

VIOLENCE AGAINST WOMEN ACT (VAWA)

What Applicants, Tenants, Owners and Landlords Need to Know

Applicable to Public Housing, Section 8 Housing Choice Voucher & Project-Based Housing Programs, USDA Rural Housing properties, LIHTC properties, McKinney-Vento Homeless Programs, HOME Investment Partnerships Program, Section 221(d)(3) BMIR, Section 236 Rental Programs, Housing Opportunities for Persons with AIDS (HOPWA), Section 202 Supportive Housing for the Elderly & Section 811 Supportive Housing for Persons with Disabilities

(This information meets notification requirements of the federal Violence Against Women Reauthorization Act of 2013)

WHO IS PROTECTED BY VAWA (VIOLENCE AGAINST WOMEN'S ACT)?

VAWA applies to all applicants, tenants and affiliated individuals in the covered programs listed above. VAWA covers all victims of domestic violence, dating violence, sexual assault, and stalking. Protection is for the entire household with exception of the abuser or perpetrator. Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims, as well as lesbian, gay, bisexual and transgendered persons, as well as female victims of such violence.

INFORMATION FOR APPLICANTS of COVERED HOUSING PROGRAMS

(Covered programs are listed above)

A Public Housing Agency (PHA) owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission. To qualify for public housing or housing choice voucher assistance all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- meet the local PHA's definition of "family";
- be income eligible
- have at least one family member who is a U.S. citizen or has eligible immigration status;
- meet criminal background screening criteria;
- have no outstanding debt to any PHA; and
- meet all other local PHA screening criteria including;
- providing Social Security numbers for all household members.

Some, but not all, PHAs give preference to applicants who are victims of domestic violence. If you are a victim of domestic violence, dating violence, sexual assault or stalking, ask if the PHA gives this preferences. If they do, the PHA may request that you provide a certification documenting the situation. If you fail to provide a requested certification within 14 business days after receiving the request, your request for a preference may be denied.

INFORMATION FOR PUBLIC HOUSING AND PROJECT BASED PROGRAMS PARTICIPANTS

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. THE PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence, sexual assault or stalking based solely on such an incident or threat.

THE PHA, an owner or landlord may deny, remove or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA, owner or landlord to terminate your assistance for other criminal activity, repeated lease violations or good cause.

In processing a request by a victim for continued assistance or for portability, the PHA may request that you certify that you are victim of domestic violence, dating violence, sexual assault or stalking, and that the actual or threatened abuse meets the requirements set forth in VAWA. Such certification must indicate the name of the perpetrator. If you do not provide the requested certification within 14 business days, your request may be denied your assistance may be terminated.

(Office Use Only) Application Number: _____ Time Submitted: _____ a.m. / p.m. Date Submitted: _____

Application Entered by: _____ (Initial)

**Seneca Housing
Authority**

**APPLICATION FOR PUBLIC HOUSING AND
PERSONAL DECLARATION OF INFORMATION**

Administrative Office, 504 EDWARD STREET SENECA, KS 66538--Phone: 785-336-2144

Please Type or Print in Ink...Thoroughly read the instructions on the back page of this form

Note: The Seneca Housing Authority needs all previous names. *If a household member's name has changed, please note this by use of parentheses. e.x. Smith (Jones)*

Date: ____/____/____

Head of Household (include all previous names): _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Head of Household Marital Status: ☐ Single ☐ Separated ☐ Married ☐ Divorced ☐ Widowed

Head of Household Certifies it has received the brochure detailing the Violence Against Women's Act (VAWA)

Head of Household Signature

SECTION 1: HOUSEHOLD MEMBERS AND PERSONAL DATA

PART A: List all people who will live in the assisted household: Use additional sheets if necessary. Include all previous names.

Household Members Name(s)	Date of Birth	Sex	Relationship	Place of Birth (City, State)	Social Security Number
	/ /				- -
	/ /				- -
	/ /				- -
	/ /				- -
	/ /				- -
	/ /				- -

PART B: Provide race/ethnicity and disability information for ALL household members. (Please use the following race classifications: White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, other race); Use additional sheets if necessary. We appreciate your cooperation in providing this information, however it is voluntary.

Household Members Name(s)	Ethnicity		Race	Legal U.S. Citizen?		Does this person require special assistance due to disability?	
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO



Does anyone listed in Part A or Part B have a Guardian/Conservator? ☐ YES ☐ NO
Guardian or Conservator:

If YES, give name and address of

PART C: Please answer the following question (if applicable):

1. Do you have residential custody of all minors listed above? ☐ YES * ☐ NO ☐ N/A

If NO, give NAME AND ADDRESS of person with residential custody of the minor:

*If YES, documentation of custody must be submitted with this application.

2. Do you pay for childcare that enables you or another family member to work or go to school? ☐ YES* ☐ NO

*If YES, continue, otherwise go to question 3.

