, Describe: _____

I. Would you rent to this applicant again? ❑ Yes ❑ No
If not, why? _____

Signature of Landlord: _____Date: _____

(Name of authorized project staff: telephone verification): _____Date: _____

Applicant Release:

I/We, _____, _____ hereby authorize the release of the requested information.

Signature: _____Date: _____ Signature: _____Date: _____

NOCONA HOUSING
AUTHORITY

EMPLOYMENT INCOME VERIFICATION

Applicants/Tenants: Do not fill out this form. Simply print your name, sign, and date at the bottom of the document.

Employee Name: _____ Social Security #: _____

We are required to verify the incomes of all family members living in or applying for public housing. We ask for your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

If you could fill out the form below and return it to the Nocona Housing Authority at 400 Hobson Street, Nocona, TX 76255, or fax it to 940-825-6517 within 5 days, it would be most appreciated.

Sincerely yours, _____ (Nocona Housing Authority Representative)

---

1. Employed Since: _____ 2. Job Title: _____
3. Salary, Base Pay Rate: $_____ per hour $ _____per week $ per month
4. Average hours worked at Base Pay Rate: _____ hrs./week, or_____ hrs./month in year.
5. How often are they paid? ☐Weekly ☐Bi-Weekly ☐Semi-Monthly ☐Monthly
5. Is this person likely to get Overtime? ☐Yes ☐No If yes, Overtime Pay Rate $_____ /Hr.
6. Average number of overtime hours expected during the next 12 months: _____ Hrs./Month
7. Any other compensation not listed above? Please specify commissions, bonuses, tips, etc.?
   For_____ $ _____ per _____
8. Is pay received for vacation? ☐Yes ☐No If yes, number of days/year: _____
9. Total base pay earnings for last 12 months: $_____
10. Total overtime earnings for the last 12 months: $_____

Firm Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

APPLICANT/TENANT RELEASE

I _____ hereby authorize the release of the requested information.

Signature _____ Date_____

INCOME:

Yes □ No □ Does anyone in the household receive any type of income from employment?
If so, list member(s). _____

Yes □ No □ Does anyone in the household receive income from a family-operated business or otherwise, self-employed? If so, list member(s). _____

Yes □ No □ Does anyone in the household receive Social Security or SSI Benefits?
If so, list member(s). _____

Yes □ No □ Does anyone in the household receive income from pensions, retirement funds, disability or death benefits? If so, list member(s). _____

Yes □ No □ Does anyone in the household receive unemployment, disability compensation, workers' compensation? If so, list member(s). _____

Yes □ No □ Does anyone in the household receive public assistance benefits? Such as TANF, SNAP, etc.
If so, list member(s). _____

Yes □ No □ Does anyone in the household receive alimony or child support?
If so, list member(s). _____

Yes □ No □ Does anyone in the household receive income from assets?
If so, list member(s). _____

Yes □ No □ Does anyone in the household receive money from anyone outside of the household? (Such as family members giving you money monthly or a church, etc.)
If so, list member(s). _____

Yes □ No □ Does anyone in the household have accounts with Cash App, PayPal, Venmo, Apple Pay, Samsung Pay, Google Pay, Zelle, etc.?
If so, list member(s) and where? _____

ASSESTS:

Yes □ No □ Does anyone in the household have a savings account?
If so, list member(s) and what bank(s)? _____

Yes □ No □ Does anyone in the household have a checking account?
If so, list member(s) and what bank(s)? _____

Yes □ No □ Does anyone in the household have a Money Market/IRA account?
If so, list member(s) and where? _____

Yes □ No □ Does anyone in the household own any property? House _____ Trailer _____ Land _____
If so, list member(s) and where? _____
How much is the approximate value? _____

Yes ☐ No ☐ Does anyone in the household have any stocks/bonds/ certificates of deposit?

If so, list member(s) and where? _____

What are the balances? _____

How much have you earned this year?_____

Yes ☐ No ☐ Does anyone in the household receive income from a Trust Fund or any type of inheritance?

If so, list member(s). _____

How much? _____ How often? _____

Yes ☐ No ☐ Does anyone in the household have a "Whole Life" Life Insurance Policy?

If so, list member(s). _____

Yes ☐ No ☐ Has anyone in the household sold or given away assets (ex: house) in the past two years?

If so, list member(s). _____

If yes, complete the following table.

