Housing Authority of The City of Sterling

PHONE 970-522-0869
TDD 970-522-1999
970-522-0869
FAX 970-522-6902

1200NORTH FIFTH STREET
435 MacGREGOR ROAD
441 MacGREGOR ROAD
STERLING, COLORADO 80751

Dear Tenant:

It is time for your annual recertification. Please complete the forms in this packet and return them to the Leasing Office located at 1200 N 5th Street, Sterling CO.

The following items must be provided to the Leasing Office during your annual recertification if applicable:

1. The Participant's Consent to Release Information must be signed by everyone in your household aged 18 and older.
2. A copy of all Social Security Cards for all household members must be on file.
3. A current photo ID for all adults in the household must be on file.
4. A copy of all birth certificates for all household members must be on file.
5. All family members over 18; Six (6) months of bank statements to show any auto deductions for supplemental insurance if applicable to include checking, savings, money markets, CD's, stocks, bonds, IRA's and all other sources of assets.
6. A copy of the most current award (benefit) letter that has Social Security, SSI, TANF, Pensions, VA benefits, Child support, and all other sources of income.
7. Pay stubs that include gross wages and salaries (including overtime pay, commission, tips, bonuses, W-2, etc.
8. Real estate property tax notice if owner of real estate.
9. For all animals in a unit must provide a copy of current vaccinations.
10. *Disabled or elderly families are entitled to a deduction for unreimbursed medical expenses. The allowable medical expense is that portion that exceeds three percent of annual income.*
    - **a.** Provider written approved prescription costs.
        - **i.** Contact your pharmacist for preceding 12 months print out of out-of-pocket expenses.
    - b. Medical provider receipts, cancelled check(s), or a medical provider's 12-month payment history.
        - i. Providers can include doctors, dentists, or hospitals, etc.
        - ii. Medical expenses do NOT include cosmetic surgery, health club dues, household help, medical savings account, nonprescription medicines or nutritional supplements, vitamins, herbal supplements, "natural medicines" unless recommended in writing by a medical practitioner licensed in the locality where practicing.

We are financed by HUD and are subject to the nondiscrimination provisions of Title VI of the Civil Rights Act of 1964, Title VIII of the Fair Housing Act of 1968, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, The Americans with Disabilities Act, and the Fair Housing Amendments Act of 1988. All complaints are to be directed to the Administrator, RD, and USDA, WASHINGTON, DC 20250. All Fair Housing violations should be sent directly to the Secretary of Housing and Urban Development, Washington, DC 20410.

If you have any questions, please contact the housing authority office at (970) 522-0869.

Sincerely,

Sterling Housing Authority
Leasing Manager

OFFICIAL NOTICE: Section 1001 of Title 18, United States Code Provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

DEFINITION OF AN INDIVIDUAL WITH DISABILITIES

The term disability is considered equivalent to the term handicap. Eligibility requirements for fully accessible units are contained in 7 CFR 3560.154(g)(1)(i) and 3560.155(b). A person is considered to have a disability if either of the following two situations occurs:

A. As defined in section 501(b) of the Housing Act of 1949. The person is the head of household (or his or her spouse) and is determined to have impairment which:

1. Is expected to be of long continued and indefinite duration;
2. Substantially impedes his or her ability to live independently; and
3. Is of such a nature that such ability could be improved by more suitable housing conditions, or if such person has a developmental disability as defined in section 102(7) of the Developmental Disability and Bill of Rights Act (42 U.S.C. 6001(7)).

B. As defined in the Fair Housing Act; the Americans with Disabilities Act; and section 504 of the Rehabilitation Act of 1973. The person has physical or mental impairment which substantially limits one or more of such person's major life activities; a record of such impairment; or being regarded as having such an impairment. The term does not include current, illegal use of or addiction to a controlled substance. As used in this definition, physical or mental impairment includes:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine;
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance), and alcoholism;
3. Major life activities mean functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working;

4. Has a record of such impairment means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities;

5. Is regarded as having an impairment means:

   a. Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by the borrower or management agent as constituting such a limitation;

   b. Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or

   c. Has none of the impairments described in this definition but is treated by another person as having such an impairment.

