

**Ocala Housing Authority**  
**Application for Continuing Eligibility**  
**PUBLIC HOUSING**  
**NEW ADMISSIONS**

<b>Head of Household (H of H)</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Marital Status</b> <input type="checkbox"/> Married   Date Married _____   Spouse's name _____ <input type="checkbox"/> Separated   Separation Date _____   Spouse's name _____ Is it a legal separation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Divorced   Date Divorced _____ Spouse's or Ex Spouse's Name _____ Must provide a copy of divorce decree, marriage license and/or separation agreement		
<b>Home Telephone Number</b>	<b>Work Number</b>	<b>Message Telephone Number</b>
<b>Physical Address</b>		<b>Mailing Address or PO Box</b>
<b>Name of nearest relative or friend not living with you</b>	<b>Address</b>	<b>Phone Number</b>
<b>Drivers License Number</b>	<b>Email address</b>	
<b>Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants		
<b>Amount \$</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
<b>Amount \$</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
<b>Amount \$</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
<b>Do you or anyone in your household receive Food Stamps?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes   Amount \$ _____ (Receiving Food Stamps DOES NOT increase your portion of rent)		
<b>Name of Employer or Source of Income</b>		<b>Date Employment Began</b>
<b>Address of Employer</b>		<b>Phone Number of Employer</b>
<b>Drivers License Number</b>		
<b>Spouse/Co Head</b>		<b>Social Security Number</b>
<b>Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount \$</b>	
<b>Name of Employer</b>		

<b>Address of Employer</b>	<b>Phone Number of Employer</b>
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**LIST ALL OTHER FAMILY MEMBERS THAT LIVE IN YOUR HOUSEHOLD**  
*(If additional space is needed please attach all information for additional family members)*

<b>1. Name</b>				
<b>Relationship</b>	<b>Sex</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
<b>Employer or source of income</b>		<b>Address of Employer</b>		<b>Phone Number</b>
<b>Is this family member a full time student?</b>			<b>Name of school</b>	
<b>Has this child tested positive for elevated blood levels for lead paint poisoning?</b>				
<b>Name(s) of non-custodial parent(s)</b>			<b>Child Support Case Number</b>	

<b>2. Name</b>				
<b>Relationship</b>	<b>Sex</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
<b>Employer or source of income</b>		<b>Address of Employer</b>		<b>Phone Number</b>
<b>Is this family member a full time student?</b>			<b>Name of school</b>	
<b>Has this child tested positive for elevated blood levels for lead paint poisoning?</b>				
<b>Name(s) of non-custodial parent(s)</b>			<b>Child Support Case Number</b>	

<b>3. Name</b>				
<b>Relationship</b>	<b>Sex</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
<b>Employer or source of income</b>		<b>Address of Employer</b>		<b>Phone Number</b>
<b>Is this family member a full time student?</b>			<b>Name of school</b>	

Has this child tested positive for elevated blood levels for lead paint poisoning?				
Name(s) of non-custodial parent(s)				
<i>(If additional space is needed please attach a separate sheet with all information for additional family members)</i>				
<b>4. Name</b>				
<b>Relationship</b>	<b>Sex</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes type:</b> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
<b>Employer or source of income</b>		<b>Address of Employer</b>		<b>Phone Number</b>
<b>Is this family member a full time student?</b>			<b>Name of school</b>	
Has this child tested positive for elevated blood levels for lead paint poisoning?				
Name(s) of non-custodial parent(s)			Child Support Case Number	
<b>5. Name</b>				
<b>Relationship</b>	<b>Sex</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes type:</b> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
<b>Employer or source of income</b>		<b>Address of Employer</b>		<b>Phone Number</b>
<b>Is this family member a full time student?</b>			<b>Name of school</b>	
Has this child tested positive for elevated blood levels for lead paint poisoning?				
Name(s) of non-custodial parent(s)			Child Support Case Number	
<b>6. Name</b>				
<b>Relationship</b>	<b>Sex</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes type:</b> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
<b>Name of Employer or source of</b>		<b>Address of Employer</b>		<b>Phone Number</b>

income		
Is this family member a full time student?		Name of school
Has this child tested positive for elevated blood levels for lead paint poisoning?		
Name(s) of non-custodial parent(s)		Child Support Case Number
<b>CHILDCARE INFORMATION</b>		
Do you pay for childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount paid for childcare \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly		
Are you reimbursed childcare expenses from an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and address of Daycare facility:		
Telephone #		
<b>CHILD SUPPORT INFORMATION</b>		
Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the child support court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of child(ren) you receive child support for:		
Amount of child support \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly		
<b>ALIMONY INFORMATION</b>		
Do you or any of your family members receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the alimony court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>ASSET INFORMATION and ADDITIONAL INCOME INFORMATION</b>		
Do you or any household member have a checking or savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Financial Institution		
Address of Financial Institution		
Checking/Savings Account Number		Checking/Savings Account Balance
Life Insurance Policy    Yes    No		Cash Value
Company Name		

**Do you or any of your family members own any of the following:**

Interest in Real Estate, Property or Land	Yes	No
Stocks or Bonds	Yes	No
Dividends or Annuities	Yes	No
Trust Funds or Money Market Accounts	Yes	No
Retirement Account (401, Keogh, IRA)	Yes	No
Inheritance, Lump Sum Payments	Yes	No
Special pay to a family member in the Armed Forces?	Yes	No If yes explain

**Are you or any of your family members receiving income from your participation in a State or local employment training program? Yes No If yes, name \_\_\_\_\_**

