



## PUBLIC HOUSING APPLICATION PACKET

### INSTRUCTIONS FOR APPLYING FOR PUBLIC HOUSING WITH LYNCHBURG REDEVELOPMENT & HOUSING AUTHORITY

1. The attached application must be filled out **COMPLETELY**. No fields should be left incomplete.
2. **ALL ADULT members (18 years and older)** of the household **MUST** sign the application
3. **All required information must be submitted with your application in order for it to be accepted.**

*Your application **WILL NOT** be accepted if any required information is missing at time of submittal.*

#### **The following information MUST be included with your application:**

1. A **COPY of birth certificates** for all household members applying for assistance.
2. A **COPY of Social Security cards** for all household members applying for assistance (exceptions may apply).
3. A **COPY of immigration documentation** for **Non-Citizens** to prove their eligibility for public housing services.
4. A **COPY of state driver's license or identification card** for every adult member (**18 years and older**) applying for assistance. All sources of income of the household **MUST** be reported on the application. This includes any gifts or loans from family, friends, or other sources.
5. A **COPY** to verify wages from pay statements for all employment (**6 consecutive weekly or 3 consecutive bi-weekly pay stubs**); **most recent** **COPY** of the following: TANF benefit letter; Food Stamps benefit letter; Social Security award letter; Veteran benefit letter; \*child support history report; alimony history report; **6** consecutive unemployment benefit payments; allotment statement (if receiving income from someone who is in the military) and Retirement award letter. **\* child support payment history must be obtained through the Dept. of Child Support Enforcement website (please see attached)**
6. A **COPY** of the 2018 Federal Tax Returns (**for each adult member**); bank statements (Checking- most recent 3 months and Savings- most recent statement); and verification of stocks/bonds/property/ whole life insurance.



**We Do Business In Accordance With the Federal Fair Housing Law**

Fax: 434.845.9144 • TTY: 800.828.1120 VA 711

918 COMMERCE STREET • LYNCHBURG, VA 24504 • (434) 485-7200



**Return your completed application and all required copies Monday through Friday, between the hours of 9:00 a.m. – 3:00 p.m. to our office located at:**

**Lynchburg Redevelopment & Housing Authority  
918 Commerce Street  
Lynchburg, VA 24504**

**YOUR APPLICATION WILL NOT BE ACCEPTED IF YOU DO NOT:**

- 1) COMPLETE ALL QUESTIONS ON THE APPLICATION
- 2) PROVIDE REQUIRED INFORMATION AND FOLLOW INSTRUCTIONS LISTED ON THE BACK OF THIS PAGE

### **Special Accommodation Request**

**If you or a member of your family have a disability and think you need or want a reasonable accommodation you may request it at any time. Please submit a letter making this request.**

**Should you have any questions, you may contact LRHA at (434-485-7200)  
or 918 Commerce Street, Lynchburg, VA 24504**

**THE WAITING LIST WILL CLOSE ON  
APRIL 5, 2019 AT NOON**



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**IMPORTANT NOTE:**  
 If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and/or services, please contact the Housing Authority at:  
 Lynchburg Redevelopment & Housing Authority  
 918 Commerce Street, Lynchburg, VA 24504  
 (434)485-7200

INFORMATION UPDATE FOR:  PUBLIC HOUSING  HOUSING CHOICE VOUCHER  
 BRING COMPLETED APPLICATION TO YOUR APPOINTMENT  
 FOR OFFICE USE ONLY:  Application  Annual  Mover

IDENTIFICATION:  Driver's License  State ID  Passport  Other: \_\_\_\_\_

**IT IS YOUR OBLIGATION TO NOTIFY US WITHIN TEN (10) BUSINESS DAYS IF ANY OF THE FOLLOWING INFORMATION CHANGES.**

Please complete this form in ink. Complete all blanks. Write the word "NONE" if the information does not apply.