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)
Housing Authority of the City of Sterling 1200 North 5th Street Sterling, CO 80751 Phone: 970-522-0869 Fax: 970-522-6902 David Maier, Executive Director	

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 mor 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, aga the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Housing Authority of The City of Sterling

Phone 970-522-0869
970-522-1399
TDD 970-522-0869
FAX 970-522-6802

1200 NORTH FIFTH STREET
435 MacGREGOR ROAD
441 MacGREGOR ROAD
STERLING, COLORADO 80751

CERTIFICATION/RECERTIFICATION QUESTIONNAIRE

DATE: _____

NAME: _____

ADDRESS: _____ APARTMENT: _____

HOME PHONE: _____ CELL PHONE: _____

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

List names of all household members including yourself using correct legal name

FAMILY MEMBERS NAME	RELATIONSHIP TO HEAD	DATE OF BIRTH	SOCIAL SECURITY #

Do you anticipate any changes in the size of your household within the next 12 months?

Yes ____ No____ If yes, explain _____

Are any household members listed temporarily or permanently absent from the household?

Yes____ No____ If yes, explain _____

Are any household members (18 years of age or older) a full or part-time student?

Yes____ No____ If yes, which member _____

Is any household member subject to a lifetime registration requirement under a state sex offender registration program?

Yes____ No____ If yes, which member _____

Does any member of the household receive child support or alimony payments?

Yes ____ No ____If yes, amount received $_____

Do you pay for childcare in order to work or go to school?

Yes____ No____ If yes, amount paid $_____

If yes, is any part of the child care expense paid by another person or agency?

Yes____ No____ If yes, amount paid $_____

Has the employment status changed for any household members?

Yes____ No____ If yes, which member _____

Does any household member work for anyone who pays them in cash?

Yes____ No____ If yes, amount received $ _____

List all household monthly income such as wages, Social Security, disability payments (SSI), self-employment, unemployment or workman's compensation, veteran's benefits, alimony, child support, TANF, and all other sources of income.

FAMILY MEMBERS NAME	SOURCE OF INCOME	GROSS AMOUNT

Does any household member have any of the following?

Checking Accounts

Yes___ No___ If yes, bank name(s) _____

Account #(s) _____ _____

Saving Accounts

Yes___ No___ If yes, bank name(s) _____

Account #(s) _____ _____

Certificates of Deposit

Yes___ No___ If yes, bank name(s) _____

Account #(s) _____ _____

Money Market Funds

Yes ___ No ___ If yes, bank name(s) _____

Account #(s) _____ _____

IRA/Keogh Accounts or other Capital Retirement Accounts

Yes___ No___ If yes, institution name _____

Account #(s) _____ _____

Stocks/Treasury Bills/or Government Bonds? Yes____ No____

Personal Property held as an Investment? Yes____ No____

Direct Express or other debit card for direct deposit of Social Security/SSI income (not into a checking or savings account)? Yes____ No____

Does any household member have a Trust Account?

Yes___ No ___ Is this account revocable? Yes____ No____

Cash held (Safety Deposit Boxes, etc.) Yes___ No___ Amt. $_____

Does any member of the household own, have any interest in, or sold any real estate in the past two years?

Yes___ No___ Rental Income? Yes___ No___ Amt. $_____

Have any assets been disposed of for less than Fair Market Value in the past two years?

Yes___ No___ If yes, what was the estimated value? $ _____

Are any assets held jointly with another person? Yes ____ No _____

If yes, explain_____

Is periodic income received such as:

Retirement Funds	Yes___	No___
Pension	Yes___	No___
Annuities	Yes___	No___
Insurance Policies	Yes___	No___
Disability or Death Benefits	Yes___	No___

Does anyone outside the household provide cash to pay for any expenses such as rent, groceries, etc.?

Yes___ No___ If yes, explain _____

Does any member of the household receive any assistance from the State of Colorado (Department of Human Services) such as Medicare payments or Medicaid, TANF, Adult Financial, AND (Aid to Needy Disabled) or any other financial aid?

Yes___ No___ If yes, describe_____

Are financial benefits being paid by the state through e-payments or debit card?

Yes___ No____

Does any member of the household pay a premium for Medicare?

Yes___ No___ If yes, amount $ _____

Does any member of the household pay a premium for Medicare D?

Yes___ No___ If yes, amount $ _____

Does any member of the household pay a premium for supplemental health insurance?

Yes___ No___ If yes, amount $ _____

Does any member that is disabled or 62 years of age pay for monthly prescriptions?

Yes___ No___

Does any household member that is disabled or 62 years of age making payments on any outstanding medical expenses?