**Are you or any of your family members receiving any financial assistance paid to you or to an educational institution? Yes No If yes, name \_\_\_\_\_**

**Are you or any of your family members receiving income from a HUD funded program? Yes No If yes, name \_\_\_\_\_**

**Are you or any of your family members receiving resident service stipend? Yes No If yes, name \_\_\_\_\_**

**Are you or any of your family members receiving adoption subsidy or payments for the care of foster children or foster adults? Yes No If yes, name \_\_\_\_\_**

**Is the Head of Household or any member of the household subject to a lifetime state sex offender registration program? \_\_\_\_\_**

**If yes who \_\_\_\_\_**

**Where \_\_\_\_\_ When \_\_\_\_\_**

**Have you or any other family member used any other names previously? Yes No If yes, please list all former names and respective dates used. \_\_\_\_\_**

\_\_\_\_\_

**Are you currently living in a car, on the street, or another place not meant for human habitation?  Yes  No**

**Are you currently living in an emergency shelter, transitional housing, Safe Haven or a hotel/motel paid for by a charitable organization or by federal, state or local government programs for low income individuals?  Yes  No**

**Are you exiting an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less?  Yes  No If so, were you living in an emergency shelter or place not meant for human habitation immediately before entering that institution?  Yes  No**

Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made you afraid to return to your primary nighttime residence?  Yes  No If yes, do you currently have nowhere else to live and also lack the resources or support networks, including family, friends, faith-based or other social networks, to obtain other permanent housing?  Yes  No

**Warning:** Section 1001 of title 18 of the United State code makes it a Criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matters within its jurisdiction.

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***Signature of Head of Household***

***Date***

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***Signature of Spouse/Co-Head***

***Date***



Revised 7/2013

Ocala Housing Authority  
233 SW 3<sup>rd</sup> Street  
PO Box 2468  
Ocala, FL 34478-2468  
(352) 369-2636  
TDD 1-800-545-1833 EXT 507  
Fax (352) 369-2642

Key Receipt

I, \_\_\_\_\_, received an apartment key  
On \_\_\_\_\_, a laundry room key (if applicable) on \_\_\_\_\_  
and a mailbox key on \_\_\_\_\_. I understand that I am responsible  
for my keys. I also understand that I will be charged \$7.50 for the replacement of  
each keys and if I need to have the locks changed there will be an additional  
charge. I will contact the Ocala Housing Authority within twenty-four (24) hours  
If any of these keys do not work properly.

\_\_\_\_\_  
Resident Name:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
OHA Representative

\_\_\_\_\_  
Date:

# Ocala Housing Authority

1629 NW 4<sup>th</sup> Street  
P.O. Box 2468  
Ocala, Florida 34478-2468

Telephone: 352-369-2636  
Fax: 352-369-2642  
TDD 1-800-545-1833 ext.507

## AUTHORIZATION TO RELEASE INFORMATION

The Ocala Housing Authority is required by federal regulations to verify the income and credit of all family members applying for admission or participating in our rental programs. To comply with this requirement, we ask your cooperation in providing the information requested regarding the referenced family member(s). This information is used only in determining eligibility status and the family's portion of rent

Your prompt return of the attached Income Verification form is greatly appreciated. For your convenience I have enclosed a self-addressed stamped envelope. Should you have any questions, you may contact our office at the above number.

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## AUTHORIZED TO RELEASE INFORMATION

I, hereby, authorize the release of the requested information by the following applicable agencies and/or person: Employer, Social Security Administration, Child Support Payer, Department of Children and Families, Child Care Provider, Credit Bureau, school records and utility companies.

I, hereby, authorize the release of a criminal background check to the Ocala Housing Authority on my behalf and for anyone in my household who is 18 years of age or older and who has also signed this release form.

I also authorize the Ocala Housing Authority to request and obtain from the Internal Revenue Services regarding my unearned and earned income (i.e., W-2 wages, interest, social security and dividends). This disclosure is needed to verify the accuracy of the information which I have provided to this agency. This consent form authorizes release of this information for my account for the last three (3) tax years, and will be sufficient to use in lieu of my signature on IRS Form 4506T.

*This consent form expires five (5) years after the date of signature.*

## NAME OF FAMILY MEMBERS

List the name and social security number for each family member.

Head of Household \_\_\_\_\_, ss# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Co-Head: \_\_\_\_\_, ss# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Other Adult: \_\_\_\_\_, ss# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Dependent: \_\_\_\_\_, ss# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Dependent: \_\_\_\_\_, ss# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Dependent: \_\_\_\_\_, ss# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Dependent: \_\_\_\_\_, ss# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date



# 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)

OCALA HOUSING AUTHORITY  
1629 NW 4TH STREET  
PO BOX 2468  
OCALA, FL 34478-2468

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

\*\*\*\*\*

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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

# EMERGENCY CONTACT

IN CASE OF EMERGENCY PLEASE CONTACT THE FOLLOWING

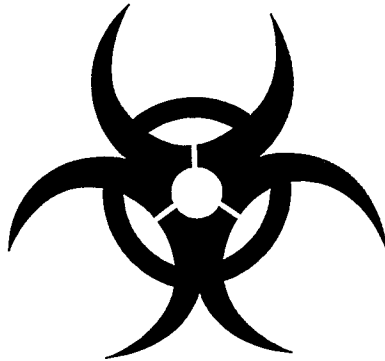
Name
Address
City, State and Zip Code:
Telephone Number:
Relationship:

Name
Address
City, State and Zip Code:
Telephone Number:
Relationship:

Name
Address
City, State and Zip Code:
Telephone Number:
Relationship:

**PLEASE KEEP THIS INFORMATION UPDATED IF THERE ARE ANY CHANGES**

## RADON GAS DISCLOSURE



Pursuant to Section 404.056(8) Florida Statutes, you are hereby notified as follows:

Radon Gas is a naturally occurring radioactive gas that when it has been accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it overtime. Levels of Radon that exceed federal and state guidelines have been found in buildings in Florida.