Description of Asset (Ex: house, land, certificates of deposit)	Date Disposed Of	Amount Sold For	Market Value (Actual value of asset)	Cash Value*

* Cash value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such costs can include but are not limited to penalties for withdrawing funds before maturity, broker/legal fees for the sale or conversion of assets, and/or settlement costs for real estate transactions.

MEDICAL:

Yes ☐ No ☐ Does anyone in the household have medical expenses you pay out of pocket? (Elderly and Disabled Households only).

If so, list member(s) and where? _____

DAYCARE:

Yes ☐ No ☐ Does anyone in the household pay for childcare services?

If so, list member(s) who pay. _____ How much? _____

How often? _____ Name of Daycare or person caring for child: _____

Address: _____ Phone Number: _____

I, _____, hereby attest to the above information as being true and accurate to the best of my knowledge. I understand that all of the information with a "Yes" response will need verifying documentation. I also understand that any false statements will be considered "Fraud" and are punishable under federal law and my eligibility for housing assistance with the Nocona Housing Authority can be denied.

Resident/Applicant Signature: _____ Date: _____

Resident/Applicant Signature: _____ Date: _____

NHA Staff Initials: _____ Date: _____

NOCONA HOUSING
AUTHORITY

TEXT MESSAGING PERMISSION FORM

Nocona Housing Authority is excited to announce the implementation of text message notifications! We believe this will help with communication between staff and tenants and help to quickly and effectively notify you in emergency situations.

By signing below, I acknowledge the following:

- I would like to "OPT IN" for text message notifications. This will allow NHA to communicate quickly and effectively with tenants during emergencies and other important notices. Example: Cold Weather Notices.

- I would like text messages to be sent to this phone number: _____

- I understand that texting will be used solely for notifications and communication about important matters with NHA.

- I understand that message and data rates may apply.

- If I choose to "OPT OUT" of text messaging, I will need to provide an email address for NHA:

  _____

Signature: _____

Date: _____

NOCONA HOUSING
AUTHORITY

ACKNOWLEDGMENT AND CONSENT TO RUN CRIMINAL CHECK

I, We, _____, _____ the undersigned applicant(s) have been notified and do understand the Nocona Housing Authority, as part of the applicant screening process for assisted housing, is authorized by the Housing Opportunity Program Extension Act of 1996 to order and review my/our criminal history report according to the Housing Authority's Criminal Screening Policy.

I further understand that:

- The check will be first run on my name, social security number, and date of birth.
- I will be afforded an opportunity for an informal hearing if I contest the report and I am rejected for housing assistance based on the report.
- The Housing Authority may choose to do a fingerprint check if they are not satisfied with the results of the first report.

Signature: _____ Date: _____

Signature: _____ Date: _____

NOCONA HOUSING
AUTHORITY

ACKNOWLEDGMENT AND CONSENT TO RUN A CREDIT REPORT

I, We, _____, _____ the undersigned applicant(s) authorize the Nocona Housing Authority, and its agents to order and review my/our credit report and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, references, and any and all other persons to provide the Nocona Housing Authority any and all information concerning my/our credit.

Signature: _____ Date: _____

Signature: _____ Date: _____

NOCONA HOUSING
AUTHORITY

CONSENT TO BACKGROUND AND REFERENCE CHECK

TO WHOM IT MAY CONCERN:

In consideration of solicitation of my application for lease of premises from the Nocona Housing Authority,

I/ We, _____, _____(Tenant(s)), do hereby give my/our consent to Nocona Housing Authority (Landlord), and the authorized agents thereof, to check any references listed on my application, and to check my/our background in any way, including but not limited to contacting any and all persons and business entities in order to inquire regarding any and all information relating to myself/us, provided that said inquiries be limited solely to the purpose of consideration of myself/us for possible tenancy.

Signature: _____ Date: _____

Signature: _____ Date: _____

NOCONA HOUSING
AUTHORITY

CITY OF NOCONA UTILITY CHECK

I/ We, _____, _____ the undersigned applicant(s) authorize the Nocona Housing Authority, and its agents to run a utility check with the City of Nocona in regard to debts owed.

Signature: _____ Date: _____

Signature: _____ Date: _____

NOCONA HOUSING
AUTHORITY

WAITING LIST PROCEDURE

I understand that I am on the active waiting list for a ____ bedroom apartment. In order to stay on the active waiting list, I must visit or contact the Nocona Housing Authority office no later than six months and no sooner than five months, from the date below. At that time, I will report any changes in family size, income, etc. If at any time my address or telephone number should change, I will notify the office immediately. I understand that if the Nocona Housing Authority cannot make contact with me due to a phone disconnection, phone, or address change I will be removed from the active waiting list 14 days from the date NHA tried to make contact.