Yes___ No___

Please indicate your choice of rent methods by checking either box:

Income-based rent _____ Flat rent _____

EMERGENCY INFORMATION:

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

I/WE CERTIFY THAT I/WE HAVE BEEN ASKED THE ABOVE STATEMENTS AND THEY ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT IT IS MY/OUR RESPONSIBILITY TO REPORT TO MANAGEMENT SUCH CHANGES IN INCOME AND ASSETS WHENEVER THEY OCCUR. SUBMITTAL OF FALSE STATEMENTS OF INFORMATION IS PUNISHABLE UNDER FEDERAL LAW. I/WE FURTHER UNDERSTAND THAT IF DUE TO FALSELY REPORTED INCOME OR FAMILY COMPOSITION MY/OUR PORTION OR RENT WAS REDUCED, I/WE MUST REPAY THE AMOUNT IN FULL WHICH I/WE SHOULD HAVE PAID TOWARD RENT.

_____ DATE _____

HEAD OF HOUSEHOLD

_____ DATE _____

CO-HEAD

Release Authorization for the Purpose of Tenant Screening
Credit Report/Criminal Background Report

I hereby grant permission for my credit history and criminal background history to be fully disclosed to the Housing Authority of the City of Sterling for the purpose of tenant screening. I grant permission to the Housing Authority of the City of Sterling to obtain said reports from any credit and/or criminal background reporting agency.

Should a negative credit history and/or criminal background history be disclosed and cause rejection of my application, I hold harmless the credit reporting agency and/or the Housing Authority of the City of Sterling.

All credit reports and criminal background reports are confidential and will not be disclosed to any third party.

Name of **Applicant**: _____ **Co-Applicant:** _____
(please print: First, Middle, Last)

Social Security Number of **Applicant/Co-Applicant**: _____/_____

Drivers License State and Number of **Applicant/Co-Applicant**:
_____/_____

Date of Birth of **Applicant/Co-Applicant**: _____/_____

Current Address of **Applicant/Co-Applicant**:
(A)_____
(C)_____

Telephone Number of **Applicant/Co-Applicant**:
_____/_____

_____ _____
Signature of **Applicant** Date *Signature* of **Co-Applicant** Date

Equal Housing Opportunity

OMB Control # 2502-0581
Exp. (07/31/2012)

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**

Housing Authority of The City of Sterling

Phone 970-522-0869
970-522-1999
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FAX 970-522-6902

1200 NORTH FIFTH STREET
435 MacGREGOR ROAD
441 MacGREGOR ROAD
STERLING, COLORADO 80751

SOCIAL SECURITY/SSI VERIFICATION

Date: _____

RE: _____

_____
Recipient's Social Security Number

I HEREBY GRANT PERMISSION TO THE HOUSING AUTHORITY OF THE CITY OF STERLING, COLORADO, TO OBTAIN ANY INFORMATION NEEDED TO VERIFY ALL SOCIAL SECURITY AND SOCIAL SECURITY INCOME. THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL AND WILL BE USED ONLY TO DETERMINE ELIGIBILITY AND RENT.

_____ _____
RECIPIENT'S SIGNATURE HOUSING AUTHORITY REPRESENTATIVE

Revised 3/11/03

VERIFICATION CONSENT

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the information.

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Date _____ Signature _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

APPLICANT/TENANT CERTIFICATION

APPLICANT (S)/TENANT (S) STATEMENT

I/We certify that the information* given to the HOUSING AUTHORITY OF THE CITY OF STERLING on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household _____ Date _____

Signature of Spouse or Co-Head _____ Date _____

Signature of Other Adult _____ Date _____

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590.

*After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer generated facsimile of the form. See The Federal Privacy Act Statement for more information about its use.

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STERLING, COLORADO 80751

VERIFICATION OF INCOME

Department of Social Services
P.O. Box 1746
Sterling, CO 80751

Date: _____

RE: _____

This person has applied or is receiving housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information:

Type of Assistance: _____

Financial Benefits: Source _____ Amount _____

Are benefits paid through e-payments or debit card? ( ) Yes ( ) No

Does this recipient receive more than one type of assistance? ( ) Yes ( ) No

If so, please indicate the type _____

If receiving other income, please indicate the source of that income and the amount:

_____

Number of adults in household _____ Number of children in household _____

_____
Caseworker Ext.

_____
Housing Authority Representative

I AUTHORIZE THE DEPARTMENT OF SOCIAL SERVICES AND THEIR REPRESENTATIVES TO FURNISH TO THE HOUSINGAUTHORITY OF THE CITY OF STERLING, COLORADO, OR ITS REPRESENTATIVES, ANY FINANCIAL INFORMATION WHICH IS NECESSARY IN DETERMINING ELIGIBILITY AND RENT FOR LOW-INCOME HOUSING.

DATE: _____

_____
SIGNATURE OF RECIPIENT

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RE: VERIFICATION OF FINANCIAL DATA

We are required to verify the income of all Applicants or Tenants in our low-income housing programs. We ask your cooperation in supplying the requested information listed below.