Additional information regarding Radon and Radon testing may be obtained from your county public health unit.

Tenant's Signature:

Date:

Landlord's Signature:

Date:



Ocala Housing Authority

Housing Counseling Program Client Disclosure Form

Ocala Housing Authority (OHA) provides housing counseling to anyone, regardless of income and at no charge to you. The Ocala Housing became a HUD Certified Housing Counseling Agency in August 2000. The OHA provides both 1-on-1 and group counseling sessions, covering everything from rental counseling, intensive homebuyer education, both pre and post purchase as well as delinquency counseling as it pertains to rental and mortgages. The OHA Housing Counselors will work with those seeking counseling services to develop action plans and set goals to realizing their dream of affordable safe and decent housing.

Mortgage/Rental Counseling:

Housing Counselors working with renters can:

- Provide information and education about housing resources and renters/mortgagees responsibilities.
- Provide financial planning tools to resolve housing problems, including:
  - Developing a budget and monthly spending plan;
  - Prioritizing spending for housing stability;
  - Identify other agencies that maybe able to assist with other needed services
  - Helping identify solutions for maintaining necessary utilities

The counselor may help analyze my/our financial and credit situation, identify barriers to affordable mortgage financing and other housing problems and develop a plan to remove barriers. The counselor may also provide assistance in debt management and help me/us prepare a monthly manageable budget and spending plan. I/We understand that it will not be the responsibility of the counselor to "fix" the problem, but rather to provide guidance and education which may enable me/us to resolve my/our personal financial challenges.

Purpose: I/We understand that the purpose of the OHA 's housing counseling program is to provide 1-on-1 or group counseling to help customers with their housing needs at no cost to me/us.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co- Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- This form expires 15 months from the date signed.



**OCALA HOUSING AUTHORITY  
CERTIFICATION FOR DIVESTITURE OF ASSETS**

- I hereby certify that during the two (2) years (24 months) period preceding the effective date of my certification or recertification of eligibility for program participation, I HAVE NOT disposed of assets for less than fair market value.
- I HAVE disposed of assets for less than fair market value within the two (2) year period preceding the effective date of my certification or recertification.

If you have disposed of asset(s), please explain below; ASSET(S), VALUE OF THE ASSET(S), AND AMOUNT RECEIVED FOR THE ASSET(S):

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**I HAVE BEEN MADE AWARE OF THE PROVISIONS OF SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE. I UNDERSTAND THAT IT IS A CRIMINAL OFFENSE, PUNISHABLE BY \$10,000.00 FINE OR TEN (10) YEARS OF IMPRISONMENT OR BOTH, TO MAKE A WILLFUL STATEMENT OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

**EQUAL OPPORTUNITY EMPLOYER/EQUAL OPPORTUNITY HOUSING**

**OCALA HOUSING AUTHORITY**

**FRAUD STATEMENT**

**Chapter 414.39 of Florida Statutes makes it a crime, punishable by fine from both \$50.00 to \$5,000.00, or imprisonment for up to five (5) years, or both, if a housing applicant or resident deliberately makes false statements about his/her income or fails to disclose a material fact affecting income and rent.**

Section 1001 of Title 18 of the United States Code also makes it a crime punishable by fine up to \$10,000.00, or imprisonment up to five (5) years, or both for making any false, fictitious or fraudulent statement or representation making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant or a resident, knowingly gives the Ocala Housing Authority (OHA) false information about your income, or fail to report changes in your family composition (family size) or income, in writing within thirty (30) days of the change, to your Section 8 Housing Counselor (Section 8 Program) or your Public Housing Manager (Public Housing), or failure to report to the Ocala Housing Authority representative for any programs administered by the Ocala Housing Authority, your assistance will be terminated and you may be charged with fraud under Chapter 414.39 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to the OHA, you receive any rental assistance or lower rent to which you are not entitled, you will be subject to local, state, and federal prosecution. THIS COULD RESULT IN FINE IMPRISONMENT OR BOTH AS WELL AS THE LOSS OF YOUR ELIGIBILITY FOR THIS AGENCY'S HOUSING PROGRAM.

**I have read the above statement or had it read or explained to me. I also understand the consequences of not correctly reporting my income, household size, or any other requirement of the Ocala Housing Authority.**

_____ <u>Signature of Head of Household</u>	_____ <u>Date</u>
_____ <u>Signature of Co-Head</u>	_____ <u>Date</u>
_____ <u>Signature of Other Adult</u>	_____ <u>Date</u>
_____ <u>Signature of OHA Representative</u>	_____ <u>Date</u>

**EQUAL OPPORTUNITY EMPLOYER/EQUAL OPPORTUNITY HOUSING**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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



**OCALA HOUSING AUTHORITY  
REQUEST FOR SPECIAL ACCOMMODATIONS**

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

The Ocala Housing Authority will make all reasonable efforts to be flexible in assisting persons with disabilities to participate in the program successfully.

Please state the accommodations needed to fully utilize our programs and services. Examples of reasonable accommodations are as follows: wheelchair ramp, the use of advocate or interpreter, accommodations if your disability prevents you from coming into the office, flashing smoke detectors, etc.