I understand that if I do not contact the NHA office by the 6th month, I will no longer be on the active waiting list. I also understand that I will have to re-apply in order to be put back on the active waiting list.

I understand that if I refuse an offer of a unit without good cause, my application will be withdrawn from the active waiting list and the applicant will not be able to re-apply for twelve months.

Signature: _____ Date: _____

Signature: _____ Date: _____

NOTICE TO ALL APPLICANTS

Reasonable Accommodations for Applicants with Disabilities

The Nocona Housing Authority is a public agency that provides low rent housing to eligible families, elderly families, and single households. NHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability, or familial status. In addition, NHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is some modifications or change NHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of NHA's program. Examples of reasonable accommodations would include the following:

- Making alterations to a NHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Making large type documents, Braille documents, cassettes, or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with NHA staff;
- Permitting an outside agency or individual to assistant an applicant with a disability to meet the NHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

NOCONA HOUSING
AUTHORITY

REQUEST FOR REASONABLE ACCOMMODATION or STRUCTURAL MODIFICATION

This form is to be used by applicants applying for housing or by a resident of Nocona Housing Authority housing to request a change in a rule, policy, procedure, or a physical modification to his/her unit, building common areas, or non-housing program because of his/her disability.

This form should be filled out by the applicant/resident with a disability unless the individual is a minor or cannot do this as a direct result of his/her disability. In this case the applicant/resident's designee may fill out the form.

Please let the property management staff knows if you need assistance in filling out this form. Nocona Housing Authority staff will assist when requested to do so.

Date of Request: _____

1) Name of the applicant/resident with a disability requesting the accommodation:

Name: _____

Phone: _____

Address: _____

2) Name of person filling out this form if not the individual listed above:

Name: _____

Phone: _____

Address: _____

3) I need the following change as a result of my disability. Check the kind of change(s) needed:

❑ For current residents: A change in the apartment, some other part of the housing complex, or a non-housing program operated at the complex or other HA facility. Please be specific about what you need – use the other side of this paper, if necessary.

_____
_____
_____
_____

- ❑ For applicants: A specific type of unit, unit features, building features or non-housing program operated at the complex. Please be specific about what you need – use the other side of this paper, if necessary.

  _____
  _____
  _____

- ❑ A change in a HA rule or procedure or the way the Housing Authority communicates with me. Please list the rule or communication method and be specific about the change you need– use the other side of this paper, if necessary.

  _____
  _____
  _____

4) You may verify that I have a disability (**but not the nature or severity of the disability)** and my need for this request as a direct result of my disability by contacting the following person: (Give name, address, phone number of your health care provider):

   Name: _____

   Title: _____

   Address: _____

   Phone: _____

Release of Information:

I give you permission to contact the above individual(s) to verify that I, or a family member that is under my guardianship, has a disability and needs the Reasonable Accommodation/Structural Modification requested above as a direct result of this disability. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation/modification.

Signed: _____ Date: _____

The Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability.

APPLICATION RENEWAL FORM

I, (print name): _____

SSN #: _____ Date of Birth: _____

I understand that every six (6) months I must notify the Nocona Housing Authority that I am still interested in housing at (mark the program you have applied for):

☐ Public Housing

_____ I understand that I MUST have a current application for a housing program to renew my interest
Initial in that program and that if I do not have an application for the program, my name will NOT be added to the waiting list for that program.

_____ I understand that I must still notify the Housing Authority every six (6) months of my
Initial interest to remain on the waiting list and if I do not notify the Housing Authority every six (6) months, my application can be terminated.

_____. I understand that by signing this notice I am requesting to be placed/remain on the waiting list for the
Initial above marked programs.

_____ I understand that I must submit the *Application Renewal Form* by mail or directly to the
Initial Nocona Housing Authority office for the public housing program I have applied for by my deadline date or my application can be terminated.

_____ _____

Applicant Signature Date

Office use only:

_____ _____

Received by: Date

APPLICANT/TENANT CERTIFICATION

All family members age 18 and older should review the information on this application and MUST sign below.

Giving True and Complete Information:
I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition:
I know I am required to report immediately in writing any changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance:
I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that with this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance:
I certify that the apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation:
I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, denial or termination of assistance, or eviction.