**PART I. TENANT INFORMATION**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 (Last) (First) (Middle Initial)

CURRENT ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAIDEN NAME, NICKNAME OR ALIAS (if applicable): \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  OTHER \_\_\_\_\_

If separated or divorced, list the name and address of the spouse/ex-spouse(s):

\_\_\_\_\_  
 (NAME) (ADDRESS) (circle) SEPARATED DIVORCED

\_\_\_\_\_  
 (NAME) (ADDRESS) (circle) SEPARATED DIVORCED

The following information is being requested to comply with Equal Opportunity requirements and will not affect your housing:  
 PRIMARY LANGUAGE: \_\_\_\_\_ TRANSLATION NEEDED?  YES  NO  
 RACE:  CAUCASIAN  AFRICAN AMERICAN  NATIVE AMERICAN  ASIAN  PACIFIC ISLANDER  
 ETHNICITY:  HISPANIC  NOT HISPANIC

**EMERGENCY CONTACTS:** Please list two individuals we may contact if you are not available:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PART II. HOUSEHOLD INFORMATION**

Please list **YOURSELF** and **ALL PERSONS** living in the assisted unit, INCLUDING  
 \*\*\*ANYONE WHO SPENDS THE NIGHT MORE THAN FOURTEEN NIGHTS/YEAR.\*\*\*

MBR #	Last Name	First Name	MI	Age	Sex	Relation to Head	DOB	Marital Status	Disability? (Yes/No)	Social Security #
1					<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Head</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Live-in Aides must be listed in the Household Composition but will not be considered a remaining member of the household and have no rights to the Housing Unit.

List all persons who moved out during the past 12 months (including any deaths, marriages, jail, permanent placement in nursing homes, etc.)

Full Name	Relationship	Date of Move	Reason

Do you have any pets? Yes No How Many \_\_\_\_\_ Type \_\_\_\_\_ Breed \_\_\_\_\_



**I understand that an additional family member may not be added to the lease until I have submitted a request and the request has been formally approved by the Housing Authority and/or the Landlord. I certify that this Family Composition information given to the Lynchburg Redevelopment & Housing Authority is TRUE, ACCURATE, and COMPLETE. I know I am required to report immediately, in writing, any changes in household size. I understand the rules and regulations regarding guests/visitors and when I must report anyone who is staying with me. THIS MUST BE SIGNED IN THE PRESENCE OF YOUR HOUSING SPECIALIST OR A NOTARY.**

_____ Signature of Head of Household	_____ Print Name	_____ Date
_____ Signature of Spouse or Other Adult	_____ Print Name	_____ Date
_____ Signature of Other Adult	_____ Print Name	_____ Date

**I certify that I have reviewed the information on Household Information for completeness and accuracy and am acting in accordance with Public Housing/S8 Housing Choice Voucher program procedure.**

_____ Signature Housing Technician	_____ Print Name	_____ Date
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**PART III. PRIOR HOUSING ASSISTANCE**

**Please circle "YES" or "NO" to the following questions.**

Do you expect anyone to move in or out of your household within the next twelve months? YES NO  
If yes, explain: \_\_\_\_\_

Is there any member of the household who is now temporarily or permanently absent from the home? YES NO  
If yes, explain: \_\_\_\_\_

Has any member of the household had a change in citizenship or immigration status? YES NO  
If yes, explain: \_\_\_\_\_

Have you or any household member ever used a name other than the one you are using now? YES NO  
If yes, who, what was the name, and why: \_\_\_\_\_

Do you have any overnight guests that spend 2 or more nights a month? YES NO  
If yes, please list the guests' names and why: \_\_\_\_\_

Head of Household or Spouse is disabled. YES NO  
Other family member is disabled (list names): \_\_\_\_\_ YES NO  
Is a reasonable accommodation based on disability necessary? If so, please indicate below YES NO

Live-in Aid     Additional Bedroom     Rent Exception     Hearing impaired Smoke Detector     Other

Do you read, write and understand the English language? YES NO  
If no, please explain: \_\_\_\_\_

Are you interested in information about/or a referral to a program that teaches reading? YES NO  
Are you interested in information about/or a referral to a program that teaches English as a Second Language? YES NO

Has any member of your household, including adults and minors, ever used a social security number other than the one lawfully assigned? YES NO  
If yes, please explain: \_\_\_\_\_

Are you now living, or have you **ever** lived in Public Housing, received Section 8 assistance or any other form of government assistance (as Head of Household or any other member of the family): YES NO  
If yes, where: \_\_\_\_\_

Are you currently, or have you ever been in a repayment status with any public assistance or assisted housing agency? YES NO

Have you ever been evicted? YES NO  
If yes, please list who evicted you and the dates. \_\_\_\_\_

Please list every city and state in which you have lived for the past seven years: \_\_\_\_\_