- I do not need a special accommodation
- I do need a special accommodation to fully utilize your services and I am requesting the following accommodation:

Please provide me with: \_\_\_\_\_

Explain further if necessary:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date  
Revised 6/18

OCALA HOUSING AUTHORITY  
1629 NW 4<sup>th</sup> Street  
PO BOX 2468  
OCALA, FL 34478-2468  
PHONE (352) 369-2636  
FAX (352) 369-2642  
TDD 1-800-545-1833 EXT. 507

ACKNOWLEDGEMENT OF RECEIPT

OCALA HOUSING AUTHORITY

NOTICE OF REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

I, \_\_\_\_\_ hereby sign and acknowledge receipt of  
the Ocala Housing Authority's Notice of Reasonable Accommodations for Persons with Disabilities.

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Signature

Date



## Ocala Housing Authority

### Notice to all Applicants, Participants and Residents



### Reasonable Accommodations for Persons with Disabilities

The Ocala Housing Authority is a public agency that provides subsidized housing to eligible families including families with children, elderly families, disabled families, and single people. Ocala Housing Authority is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, OHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability in accordance with:

1. Section 504 of the Rehabilitation Act of 1973 (Section 504);
2. Titles II and III of the Americans with Disabilities Act of 1990 (ADA);
3. The Fair Housing Act of 1968, as amended (Fair Housing Act);
4. The Architectural Barriers Act of 1968; and
5. 24 C.F. R. Part 8 etc.

A reasonable accommodation is a structural change a Public Housing Authority can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant, resident, or participant with a disability to make effective use of a PHA's programs. Examples of reasonable accommodations would include:

- ❖ Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- ❖ Adding or altering unit features so they may be used by a family member with a disability;
- ❖ Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- ❖ Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- ❖ Making large type documents, Braille documents, cassettes or a reader available to an applicant, resident or participant with a vision impairment during the application process or re-examination;
- ❖ Making a sign language interpreter available to an applicant, resident, applicant or participant with a hearing impairment during the interview or meetings with PHA staff;

- ❖ Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

The Housing Authority is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden.

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

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application or re-examination process or at any time you need an accommodation.

Contact the Compliance Director, Jacalyn Brown, at PH: 352-620-3350 email: [jbrown@ocalahousing.org](mailto:jbrown@ocalahousing.org)

1629 NW 4th St, Ocala, FL 34475

P.O. Box 2468, Ocala FL 34478-2468

Phone: (352) 620-3350 • Fax: (352) 732-1750 • TTY: (352) 368-2969 • TDD1 (800) 545-1833 x507

# OCALA HOUSING AUTHORITY SMOKE-FREE LEASE ADDENDUM EFFECTIVE OCTOBER 1, 2017

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## **1. Purpose of the Smoke-Free Policy.**

The parties desire to mitigate:

- The irritation and known adverse health effects of second hand smoke;
- Maintenance cleaning and repair from smoking;
- The increased risk of fire from smoking and the higher costs of fire insurance, for a non-smoke free building

The Smoke-Free Policy applies to all Public Housing properties owned and operated by the Ocala Housing Authority; Pine Gardens - 515 SW 2nd Avenue; Pavilion Oaks - 2201 NW 1 Avenue; Deer Run - 2802 NE 4th Court; Shady Hollow - 800 SW 19<sup>th</sup> Avenue Road and the Administrative Office 1629 NW 4<sup>th</sup> Street.

## **2. Definitions:**

**Smoke or Smoking** - means inhaling or, exhaling, smoke, aerosol, or vapor from any lighted or heated cigar, cigarette, pipe, or any other delivery electronic device lighted or heated tobacco plant product intended for inhalation, including water pipes, hookahs, marijuana and Kush, whether synthetic or natural legal or illegal, in any form. Smoking also includes the use of electronic smoking device which creates an aerosol vapor, in any manner or in any form.

**Water Pipes or Hookahs** – are smoking devices that use coal or charcoal to heat tobacco and then draw the smoke through water and a hose to the user. Both heating sources and burning of tobacco are sources of contaminant emissions.

**Electronic Smoking Device or Electronic Delivery Device** - means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. The term includes any such device, manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-hookah, or vapor pen, under any other product name or descriptor.

**3. Scope of Smoke-Free Policy.** Resident agrees and acknowledges that the premises to be occupied by the Resident and members of the Resident's household have been designated as a smoke-free living environment. Resident, members of the Resident's household and any guest or visitors under the Residents control will not smoke anywhere in or on:

- Unit rented by Resident, including any associated balconies, patios, or porches;
- Common areas of the property , including, but not limited to lobbies, hallways, stairwells, elevators, laundry rooms, community rooms, community bathrooms or offices; or
- Grounds of the property, including, but not limited to entryways, playgrounds walkways and sitting areas.

**4. Resident to Promote Smoke-Free Policy and Alert the Ocala Housing Authority (OHA) of Violations.** The Resident will inform Resident guests and visitors of the smoke-free policy. Resident will also promptly give OHA a written statement of any incident where, the Resident observes smoking not allowed by this policy, or believes smoke is migrating into the Resident's unit from sources outside of the Resident's unit.

**5. Ocala Housing Authority to Enforce Smoke-Free Policy.** OHA will post no smoking signs at entrances and exits, common areas in conspicuous places adjoining the grounds of the property. OHA will also take responsible steps to promptly remedy known and reported lease violations of the smoke-free policy. If the staff or an agent of the OHA witnesses smoking, it will be reported promptly to the OHA. A resident will promptly provide a written statement of any incident where the resident observes smoking not allowed or believes smoke is migrating into the Residents unit from sources outside the Residents unit. The OHA will promptly notify the Resident via a

# OCALA HOUSING AUTHORITY SMOKE-FREE LEASE ADDENDUM

## EFFECTIVE OCTOBER 1, 2017

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verbal warning for the first offense and any subsequent Seven Day option to Cure of the violation of the Smoke-Free Policy. If three or more such violations occur a Notice of Termination of the Lease Agreement will be issued.