Criminal and Administrative Actions for False Information:
I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal and State criminal law. I also understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature of Household Adults:

1) _____Date_____

2) _____Date_____

3) _____ Date_____

4) _____ Date_____

For discrimination complaints, call 1-800-669-9777

NOCONA HOUSING
AUTHORITY

STATEMENTS OF ACKNOWLEDGEMENT

During my review of the application, I am submitting for housing to the Nocona Housing Authority, I was informed that any apartment offered will be a non-smoking unit. No smoking in the apartment is allowed. I understand that smoking is only permitted 25 feet from Nocona Housing Authority buildings.

Signature: _____ Date: _____

Signature: _____ Date: _____

During my review of the application, I am submitting for housing at NHA, I was informed that during the course of my occupancy I will only be housed in an apartment that is appropriate to the family size. Should I be required to move to a larger or smaller apartment I understand that I will have to bear the cost of the move into a different unit. (This includes transfer fees charged by the utility companies, change of address, etc.).

Signature: _____ Date: _____

Signature: _____ Date: _____

CITIZENSHIP DECLARATION

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. Under the HUD program authorized by Section 236 of the National Housing Act, The Housing Authority of the City of Nocona offers subsidized housing to qualified applicants. Our applicants are therefore required to declare U.S. citizenship or submit evidence of eligible immigration status for each family member receiving housing assistance. To comply with this requirement, you should do the following:

1. Complete the attached *Family Summary Sheet,* listing all family members residing in the assisted unit.

2. A *Citizenship Declaration Form* should be completed by each family member (including the head of house) listed on the *Family Summary Sheet*. If there are five people listed on the *Family Summary Sheet*, you should complete five copies of the *Citizenship Declaration Form*. Two copies of this form have been provided. If you need additional copies, you may either copy them yourself or pick them up at the office. The forms contain instructions that explain what documentation or other types of evidence must be submitted.

3. Submit the *Family Summary Sheet, Citizenship Declaration Forms,* and all other accompanying forms and/or evidence to The Housing Authority of the City of Nocona, 400 Hobson Street, Nocona, Texas 76255.

4. Each family member, regardless of age, must submit the following by _____ _____.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulties in completing the forms or determining the type of documentation required, please contact the office. We will be happy to assist you.

If you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the space provided on the *Citizenship Declaration Form*. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Even if the final determination concludes that, only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. This means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance. It may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

CITIZENSHIP DECLARATION FORM

Complete a separate form for each member of the household listed on the *Family Summary Sheet.*

Last Name _____

First Name _____

Relationship to
Head of Household _____ Sex _____ Date of Birth _____

Social Security No. _____ Alien Registration No. _____

Admission Number (if applicable) _____
(This is an 11 digit number found on INS Form I-94, Departure Record)

Nationality _____
(The foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth).

Save Verification No. _____
(to be entered by owner if and when received)

Complete the Declaration below by printing or typing the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and compete either block number 1, 2, or 3.

DECLARATION

I _____, hereby declare, under penalty of perjury that I am:

☐ 1. A citizen or national of the United States.

If you checked this block, no further information is required. Sign and date below and forward this form to The Housing Authority of the City of Nocona, 400 Hobson Street, Nocona, Texas 76255. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

_____ _____
Signature Date

Check here if adult for a child: ☐

CITIZENSHIP DECLARATION FORM

☐ 2. A noncitizen with eligible immigration status in the category checked below:

☐ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively) [immigrants]. (this category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

☐ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United states since then, and who is not eligible 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 section 249 of the INA (8 U.S.C. 1259).

☐ (iii) a noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 209 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8U.S.C. 1153 (a) (7)).

_____ _____

Signature Date

Check if adult signed for a child: ☐

☐ 3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this form to The Housing Authority of the City of Nocona, 400 Hobson Street, Nocona, Texas 76255. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

_____ _____

Signature Date

Check if adult signed for a child: ☐

CONSENT FORM FOR CITIZENSHIP VERIFICATION
(Attachment to *Citizenship Declaration Form)*

Complete this form for each noncitizen member of the household who declared eligible immigration status on the *Citizenship Declaration Form.* If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____
(Print or type first name, middle initial, last name)

Hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by The Housing Authority of the City of Nocona without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
(i) HUD, as required by HUD; and
(ii) The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO APPLICANTS

Evidence of eligible immigration status shall be released to the INS only for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