**I certify that this report on Prior Housing Assistance information given to the Lynchburg Redevelopment & Housing Authority is TRUE, ACCURATE and COMPLETE. 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 if I have received previous assistance, I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.**

**I certify that the dwelling unit will be my primary residence and I will not obtain duplicate Federal housing assistance while I am in this program. I will not live anywhere else without notifying the LRHA in writing. I will not sub-lease my assisted residence. THIS MUST BE SIGNED IN THE PRESENCE OF THE HOUSING SPECIALIST OR A NOTARY.**

_____ Signature Head of Household	_____ Print Name	_____ Date
_____ Signature of Spouse or Other Adult	_____ Print Name	_____ Date
_____ Signature of Other Adult	_____ Print Name	_____ Date

**I certify that I have reviewed this report on Prior Housing Assistance for completeness and accuracy and am acting in accordance with Public Housing/Section 8 / Housing Choice Voucher program procedure.**

_____ Signature of Housing Technician	_____ Print Name	_____ Date
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## PART IV. CRIMINAL HISTORY

Please note that it is important that you answer these questions fully, accurately and honestly. Criminal history does not necessarily keep you from obtaining housing assistance. Attach additional paper if needed to explain your situation.

Please circle "YES" or "NO" to the following questions.

Has **any member of your household**, including adults and minors, **ever** engaged in, been cited, arrested, indicted, convicted, or placed on probation for, **or** had an adjudication withheld, or had charges dropped or nolle prossed in connection with drug related or violent criminal activity? (circle) YES NO

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

When? What was the charge? What was the outcome? \_\_\_\_\_

In what city and state? \_\_\_\_\_

Has **any member of your household**, including adults and minors, **ever** engaged in, been cited, arrested, indicted, convicted, or placed on probation for, **or** had an adjudication withheld, or had charges dropped or nolle prossed in connection with any felony charge? (circle) YES NO

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

What dates? \_\_\_\_\_

When? What was the charge? What was the outcome? \_\_\_\_\_

In what city and state? \_\_\_\_\_

Has **any member of your household**, including adults and minors, **ever** engaged in, been cited, arrested, indicted, convicted, or placed on probation for, **or** had an adjudication withheld, or had charges dropped or nolle prossed in connection with committing fraud in a federally assisted housing program **or** has any household member been requested to repay money for knowingly misrepresenting information for such housing programs? (circle) YES NO

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

What dates? \_\_\_\_\_

When? What was the charge? What was the outcome? \_\_\_\_\_

In what city and state? \_\_\_\_\_

Has **any household member** used drugs or alcohol in the last three years to the degree that it caused a problem? (circle) YES NO

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

When? \_\_\_\_\_

Is **any member of your household** required to register as a sex offender? (circle) YES NO

If yes, who? When? What was the charge? What was the outcome? \_\_\_\_\_

In what city and state did the offense occur? \_\_\_\_\_

On what dates? \_\_\_\_\_

Has **any member of your household**, including adults and minors, **ever** engaged in, been cited, arrested, indicted, convicted, or placed on probation for, **or** had an adjudication withheld, or had charges dropped or nolle prossed in connection with manufacturing or producing methamphetamine? (circle) YES NO

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

In what city and state did the offense occur? \_\_\_\_\_

When? What was the charge? What was the outcome? \_\_\_\_\_

Has **any member of your household**, including adults and minors, **ever** been on supervised release, parole or probation? (circle) YES NO

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

When? What was the charge? What was the outcome? \_\_\_\_\_

Is any family member still on parole or probation? (circle) YES NO

Who? \_\_\_\_\_

Who is/was the probation or parole officer and what is their contact number? \_\_\_\_\_

In what state did the offense occur? \_\_\_\_\_

What charges resulted in the parole or probation? \_\_\_\_\_

Has **any member of your household**, including adults and minors, **ever** been involved in drug court? (circle) YES NO

Who? \_\_\_\_\_

What incidents lead to their involvement with drug court? \_\_\_\_\_

When? What was the charge? What was the outcome? \_\_\_\_\_

Is **any household member**, including adults and minors, currently involved with Department of Children and Families, mental health court, court coordinated services? (circle) YES NO

Who? \_\_\_\_\_

What incidents lead to their involvement with mental health court, court coordinated services, or DCF? \_\_\_\_\_

On what dates did the incidents occur? \_\_\_\_\_

**I/we certify that this Criminal History information given to the Lynchburg Redevelopment & Housing Authority is TRUE and ACCURATE. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy. THIS MUST BE SIGNED IN THE PRESENCE OF THE LEASING SPECIALIST OR A NOTARY.**

Signature of Head of Household \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse or Other Adult \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**I certify that I have reviewed the information on Criminal History for completeness and accuracy and am acting in accordance with Public Housing/S8 Housing Choice Voucher program procedure.**

Signature of Housing Technician \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



## PART V. FAMILY DEDUCTIONS

Please circle "YES" or "NO" to the following questions.