**6. Other Residents are Third-Party Beneficiaries of Resident's Agreement.** The Resident agrees that other Residents of the rental community are third-party beneficiaries of the Resident's smoke-free Lease Addendum with the OHA. A Resident may sue another Resident for an injunction to prohibit smoking or for damages but does not have the right to evict another Resident. Any lawsuit between residents does not create a presumption that the OHA breached this Lease Addendum.

**7. Effect of Breach and Right to Terminate the Lease.** The OHA will promptly issue a verbal warning for the first offense to the Smoke Free Policy and a unit inspection, if applicable. The verbal warning will be documented by a letter to the resident. Any subsequent violations to the Smoke Free Policy will result in a Seven Day Option to Cure. If three or more such violations occur, after the initial verbal warning, a Notice of Termination of the Lease Agreement will be issued. A breach of this Lease Addendum shall give each party all the rights contained herein, as well as the rights in the Lease. A material breach of this Lease Addendum shall be considered a material breach of the Lease, and grounds for enforcement action, including eviction, by the OHA. The Resident acknowledges that a breach of the Lease Addendum shall also render the Resident liable to the OHA for the cost of repair to the Residents apartment unit due to damage from smoke odors or residue.

**8. Ocala Housing Authority Disclaimer.** The Resident acknowledges that the OHA's adoption of a smoke-free living environment and the efforts to designate the premises as smoke-free do not in any way change the standard of care that the OHA or its managing agents would have to a Resident to render buildings and premises designated as smoke-free any safer, more inhabitable, or in terms of air quality standards, than any other rental premises. OHA specifically disclaims any implied or expressed warranties that the building, common areas, or Resident's premises will have any higher or improved air quality standards than any other rental property. OHA cannot and does not warranty or promise that the rental premises or common areas will be free from secondhand smoke. OHA and its managing agents are not the guarantor of Resident's health or the smoke-free condition of the premises, Tenant acknowledges that the OHA's ability to police, monitor, or enforce this agreement of the Lease Addendum is dependent in significant part on voluntary compliance by the Resident, members of the Resident's household, and Resident guests, Resident with respiratory ailments, allergies or any other physical or mental condition relating to smoke are put on notice that the OHA does not assume any higher duty of care to enforce this Lease Addendum than any other OHA obligation under the Lease.

Head of Household	Date
Spouse/Co-Head	Date
Other Adult	Date
Other Adult	Date
Landlord	Date



## TENANT INTEGRITY POLICY

- All changes in household income and or family size must be reported to the Ocala Housing Authority (OHA)
  - Report changes in writing within thirty (30) calendar days of change
  - Complete an interim adjustment packet within thirty (30) calendar days of change
  - You must provide proof of the change
    - Proof of income change
      - pay stub –first full pay stub
      - child support
      - SS benefits, etc.
    - Addition of family members
      - birth certificate
      - marriage license
      - court docs, etc.
    - Deletion of family members (proof of new residency, etc.)
- Failure to report changes in writing within thirty (30) calendar days may result in termination from the program.
  - Exception – If **income** is reported timely enough that it does not result in an under collection of rent (Public Housing) or an overpayment of HAP (Housing Choice Voucher), then the resident/participant will not be terminated. However, a second occurrence will result in termination. The rent change will become effective on the first (1<sup>st</sup>) of the following month.
- The OHA management has the discretion to evaluate on a case to case basis to determine if the family will be terminated or allowed to enter into a repayment agreement.
- A refusal to enter into a repayment agreement and/or make payments on a signed repayment agreement will result in termination from the program.
- If the family enters into a repayment agreement, then any failure to make timely payments will result in termination.
- However, upon request, the Agency may within its sole discretion, consider a hardship review.

**\* The Tenant Integrity Policy replaces the Zero Tolerance Policy**

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Print Name

Date

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Signature

Updated 11/2018

## OCALA HOUSING AUTHORITY

### COMMUNITY SERVICE AND SELF-SUFFICIENCY POLICY

#### A. Background

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

#### B. Definitions

**Community Service** – community service activities include, but are not limited to, work at:

- Local public or nonprofit institutions such as schools, head start programs, before or after school programs, child care centers, hospitals, clinics, hospices, nursing homes, recreation centers, senior centers, adult day care programs, homeless shelters, feeding programs, food banks (distributing either donated or commodity foods), or clothes closets (distributing donated clothing)
- Nonprofit organizations serving PHA residents or their children such as: Boy or Girl Scouts, Boys or Girls Club, 4-H clubs, Police Assistance League (PAL), organized children's recreation, mentoring or education programs, Big Brothers or Big Sisters, garden centers, community clean-up programs, beautification programs
- Programs funded under the Older Americans Act, such as Green Thumb, Service Corps of Retired Executives, senior meals programs, senior centers, Meals on Wheels
- Public or nonprofit organizations dedicated to seniors, youth, children, residents, citizens, special-needs populations or with missions to enhance the environment, historic resources, cultural identities, neighborhoods, or performing arts
- PHA housing to improve grounds or provide gardens (so long as such work does not alter the PHA's insurance coverage); or work through resident organizations to help other residents with problems, including serving on the Resident Advisory Board
- Care for the children of other residents so parent may volunteer