_____
Housing Authority Representative

To be completed by Institution:

Checking Account: Account #: _____ Average 6 month balance: $ _____

Is this an interest bearing checking account? ( ) Yes ( ) No If yes, interest rate _____%

Savings Account: Account #: _____ Account #: _____

Amount on Deposit: $_____ Amount on Deposit: $_____

Presently @ rate of _____% Presently @ rate of _____%

Certificate of Deposit:

Account #: _____ Account #: _____

Amount on Deposit: $ _____ Amount on Deposit: $ _____

Presently @ rate of _____% Presently @ rate of _____%

Bonds: _____

Trust:
Value of Trust Fund administered: $ _____

Anticipated Amount of Income to be Earned by Trust over next 12 months: $ _____

_____ _____
Signature Date

_____ _____
Title Area Code Phone Number

I, _____ Social Security # _____,

hereby authorize the financial institution of _____ to release all information related to checking accounts, savings accounts, bonds, certifications and other securities in my name or any joint accounts.

_____ _____
Printed Name Signature

Date_____

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VERIFICATION OF EMPLOYMENT

I, _____, authorize the Housing Authority of the City of Sterling to obtain any information necessary to determine my eligibility for housing assistance.

_____ _____ _____

Employee Signature Social Security # Date

To Be Completed by Employer

Date employment began_____ Current Position/Title _____

Gross earnings:

AVERAGE NUMBER OF HOURS WORKED PER WEEK: Regular Hours _____ Overtime Hours _____

Current rate of pay: $ _____per _____ Date effective_____

Expected change: $ _____per _____ Date effective _____

Pay periods are: Weekly _____ Bi-weekly _____ Monthly _____ Bi-Monthly _____

Tips, Bonuses, or commission: $ _____per _____

Firm or Employer _____

Employer signature/Authorized Representative _____

Title _____ Date_____ Phone# _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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VERIFICATION OF RECEIVING THE REQUIRED PAPERWORK FOR REFERENCES

By my signature below, I hereby certify I have received the following:

1. Fact Sheet "How Your Rent is Determined"
2. Violence Against Women Act Brochure
3. What You Should Know About EIV Brochure

_____ _____

Signature of Applicant/Tenant Date

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

FORM HF-54 HOUSING FORMS INC RALEIGH NC (800) 334-1562

RECEIPT

I have received a copy of the booklet entitled:

WHAT YOU SHOULD KNOW ABOUT EIV

I accept responsibility to read and understand this information.

Print Full Name of Recipient

Unit Address

City State Zip

Signature of Recipient

Date

Signature of Person Certifying Delivery of Pamphlet

HOUSING AUTHORITY OF THE CITY OF STERLING, COLORADO

Complaint/Grievance Process and Form

Guidelines for processing public complaints/grievances:

From time-to-time situations may occur that create legitimate complaints and/or grievances on the part of tenants, the public, or constituents relative to the Housing Authority of the City of Sterling, Colorado. Complaints and/or grievances must be aired so all sides of the issue may be heard, and a rational procedure/solution be found.

Anyone who has a complaint and/or grievance, therefore, is encouraged to file a complaint and/or grievance. Forms may be picked up at the Leasing Office. All complaint and/or grievance forms must be signed by the person originating the complaint and/or grievance. The nature of the complaint and/or grievance should be stated as well as the relief sought.

The step-by-step process for tenants, the public or constituents relative to the Housing Authority of the City of Sterling, Colorado to file a complaint and/or grievance is as follows:

1. Formal Process—The formal process begins with the person filing the complaint and/or grievance. He/she prepares a written statement containing his/her name, address, and telephone number; the condition, situation, or individual being complained/grieved about and why; and the requested remedy. The form should be signed, dated, and filed with the individual closest to the complaint/grievance.
2. If the complainant (person complaining) is not satisfied with the decision at the first level, he/she may present the complaint to the executive director (in writing) and expect a response within five (5) days from the date it was presented to the executive director.
3. If the complainant is not satisfied with the decision of the executive director, he/she may submit a copy of the complaint and/or grievance to the Housing Authority of the City of Sterling, Colorado board of directors within ten (10) days of receiving the executive director's disposition.
4. Within twenty (20) days, the board of directors will have conducted a hearing, from which it has gathered enough testimony and/or other pertinent information on which to base its decision. Once able to reach a majority decision, it will do so in writing to the complainant. This decision is final.

_____ _____

Head of Household Date

_____ _____

Landlord Date