_____ _____
Signature Date

Check here if adult signed for a child: ☐

FAMILY SUMMARY SHEET

Listing of all Family Members residing in the assisted unit:

1. _____ Head of Household

2. _____ Co-Head of Household

3. _____ Relation _____

4. _____ Relation _____

5. _____ Relation _____

6. _____ Relation _____

COMMUNITY SERVICE AND SELF-SUFFICIENCY REQUIREMENT (CSSR) POLICY

A. Background

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes and other activities which help an individual toward self-sufficiency and economic independence. This is a requirement of the Public Housing Lease. (24 CFR Subpart F, 960.600 through 960.609)

B. Definitions

Community Service - volunteer work which includes, but is not limited to:

1. Local public or nonprofit institutions, such as schools, Head Start Programs, before-or after school programs, childcare centers, hospitals, clinics, hospices, nursing homes, recreation centers, senior centers, adult daycare programs, homeless shelters, feeding programs, food banks (distributing either donated or commodity foods), or clothes closets (distributing donated clothing)

2. Nonprofit organizations serving PHA residents or their children, such as: Boy or Girl Scouts, Boys or Girls Club, 4-H Clubs, Police Activities League (PAL), organized children's recreation, mentoring, or education programs, Big Brothers or Big Sisters, Garden Centers, community clean-up programs, beautification programs

3. Programs funded under the Older Americans Act, such as Green Thumb, Service Corps of Retired Executives, senior meals programs, senior centers, Meals on Wheels

4. Public or nonprofit organizations dedicated to seniors, youth, children, residents, citizens, special-needs populations or with missions to enhance the environment, historic resources, cultural identities, neighborhoods or performing arts

5. The PHA to improve grounds or provide gardens (so long as such work does not alter the PHA's insurance coverage); or work through resident organizations to help other residents with problems, including serving on the Resident Advisory Board, outreach and assistance with PHA-run self-sufficiency activities including supporting computer learning centers

6. Care for the children of other residents so parents may volunteer

NOTE: Political activity is excluded.

Self Sufficiency Activities - activities which include, but are not limited to:

1. Job readiness or job training while not employed

2. Training programs through local One-Stop Career Centers, Workforce Investment Boards (local entities administered through the U.S. Department of Labor), or other training providers

3. Higher education (junior college or college)

4. Apprenticeships (formal or informal)

5. Substance abuse or mental health counseling

6. Reading, financial and/or computer literacy classes

7. English as a second language and/or English proficiency classes

8. Budgeting and credit counseling

Exempt Adult

1. A person who is 62 years or older

2. A person who is blind or disabled, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. Section 416(i)(1); Section 1382c), and who certifies that, because of this disability, she or he is unable to comply with the service provisions of this subpart

3. A primary caretaker of a person who is blind or disabled

4. A person engaged in work activities. For an individual to be exempt from the CSSR because he/she is "engaged in work activities," the person must be participating in an activity that meets one of the following definitions of "work activity"

    a. Working at least 20 hours per week in an unsubsidized job

    b. Subsidized private-sector employment

    c. Subsidized public-sector employment

    d. On-the-job-training

    e. Job-search

    f. Community service programs

    g. Vocational educational training (not to exceed 12 months with respect to any individual)

    h. Job-skills training directly related to employment

    i. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency

    j. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalency, in the case of a recipient who has not completed secondary school or received such a certificate

5. A member of a family receiving and compliant with requirements of the Temporary Assistance for Needy Families (TANF) (45 CFR Part 260)

6. A member of a family receiving and compliant with requirements of the Supplemental Nutrition Assistance Program (SNAP) (7 CFR Parts 271, 272 and 273)

7. A member of a family receiving assistance, benefits, or services under any other welfare program of the State in which the PHA is located, including a State-administered Welfare-to-Work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

C. Basic Requirements of the Program

1. The eight (8) hours per month may be either volunteer work or self-sufficiency program activity or a combination of the two.

2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double the following month, unless special circumstances warrant special consideration. The PHA will make the determination of whether to allow or disallow a deviation from the schedule.

3. Activities must be performed within the community and not outside the jurisdictional area of the PHA.

D. Family obligations

1. At lease execution, all adult members (18 or older) of a public housing resident family must

   a. provide documentation that they are exempt from CSSR if they qualify for an exemption, and

   b. sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the CSSR will result in nonrenewal of their lease.

2. At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by the PHA) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.