**Note:** Political activity is excluded.

**Self-Sufficiency Activities** – self-sufficiency activities include, but are not limited to:

- Job readiness or job training
- Training programs through local one-stop career centers, workforce investment boards (local entities administered through the U.S. Department of Labor), or other training providers
- Employment counseling, work placement, or basic skills training
- Education, including higher education (junior college or college), GED classes, or reading, financial, or computer literacy classes
- Apprenticeships (formal or informal)



- English proficiency or English as a second language classes
- Budgeting and credit counseling
- Any activity required by the Department of Public Assistance under Temporary Assistance for Needy Families (TANF)
- Any other program necessary to ready a participant to work (such as substance abuse or mental health counseling)

**Exempt Adult** – an adult member of the family who meets any of the following criteria:

- Is 62 years of age or older
- Is blind or a person with disabilities (as defined under section 216[i][I] or 1614 of the Social Security Act), and who certifies that because of this disability he or she is unable to comply with the service provisions, or is the primary caretaker of such an individual
- Is engaged in *work activities*
- Is able to meet requirements under a state program funded under part A of title IV of the Social Security Act, or under any other welfare program of the state in which the PHA is located, including a state-administered welfare-to-work program; or
- Is a member of a family receiving assistance, benefits, or services under a state program funded under part A of title IV of the Social Security Act, or under any other welfare program of the state in which the PHA is located, including a state-administered welfare-to-work program, and has not been found by the state or other administering entity to be in noncompliance with such program.

**Work Activities** – as it relates to an exemption from the community service requirement, *work activities* means:

- Unsubsidized employment
- Subsidized private sector employment
- Subsidized public sector employment
- Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available
- On-the-job training
- Job search and job readiness assistance
- Community service programs
- Vocational educational training (not to exceed 12 months with respect to any individual)
- Job skills training directly related to employment
- Education directly related to employment, in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency
- Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a

certificate

- Provision of child care services to an individual who is participating in a community service program.

### **C. Requirements of the Program**

1. The eight (8) hours per month may be either volunteer work or self-sufficiency program activity, or a combination of the two.
2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The housing authority will make the determination of whether to allow or disallow a deviation from the schedule based on a family's written request.
3. Family obligation:
  - At lease execution, all adult members (18 or older) of a public housing resident family must:
    - Sign a certification (Attachment A) that they have received and read this policy and understand that if they are not exempt, failure to comply with the community service requirement will result in a nonrenewal of their lease; and
    - Declare if they are exempt. If exempt, they must complete the Exemption Form (Exhibit 11-3) and provide documentation of the exemption.
  - Upon written notice from the PHA, nonexempt family members must present complete documentation of activities performed during the applicable lease term. This documentation will include places for signatures of supervisors, instructors, or counselors, certifying to the number of hours contributed.
  - If a family member is found to be noncompliant at the end of the 12-month lease term, he or she, and the head of household, will be required to sign an agreement with the housing authority to make up the deficient hours over the next twelve (12) month period, or the lease will be terminated.
4. Change in exempt status:
  - If, during the twelve (12) month lease period, a nonexempt person becomes exempt, it is his or her responsibility to report this to the PHA and provide documentation of exempt status.
  - If, during the twelve (12) month lease period, an exempt person becomes nonexempt, it is his or her responsibility to report this to the PHA. Upon receipt of this information the PHA will provide the person with the appropriate documentation form(s) and a list of agencies in the community that provide volunteer and/or training opportunities.

### **D. Authority Obligation**

1. To the greatest extent possible and practicable, the PHA will:
  - Provide names and contacts at agencies that can provide opportunities for residents, including residents with disabilities, to fulfill their community service obligations.
  - Provide in-house opportunities for volunteer work or self-sufficiency activities.
2. The PHA will provide the family with a copy of this policy, and all applicable exemption verification forms and community service documentation forms, at lease-up, lease renewal, when a family member becomes subject to the community service requirement during the lease

term, and at any time upon the family's request.

3. Although exempt family members will be required to submit documentation to support their exemption, the PHA will verify the exemption status in accordance with its verification policies. The PHA will make the final determination as to whether or not a family member is exempt from the community service requirement. Residents may use the PHA's grievance procedure if they disagree with the PHA's determination.
4. Noncompliance of family member:
  - At least thirty (30) days prior to the end of the 12-month lease term, the PHA will begin reviewing the exempt or nonexempt status and compliance of family members;
    - The PHA will secure a certification of compliance from nonexempt family members (Attachment B).
  - If, at the end of the initial 12-month lease term under which a family member is subject to the community service requirement, the PHA finds the family member to be noncompliant, the PHA will not renew the lease unless:
    - The head of household and any other noncompliant resident enter into a written agreement with the PHA, to make up the deficient hours over the next twelve (12) month period; or
    - The family provides written documentation satisfactory to the PHA that the noncompliant family member no longer resides in the unit.
  - If, at the end of the next 12-month lease term, the family member is still not compliant, a 30-day notice to terminate the lease will be issued and the entire family will have to vacate, unless the family provides written documentation satisfactory to the PHA that the noncompliant family member no longer resides in the unit;
  - The family may use the PHA's grievance procedure to dispute the lease termination. All adult family members must sign and date below, certifying that they have read and received a copy of this Community Service and Self-Sufficiency Policy.