### CHILDCARE

Do YOU pay child care for a family member under the age of thirteen (13)? YES NO  
 For which child(ren)? \_\_\_\_\_

Child Care Name: \_\_\_\_\_

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

Total Monthly Cost: \_\_\_\_\_ Your cost: \_\_\_\_\_

Do you receive financial assistance with your child care costs from the State? YES NO

If yes, how much? \_\_\_\_\_

### HANDICAPPED ASSISTANCE EXPENSES

Do you employ a Care Attendant or supply Auxiliary Apparatus (i.e., a wheelchair) for a disabled family member in order to allow a family member, age 18 or older, including the disabled member, to become gainfully employed? YES NO

### MEDICAL EXPENSES

**If the head of household or spouse is a person with disabilities or is age 62 years or older, please fill out this section so that we may consider your household medical expenses in the calculation of your housing benefits.** Also, household members who are 18 years of age or older who have medical expenses should sign this form if their medical expenses are to be considered.

#### AUTHORIZATION TO DISCLOSE HEALTH INFORMATION IN ACCORDANCE WITH HIPAA COMPLIANCE GUIDELINES

By my signature, I hereby authorize only the health care providers listed below to disclose to the Lynchburg Redevelopment & Housing Authority any information they request regarding the cost of my medical treatment. The LRHA may only use this information to verify my eligibility for and/or calculate the amount of my housing assistance.

I may revoke this authorization at any time I choose by notifying the LRHA in writing at 918 Commerce Street, Lynchburg, VA 24504. I understand that my revocation is effective only after it has been received and logged by LRHA. I further understand that any disclosures previously made in accordance with this signed authorization will not be affected by a revocation.

In the last 12 months, have you paid any medical expenses for which YOU were totally responsible? YES NO  
*If yes, please provide receipts for non-covered medications, or medical expenses, a pharmacy print-out showing your payment, canceled checks, OR a 12 month account statement from the provider.*

**Unless revoked in writing by me, this Authorization will expire twelve (12) months from the date of my signature below. I understand that when I recertify, I will sign a new Authorization that will be effective for the next twelve (12) months.**

I understand that my health care providers cannot disclose the requested information without my signature on this Authorization, and that my signing or refusal to sign this authorization will not affect my ability to receive treatment from my health care providers.

I understand that I am entitled to a copy of this authorization.

I understand that I have the right to not sign this authorization. I understand the information used or disclosed pursuant to this Authorization may possibly be re-disclosed by the recipient and no longer be protected by federal law.

I hereby certify that I have reviewed and understand this Authorization. I know that if I do not understand, I may request clarification from my case worker.

Signature of Head of Household	Printed Name	Date Signed
Signature of Other Adult	Printed Name	Date Signed

List all Health Care Providers whom you pay out of pocket that LRHA may contact to verify your household's medical expenses. Do not list health care providers whose services are covered entirely by insurance, or to whom you do not owe any amount.

Type of Expense	Name of the Provider You Pay for this Expense	Complete Mailing Address	Phone/Fax Number	Amount Paid "Out of Pocket"
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				

If you have more health care providers than you can list here, please make a copy of this sheet, or contact the LRHA for additional copies.



## PART VI. FAMILY INCOME

Please check ANY of the following types of income that ANY members of your household now receive or expect to receive in the next twelve (12) months:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> UNEMPLOYMENT COMPENSATION | <input type="checkbox"/> EDUCATIONAL GRANTS          | <input type="checkbox"/> SOCIAL SECURITY  |
| <input type="checkbox"/> ANNUITY PAYMENTS          | <input type="checkbox"/> VETERAN'S BENEFITS          | <input type="checkbox"/> ALIMONY  |
| <input type="checkbox"/> RETIREMENT PENSION        | <input type="checkbox"/> PUBLIC ASSIST (TANF) STAMPS | <input type="checkbox"/> WORKMAN'S COMPENSATION                                     |
| <input type="checkbox"/> EMPLOYMENT/WAGES          | <input type="checkbox"/> SELF-EMPLOYMENT INCOME      | <input type="checkbox"/> OTHER (INCLUDING GIFTS,<br>UNDER THE TABLE, ILLEGAL, ETC.) |
| <input type="checkbox"/> CHILD SUPPORT             | <input type="checkbox"/> S.S.I.                      |   |

On the chart below list all sources and gross amounts of money received by any or all members of your household. Refer to Household Member number, from Section I.