3. At each annual re-examination, exempt family members must present verification that they are still exempt.

4. Change in exempt status:

   a. If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the PHA and provide documentation of such.

   b. If, during the twelve (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the PHA. The PHA will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

5. If a family member is found to be noncompliant at re-examination, he/she and the Head of Household will sign an agreement with the PHA to make up the deficient hours over the next twelve (12) month period.

E. PHA obligations

1. To the greatest extent possible and practicable, the PHA will

    a. provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their CSSR obligations. *(According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to be gainfully employed is not necessarily exempt from the CSSR)*

    b. provide in-house opportunities for volunteer work or self-sufficiency programs.

2. The PHA will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution

3. The PHA will make the final determination as to whether a family member is exempt from the CSSR. Residents may use the PHA's Grievance Procedure if they disagree with the PHA's determination.

F. Noncompliance of Family Member

1. At least thirty (30) days prior to annual re-examination and/or lease expiration, the PHA will begin reviewing the exempt or non-exempt status and compliance of family members.

2. If the PHA finds a family member to be noncompliant, the PHA will provide written notification to the noncompliant family member including

    a. a brief description of the finding of noncompliance

    b. a statement that the PHA will not renew the lease at the end of the current 12-month lease term unless

        1) the tenant enters into a written work-out agreement with the PHA, or

        2) the family provides written assurance, satisfactory to the PHA, explaining that the noncompliant member no longer resides in the unit

3. If the noncompliant family member refuses to sign a written work-out agreement or fails to comply with the terms of the work-out agreement, the PHA will initiate termination of tenancy proceedings at the end of the current 12-month lease due to the fact that the family is failing to comply with lease requirements.

4. The PHA will provide 30 days notice to the family of the grounds for terminating the tenancy and for the non-renewal of the lease and inform them.

    a. that they may request a grievance hearing in accordance with 24 CFR Part 966

    b. that they may exercise any available judicial remedy to seek timely redress for the PHA's non-renewal of the lease (be represented by counsel, refute the evidence presented by the PHA, including the right to confront and cross-examine witnesses and present any affirmative legal or equitable defense which the tenant may have)

NOCONA HOUSING
AUTHORITY

COMMUNITY SERVICE AND SELF-SUFFICIENCY REQUIREMENT (CSSR) POLICY

I certify that I am eligible for an exemption from the CSSR for the following reason:

- ☐ I am 62 or older
- ☐ I have a disability which prevents me from working *(Certification of Disability Form will serve as documentation)*
- ☐ I am the caretaker of a disabled person
- ☐ I am working at least 20 hours per week (see CSSR Policy for activities) *(Employment Verification form will serve as documentation)*
- ☐ I am receiving and am compliant with requirements of the Temporary Assistance for Needy Families (TANF) *(Must provide verification from the funding agency that you are complying with job training or work requirements)*
- ☐ I am receiving and am compliant with requirements of the Supplemental Nutrition Assistance Program (SNAP) *(Must provide verification from the funding agency that you are complying with job training or work requirements)*
- ☐ I am receiving assistance, benefits, or services under another welfare program of the State (including a State-administered Welfare-to-Work program) and am in compliance with such program's requirements. *(Must provide verification from the funding agency that you are complying with job training or work requirements)*

Signature_____ Date_____

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

VAWA protects individuals and families regardless of a victim's age, sex, or marital status.

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact Nocona Housing Authority (940) 825-6515

or go to

. You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help? For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa. To speak with a housing advocate, contact Nocona Housing Authority (940) 825-6515
.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. **Name(s) of victim(s):** _____
2. **Your name** (*if different from victim's*)**:** _____
3. **Name(s) of other member(s) of the household:** _____

   _____
4. **Name of the perpetrator** *(if known and can be safely disclosed)***:** _____
5. **What is the safest and most secure way to contact you? (You may choose more than one.)**

   If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

   ☐ Phone Phone Number: _____

   Safe to receive a voicemail: ☐ Yes ☐ No

   ☐ E-mail E-mail Address: _____

   Safe to receive an email: ☐ Yes ☐ No

   ☐ Mail Mailing Address: _____

   Safe to receive mail from your housing provider: ☐ Yes ☐ No

   ☐ Other Please List: _____
6. **Anything else your housing provider should know to safely communicate with you?**

Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence means violence committed by a person:

(1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**

(2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

(1) Fear for the person's individual safety or the safety of others **or**

(2) Suffer substantial emotional distress.

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

_____ _____

Signature **Date**

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.