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

**OCALA HOUSING AUTHORITY**  
**DETERMINATION OF EXEMPTION FOR COMMUNITY SERVICE**

Family: \_\_\_\_\_

Adult family member: \_\_\_\_\_

This adult family member meets the requirements for being exempted from the PHA's community service requirement for the following reason:

- 62 years of age or older (*Documentation of age in file*)
- Is a person with disabilities and self-certifies below that he or she is unable to comply with the community service requirement (*Documentation of HUD definition of disability in file*)

**Tenant certification:** I am a person with disabilities and am unable to comply with the community service requirement.

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

- Is the primary caretaker of such an individual in the above category? (*Documentation in file*)
- Is engaged in work activities (*Verification in file*)
- Is able to meet requirements under a state program funded under part A of title IV of the Social Security Act, or under any other welfare program of the state in which the PHA is located, including a state-administered welfare-to-work program (*Documentation in file*)
- Is a member of a family receiving assistance, benefits, or services under a state program funded under part A of title IV of the Social Security Act, or under any other welfare program of the state in which the PHA is located, including a state-administered welfare-to-work program, and has not been found by the state or other administering entity to be in noncompliance with such program (*Documentation in file*)

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PHA Official

\_\_\_\_\_  
Date

# OCALA HOUSING AUTHORITY COMMUNITY SERVICE ACKNOWLEDGEMENT

Public Housing residents exempt from community service and self-sufficiency requirements are those:

- Age 62 years and older
- Blind or disabled; or primary caretakers of such individuals
- Engaged in work activities

:       Unsubsidized employment  
          Subsidized private and public sector  
          Work experience  
          On-the-job-training  
          Job-search and job readiness assistance  
          Community service programs  
          Vocational education  
          Job-skills training directly related to employment  
          Education directly related to employment (GED programs)  
          Satisfactory attendance at secondary school or in a course of study  
          leading to a certificate of general equivalence  
          The provision of childcare services to an individual who is participating in a  
          community service program

**I must report any changes of my exemption status within ten (10) days from the date of change.**

I understand that I am required to complete eight (8) hours of community service each month or provide proof of exception to be in compliance with HUD Regulation and my lease. I also understand that my lease maybe terminated for failure to comply with this requirement.

\_\_\_\_\_  
Print Name

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR OHA USE ONLY

BEGIN DATE  
EMPLOYMNET \_\_\_\_\_

BEGIN DATE  
COMMUNITY SERVICE \_\_\_\_\_

END DATE  
EMPLOYMENT \_\_\_\_\_

END DATE  
COMMUNITY SERVICE \_\_\_\_\_

OCALA HOUSING AUTHORITY  
1629 NW 4<sup>th</sup> Street  
PO BOX 2468  
OCALA, FL 34478-2468  
PHONE (352) 369-2636  
FAX (352) 369-2642  
TDD 1-800-545-1833 EXT. 507

ACKNOWLEDGEMENT OF RECEIPT

OCALA HOUSING AUTHORITY

NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMENS'S ACT

I, \_\_\_\_\_ hereby sign and acknowledge receipt of  
the Ocala Housing Authority's Notice of Occupancy Rights under the Violence Against Women's Act.

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Signature

Date



**Ocala Housing Authority**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the **Ocala Housing Authority** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under the **Ocala Housing Authority**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

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<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

## **Protections for Tenants**

If you are receiving assistance under the **Ocala Housing Authority**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the **Ocala Housing Authority** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

## **Removing the Abuser or Perpetrator from the Household**

Public Housing Program or Housing Choice Voucher Program may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If the Public Housing Program or Housing Choice Voucher Program chooses to remove the abuser or perpetrator, Public Housing Program or Housing Choice Voucher Program may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, Public Housing Program or Housing Choice Voucher Program must allow the tenant who is or has been a victim and other household members to remain in the unit for a



period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, Public Housing Program or Housing Choice Voucher Program may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, Public Housing Program or Housing Choice Voucher Program may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Public Housing Program or Housing Choice Voucher Program will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

Public Housing Program or Housing Choice Voucher Program's emergency transfer plan provides further information on emergency transfers, and Public Housing Program or Housing Choice Voucher Program must make a copy of its emergency transfer plan available to you if you ask to see it.

**Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

Public Housing Program or Housing Choice Voucher Program can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from Public Housing Program or Housing Choice Voucher Program must be in writing, and Public Housing Program or Housing Choice Voucher Program must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. Public Housing Program or Housing Choice Voucher Program may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to Public Housing Program or Housing Choice Voucher Program as documentation. It is your choice which of the following to submit if Public Housing Program or Housing Choice Voucher Program asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by Public Housing Program or Housing Choice Voucher Program with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.

- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that Public Housing Program or Housing Choice Voucher Program has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, the Public Housing Program or Housing Choice Voucher Program does not have to provide you with the protections contained in this notice.

If the Public Housing Program or Housing Choice Voucher Program receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), the Public Housing Program or Housing Choice Voucher Program has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, the Public Housing Program or Housing Choice Voucher Program does not have to provide you with the protections contained in this notice.

### **Confidentiality**

The Public Housing Program or Housing Choice Voucher Program must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

The Public Housing Program or Housing Choice Voucher Program must not allow any individual administering assistance or other services on behalf of the Public Housing Program or Housing Choice Voucher Program (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

The Public Housing Program or Housing Choice Voucher Program must not enter your information into any shared database or disclose your information to any other entity or individual. The Public Housing Program or Housing Choice Voucher Program, however, may disclose the information provided if:

- You give written permission to the Public Housing Program or Housing Choice Voucher Program to release the information on a time limited basis.
- The Public Housing Program or Housing Choice Voucher Program needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires the Public Housing Program or Housing Choice Voucher Program or your landlord to release the information.