MBR #	Employee Wages		Unemployment Compensation	Cash Assist Food Stamps	Child Support	Social Security/SSI	Other (Explain)
	\$ / hr	# hrs/week					

Does anyone outside of your household pay any of your bills or give **you or any household member** money? **YES** **NO**  
 If yes, how much is given? \_\_\_\_\_  
 Who gives it? \_\_\_\_\_  
 How often is it given? \_\_\_\_\_

Although we will verify your employment information on another form, please list the Employer Information below.

Person Employed: _____	Person Employed: _____
Employer's Name: _____	Employer's Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____

Are you currently looking for employment? **YES** **NO**  
 When and where were you most recently employed? \_\_\_\_\_

Are you interested in being contacted by vendors performing work for the housing authority? **YES** **NO**  
 If yes, what kind of work would you like to do? \_\_\_\_\_  
 What are your skills or training? \_\_\_\_\_

Are you an owner or co-owner in any business or real estate? **YES** **NO**  
 If yes, what is the name of the business? \_\_\_\_\_

## PART VII. FAMILY ASSETS

List all assets held by all household members. If you are unsure where to place an asset please list it in "other."  
 List all vehicles owned or co-owned by all members of your household.

Make/Model	Year/Color	VIN	License Plate Number

Please attach copies of your current statements for all assets listed. Refer to Household member # from composition list, above.

Type of Asset	Do you have?	Household Member	Account #	Name and complete mailing address of bank, brokerage, or company	Phone Number	Value or Balance
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Stocks/Bonds/Annuities/CDs	<input type="checkbox"/> Yes <input type="checkbox"/> No					
IRA/KEOGH/Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No					



Please circle "YES" or "NO" to the following questions.

Have you disposed of, sold, or given away any assets for less than the Fair Market Value during the past two (2) years? YES NO

If yes, please complete the following:

- 1) Type of asset: \_\_\_\_\_ 3) Amount received: \$ \_\_\_\_\_  
 2) Date of disposal: \_\_\_\_\_ 4) Market value when disposed: \$ \_\_\_\_\_

Do you own, or are you purchasing a house, mobile home, or any other form of real estate? YES NO

Mortgage Company: \_\_\_\_\_

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

**I certify that this Family Income information given to the Lynchburg Redevelopment & Housing Authority is TRUE and ACCURATE and COMPLETE. I know I am required to report immediately, in writing, any changes in income. I understand that any misrepresentation on my/our part will result in my/our housing assistance being terminated, and the possibility of facing criminal charges on the basis of fraud. THIS MUST BE SIGNED IN THE PRESENCE OF THE LEASING SPECIALIST OR A NOTARY.**

_____ Signature of Head of Household	_____ Print Name	_____ Date
_____ Signature of Spouse or Other Adult	_____ Print Name	_____ Date
_____ Signature of Other Adult	_____ Print Name	_____ Date

**I certify that I have reviewed the information on Family Income and Family Assets for completeness and accuracy and am acting in accordance with Public Housing/Section 8 / Housing Choice Voucher program procedure.**

_____ Signature of Housing Technician	_____ Print Name	_____ Date
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### PART VIII. EDUCATION

Do any household members 18 or older attend school or college? If YES, please list below. (circle) YES NO

Household Member	Name of School	Grade	Full or Part Time

Use additional sheets if necessary. For each student, please supply: all Financial Aid letters, proof of registration and proof of the amount of tuition from the school.

