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.

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

chfa

authorization to assist

Head of Household Name	Unit Number

I, _____,

authorize _____

to assist in completing my certification forms.

The person assisting is:

☐ Property staff

☐ My caseworker

☐ A family member

☐ Other: _____

I require assistance due to:

☐ Difficulty writing

☐ Difficulty understanding the forms

☐ Limited English proficiency

☐ Other: _____

If forms are completed electronically, one of the following boxes must be checked:

☐ **This form was completed electronically by the resident.**

☐ **Management or someone outside of the household assisted with completing the form electronically.**

signatures

Resident Name (Print) Signature Date

Name of Person Assisting (Print) Signature Date

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

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, 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 agency that keeps 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, O/As, and PHAs can receive information authorized by this form.

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 of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

   Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical 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 does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA 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.

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: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, 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.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A 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, the O/A, or the PHA, 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. Also, 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.

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

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing 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 the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

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

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	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.):
U.S. Dept of HUD, Multifamily Hub 1670 Broadway, 24th Floor Denver, CO 80202	Housing Authority of the City of Sterling 1200 North 5th Street Sterling, CO 80751	Colorado Housing and Finance Authority 1981 Blake Street Denver, CO 80202

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 worked out with the housing owner/manager.

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, O/A, and the PHA responsible for determining eligibility to verify 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).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, 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, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, 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 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 consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section

221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

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
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	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) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

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) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current 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.

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) or the PHA (whichever is applicable) 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, the O/A, or the PHA 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.

This consent form expires 15 months after signed.

Privacy Act Statement. 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). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:
HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

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

Verification by Owners of Information Supplied by Individuals Who Apply for Housing Assistance

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

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 . Relevant verifications (HUD Handbook 4350.3 Rev. 1).
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. Owners 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). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer 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 customer protections.
2. Sign on the last page that:
   • 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

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. 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.

In addition, HUD 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. 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, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

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 at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

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 an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. 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 household 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 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.

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

If a member of the household who is required to sign the consent forms is unable to sign the required forms 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.

Individual consents to the release of information expire 15 months after they are signed. 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 O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

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 his/her representative

_____
Title

_____
Signature & Date

cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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-A is restricted to the purposes cited on the form HUD 9887-A. 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

Housing Authority of The City of Sterling

Phone 970-522-0869
970-522-1998
TDD 970-522-0869
FAX 970-522-6902

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

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**

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.

chfa

unemployed resident affidavit

Resident Name	Unit Number

I certify that I am currently unemployed. My status for the upcoming 12-month period is *(please choose one of the following):*

☐ I anticipate becoming employed within the next 12 months. Based on my past work experience, skills, and income history as reflected in my federal income tax return for the most recent tax year **(copy must be attached)** or other relevant documentation **(must be attached)**, I expect to earn $_____ per year when I become employed.

☐ I anticipate becoming employed within the next 12 months. I do not have a history of employment, but I expect to earn $ _____ per year when I become employed.

☐ I do not anticipate becoming employed within the next twelve months.

If forms are completed electronically, one of the following boxes must be checked:

☐ **This form was completed electronically by the resident.**

☐ **Management or someone outside of the household assisted with completing the form electronically (Authorization to Assist is attached).**

signature

By my signature, I certify the above information is true and correct.

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

Applicant/Resident Signature Date

chfa

resident statement of assets

Instructions: Please complete both Sections 1 and 2. All adults, except married couples, must complete separate forms. Include any assets you own or co-own and assets of children.

Assets include, but are not limited to, checking or savings accounts, real estate, stocks, bonds, and retirement accounts.

Resident Name	Unit Number

section 1 please choose one of the following

☐ I/We do not have any assets at this time.

☐ I/We have assets. My/our assets are listed below. [Please note: Certain funds (e.g., retirement, pensions, trusts) may or may not be fully accessible to you. Include only those amounts which are accessible.]

source	(a) cash value*	(b) interest rate	(a x b) annual income	source	(a) cash value*	(b) interest rate	(a x b) annual income
Savings Account	$	%	$	Checking Account	$	%	$
Cash On Hand	$	%	$	Safety Deposit Box	$	%	$
Certificates of Deposit	$	%	$	Money Market Funds	$	%	$
Stocks	$	%	$	Bonds	$	%	$
IRA Accounts	$	%	$	401k Accounts	$	%	$
Keogh Accounts	$	%	$	Trust Funds	$	%	$
Equity in Real Estate	$	%	$	Land Contracts	$	%	$
Lump Sum Receipts	$	%	$	Capital Investments	$	%	$
Benefit Cards (Direct Express, TANF, unemployment benefits)	$	%	$	Electronic Accounts: (Venmo, PayPal, Bitcoin, GoFundMe, etc.)	$	%	$

Value of Life Insurance Policies (excluding Term Life)*	$
Additional Retirement/Pension Funds (not named above)*	$
Value of Personal Property Held for Investment	$
Other Assets (not included above)	$

* Cash value is defined as market value less the cost of converting the asset to cash. Costs may include broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

** Personal property held for investment purposes may include, but is not limited to, gem or coin collections, art, or antique cars. Do not include items such as household furniture, daily-use autos, clothing, active business assets, or special equipment for use by the disabled.

section 2 you must choose one of the following

☐ Within the past two years, I/we have sold or given away assets (including cash, real estate, etc.) for more than $1,000 below their fair market value (FMV). These assets are included above and are equal to a total of $_____ (the value to include for each asset equals the difference between FMV and the amount actually received for the asset).

☐ I/We have not sold or given away assets (including cash, real estate, etc.) for less than the fair market value during the past two years.

If forms are completed electronically, one of the following boxes must be checked:

☐ **This form was completed electronically by the resident.**

☐ **Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).**

resident statement of assets

signature

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature Date

Applicant/Resident Signature Date

chfa®

certification of student status

Head of Household Name	Unit Number

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

please choose **one** option below that best describes your **household**

☐	The household contains **at least one occupant who is not a student** and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive).
	List non-student here:
☐	The household contains **all students**, but is qualified because at least one occupant is a **part time** student. Verification of part time student status is required.
	List part-time student here:
☐	The household contains **all students who were, are, or will be full time** for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If yes, you must answer all five questions below.**

	yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)	☐	☐
Is at least one student a single parent with child(ren), *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than the parent(s)?	☐	☐
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	☐	☐
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	☐	☐
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	☐	☐

If forms are completed electronically, one of the following boxes must be checked:

☐ **This form was completed electronically by the resident.**

☐ **Management or someone outside of the household assisted with completing the form electronically (Authorization to Assist is attached).**

signatures

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement. This form must be signed by each household member age 18 and older.

Resident Signature _____ Date _____

Resident Signature _____ Date _____

Resident Signature _____ Date _____

Resident Signature _____ Date _____

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 M::GREGOR ROAD
441 M::GREGOR ROAD
STERLING COLORADO 80751

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.

Housing Authority of The City of Sterling

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970-522-1999
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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.

Housing Authority of The City of Sterling

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

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

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 _____

Housing Authority of The City of Sterling

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

1200 NORTH FIFTH STREET
435 MacGREGOR ROAD
441 MacGREGOR ROAD
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

Housing Authority of The City of Sterling

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

1200 NORTH FIFTH STREET
435 MacGREGOR ROAD
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STERLING, COLORADO 80751

VERIFICATION OF RECEIVING THE REQUIRED PAPERWORK FOR REFERENCES

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

1. Resident's Rights and Responsibilities Brochure
2. Fact Sheet
3. Initial Recertification Letter
4. Violence Against Women Act Brochure
5. 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