VAWA does not limit the Public Housing Program or Housing Choice Voucher Program's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

## **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, the Public Housing Program or Housing Choice Voucher Program cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if the Public Housing Program or Housing Choice Voucher Program can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If the Public Housing Program or Housing Choice Voucher Program can demonstrate the above, the Public Housing Program or Housing Choice Voucher Program should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

**Non-Compliance with the Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **Gwendolyn B. Dawson, CEO (352) 620-3374** or **HUD field office (904) 232-2627**.

**For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, the Public Housing Program or Housing Choice Voucher Program must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Ocala Housing Authority at (352) 369-2636**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Ocala Domestic Violence/Sexual Assault Center**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **Ocala Domestic Violence/Sexual Assault Center main number 352 651-4009** or the 24-hour hotline at **(352) 622-8495**.

Victims of stalking seeking help may contact **Ocala Domestic Violence/Sexual Assault Center main number 352 651-4009** or the 24-hour hotline at **(352) 622-8495**.

**Attachment:** Certification form HUD-5382

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.



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

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_  
\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_  
\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



## ***Zero Tolerance (NO EXCEPTIONS)***

**February 1, 2016 the Ocala Housing Authority implemented a Zero Tolerance Policy for reporting changes in income and household composition.**

- All changes in household income and or family size must be reported to the OHA
  - Report changes in writing within thirty (30) calendar days of change
  - Complete income adjustment packet within thirty (30) calendar days of change
  - You must provide proof of the change
    - Proof of income change (pay stubs, child support, SS benefits, etc.)
    - Addition of family members (birth certificate, marriage license, court docs, etc.)
    - Deletion of family members (proof of new residency, etc.)
- Failure to report changes in writing within thirty (30) days will result in termination from the program.
- Failure to enter into a repayment agreement and/or make payments on a signed repayment agreement will result in termination from the program.

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

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

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

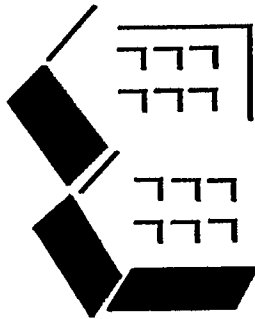
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Signature \_\_\_\_\_ Date \_\_\_\_\_





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



**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

## ***What You Should Know About EIV***

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

#### **What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

#### **What information is in EIV and where does it come from?**

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

#### **What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### **Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

**Note:** *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

#### **What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

#### **What are the penalties for providing false information?**

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

#### **What do I do if the EIV information is incorrect?**

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

#### **Where can I obtain more information on EIV and the income verification process?**

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pihiviv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

**Request for Transcript of Tax Return**

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5a</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	
<b>5b</b> Customer file number (if applicable) (see instructions)	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5a, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.    |    /    /    |    /    /    |    /    /    |    /    /    |

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> <b>Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.</b>	Phone number of taxpayer on line 1a or 2a
▶ _____ Signature (see instructions)	_____ Date
▶ _____ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ _____ Spouse's signature	_____ Date

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**What's New.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

### General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5a) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

### Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888  855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer. **Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Ocala Housing Authority  
 1629 NW 4<sup>th</sup> Street  
 PO Box 2468  
 Ocala, FL 34478-2468  
 Phone 352 369-2636  
 TDD 1-800-545-1833 ext. 507  
 Fax 352 369-2642

**Ocala Housing Authority Vehicle Registration Form**

It is the policy of the Ocala Housing Authority for all residents who have an automobile to provide our office with a current registration of all vehicles that will be parked on OHA property. All vehicles will be required to have an OHA parking decal affixed to the vehicle.

It is also the resident's responsibility to notify our office of the disposition any vehicle with an OHA decal and also to notify our office of the acquisition of a new or different vehicle.

All vehicles must be registered, tagged and in operable condition in order to be parked on OHA property. Any vehicles that are inoperable or have flat tires will be tagged and then towed at the owner's expense.

<b>Name of Owner</b>		<b>OHA Decal Number</b>	
<b>Address</b>		<b>City</b>	<b>State</b>
<b>Year</b>	<b>Color</b>	<b>Make</b>	<b>Model</b>
<b>Tag Number</b>		<b>Phone Number</b>	
<b>Apartment Complex</b>			

\_\_\_\_\_ A copy of the current registration is attached.

\_\_\_\_\_ A copy of the current registration will be provided on \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Head of Household

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of OHA Representative

\_\_\_\_\_  
 Date



**OCALA HOUSING AUTHORITY**  
**Public Housing Briefing Checklist**

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- ✓ Community Demographics
- ✓ Public Housing Program Overview
- ✓ Rules and Regulations
- ✓ Zero Tolerance
- ✓ Smoke Free Policy
- ✓ Pet Policy
- ✓ Community Service Requirement Policy
- ✓ Occupancy Rights Under the Violence Against Women Act (VAWA)
- ✓ Maintenance Charges
- ✓ What You Should Know About EIV
- ✓ Things You Should Know ((HUD-1140-OIG)
- ✓ Fraud (HUD-1141)
- ✓ Debts Owed to Public Housing Agencies and Terminations (HUD 52675)
- ✓ Complaints, Grievance and Appeals Procedures
- ✓ Criminal/Drug Abuse/ Alcohol Abuse Policy
- ✓ Fair Housing Booklet (HUD-1686-1-FHEO)
- ✓ Housing Discrimination Complaint Form (HUD-903.1)
- ✓ Lead Paint Brochure ((EPA-K-99-001)
- ✓ Bed Bug
- ✓ Window sizes

I have received a copy of the above listed documentation and it has been explained to me.	
Signature of Participant	Date
Signature of OHA Representative	Date