Did anyone help you complete this form? YES NO

If yes, who? \_\_\_\_\_ What is their contact number? \_\_\_\_\_

It is important that they explain to you all of the information in this form. Did they review this form with you? YES NO

Do you have any questions or are you confused about anything on this form? YES NO

**I certify that I understand all changes of criminal status, income, or family size must be reported, in writing, to the Housing Authority within ten (10) business days of the change. I certify that I understand that only the household members listed above may live in my home.**

**I understand that the Housing Authority is authorized to obtain criminal arrest records from law enforcement agencies to assist them in screening applicants and family members to be admitted to or remain in the program. This authorization assists the housing authority in complying with HUD requirements to deny or terminate assistance to applicants or participants in the program who are engaging in or have engaged in violent criminal or drug related activities. These activities are defined by HUD located within the HUD Contract.**

**In signing this document I acknowledge that I fully comprehend and I do hereby swear and attest *under penalty of perjury*, that all of the above information and the statements made by me are true and correct. I also understand that any false statements made in an attempt to receive or continue to receive public assistance benefits is a crime punishable by a fine of not more than \$2,500.00 and/or jail for twelve months under Sections 18.2-186.2 and 18.2-11 of the Code of Virginia.**

**WARNING! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States.**

**I do hereby make oath and swear and attest *under penalty of perjury*, that I have read the foregoing Application/Recertification Form and that all of the above facts and statements are true and correct. Making a false statement under oath is punishable by a fine of not more than \$2,500.00 and/or imprisonment for 10 years under Sections 18.2-434 and 18-10 of the Code of Virginia.**

_____ Signature of Head of Household	_____ Date
_____ Signature of Spouse or Other Adult	_____ Date
_____ Signature of Other Adult	_____ Date
_____ Signature of Other Adult	_____ Date







# REQUEST INCOME VERIFICATION

*the new way!*

The Division of Child Support Enforcement is pleased to announce a new process to allow applicants and tenants to send child support income verification to a third party of their choosing from the Division's secure MyChildSupport portal. This quick and easy method will save time as well as paper and postage costs.

Applicants and tenants may register for access to MyChildSupport at <https://mychildsupport.dss.virginia.gov>. A valid cell phone number and email address are required.

## HOW IT WORKS



### REGISTERED USERS

**SIGN IN** on the MyChildSupport Portal  
**SELECT** Income Verification  
**COMPLETE** Income Verification Request (**All Fields Required**)  
**CLICK GO**  
**RECEIVE** Email Confirmation Box (**Requestor and Recipient will receive a copy of the payment history**)

### NON-REGISTERED USERS

**REGISTER** for access to MyChildSupport at <https://mychildsupport.dss.virginia.gov>  
**VALID** cell phone number and email address are required  
**FOR ASSISTANCE** contact the Customer Call Center at 1-800-468-8894 from 7 a.m. to 6 p.m.



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

DIVISION OF CHILD  
SUPPORT ENFORCEMENT

If you do not have a child support case contact the Customer Call Center at 1-800-468-8894

# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

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

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

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

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

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

*Signature*

*Date*

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410



## Self-Certification of Local Preference

I \_\_\_\_\_ certify that I have the following Local Preference.

1. \_\_\_\_\_ Working
2. \_\_\_\_\_ Elderly / Disabled
3. \_\_\_\_\_ Veteran or Veteran Family
4. \_\_\_\_\_ Homeless
5. \_\_\_\_\_ Victim of Domestic Violence

I understand and acknowledge that any knowing and willful misrepresentations of the declarations (Including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including but not limited to fine or imprisonment, or both under the provision of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisonment not more than 8 years, or both.

I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of knowledge. I have no objections to inquires being made for the purpose of verifying the statements made herein.

### **Special Accommodation Request**

If you or a member of your family have a disability and think you need or want a reasonable accommodation you may request it at any time. This and if you prefer not to discuss your situation with LRHA, that is your right.

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LRHA Staff Signature

\_\_\_\_\_  
Date



**We Do Business In Accordance With the Federal Fair Housing Law**

Fax: 434.845.9144 • TTY: 800.828.1120 VA 711

918 COMMERCE STREET • LYNCHBURG, VA 24504 • (434) 485-7200



**CONSENT TO PERFORM CREDIT / CRIMINAL BACKGROUND CHECK**

\_\_\_\_\_  
Participants Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Birth Place (City, State)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Social Security Number

---

I HEREBY AUTHORIZE The Lynchburg Redevelopment and Housing Authority to conduct a national sex offenders search, criminal and/or credit check at any time they deem it necessary to determine my eligibility and/or my continued eligibility for Housing.

---

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

\_\_\_\_\_  
LRHA Technicians Signature              Date



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