2a. How much and how often do you pay the childcare provider? \$ _____ per _____

2b. Are your childcare expenses reimbursed by any person or agency? ☐ YES ☐ NO

2c. If YES, what agency or person reimburses you? _____

2d. At what rate is the reimbursement provided? \$ _____ per _____

2e. Provide the name and address of your childcare provider _____

3. Is the Head of Household or Spouse of this household 62 years old or older, handicapped or disabled? ☐ YES* ☐ NO

*If YES, continue, otherwise go to **SECTION II: SOURCES OF INCOME**.

3a. Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family that is necessary to permit that person or someone else in the family to work? ☐ YES ☐ NO

3b. If YES, please describe the expenses: _____

3c. Does any household member have Medicare? ☐ YES ☐ NO

If YES, Do you pay a Medicare premium? ☐ YES \$ _____ or ☐ I do not pay the premium

3d. Does any household member have any other kind of medical insurance? ☐ YES ☐ NO

If YES, what is the medical insurance premium \$ _____

3e. Does any household member take prescription medicines on a regular basis? ☐ YES ☐ NO

If YES, what is the monthly amount spent for prescriptions? \$ _____ (attach pharmacy print-off)

3f. Does any household member receive medical assistance through the welfare department? ☐ YES ☐ NO

3g. Does any household member have outstanding medical bills on which you make regular payments? ☐ YES ☐ NO

3h. Do you expect to incur any medical expenses during the next twelve (12) months? ☐ YES ☐ NO

If YES, please explain: _____

SECTION II: SOURCES OF INCOME

PART 1: For each type of income received, give the name of the member who receives the income, and the source of the income (income includes: wages, unemployment benefits, child support, alimony, public assistance such as TANF, Social Security, pension/annuity, organizational contributions, income from assets such as checking or savings accounts, financial aid, wages in the form of cash and all other received forms of income). List the address of the source and the amount of income that can be expected from the source during the next twelve months. PROVIDE DOCUMENTATION OF ALL SOURCES

Family Member	Source/Type of Income	Name & Address of Source (Street/City/State/Zip Code)	Yearly Amount	Frequency (Weekly, Monthly etc.)



PART 2:

1. Does any household member have any of the following assets: IRA's, Keogh Plan, Money Markets, Certificates of Deposits or bank accounts? ☐ YES ☐ NO If YES, Please List

List the current value and the person in the household to whom it belongs (for bank accounts include bank name and account number):

Name of Household Member	Type of Account	Value	Bank Name/Account Number

2. Has any household member disposed of any asset or property for less than fair market value during the past two years?

☐ YES ☐ NO If YES, please briefly describe: _____

If no income is reported, please sign here to certify that you and members of your household receive **ABSOLUTELY NO** income:

Signature: _____

INCOME INFORMATION

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is any member of your household employed full-time, part-time or seasonally? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Does any member of your household expect to work for any period during the next twelve months? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Does any member of your household work for someone who pays him or her in cash? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Is any member of your household on leave of absence from work due to a lay-off or medical, maternity or military leave? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Does any member of your household now receive or expect to receive unemployment benefits? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Does any member of your household now receive or expect to receive child support payments? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Is any member of your household entitled to child support that he/she is not now receiving? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Does any member of your household now receive or expect to receive alimony/maintenance payments? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Is any member of your household entitled to alimony/maintenance payments that he/she is not now receiving? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Does any member of your household receive or expect to receive welfare assistance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Does any member of your household receive or expect to receive Social Security or SSI benefits? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Does any member of your household receive income from a retirement, pension or annuity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Does any member of your household receive regular cash contributions from an organization or individuals not living in your unit? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. Does any member of your household receive income from assets, including interest on checking or saving accounts, interest and dividends from life insurance policies, or certificates of deposit, stocks or bonds, or income from the rental of property? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Does any member of your household own real estate or any assets for which there is not income (e.x. non-interest bearing checking accounts, cash etc.)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 16. Has any member of your household sold or given away real property or other assets (including cash) in the past two years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 17. Has any household member received any lump sum payments such as: | | |
| Inheritances | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Lottery Winnings | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Insurance Settlements | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Capital Gains | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Social Security, SSI, Unemployment Compensation | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other: (Please Explain): _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SECTION III: RESIDENTIAL HISTORY

1. **Previous Housing Assistance:** Has any member ever lived in any type of federally subsidized housing (including: Public Housing, Section 8, Public Indian Housing, and ALL other forms of federally subsidized housing)? ☐ YES ☐ NO If YES, provide information below:

Former Address: _____

City: _____ State: _____ Zip Code: _____

Housing Authority/Agency's Name: _____ Date Moved in: _____ to _____

Does he/she owe a debt to this housing program? ☐ YES ☐ NO If YES, have arrangements been made to pay it back ☐ YES ☐ NO



2. Residential History: Please list the addresses of all places the adults in your household have lived in the past five (5) years, starting with where you are now. Include all permanent residences and temporary places you have stayed. Use additional pages if you need more space. Mailing or other contact information for each residence must be provided. Explain any gaps in the time between addresses in a separate letter and enclose it with your application.

Current Address: _____				<input type="checkbox"/> Family Member
City: _____	State: _____	Zip Code: _____	Date Moved in: _____ Out: _____	
Contact Person and position: _____		Address: _____		
City: _____	State: _____	Zip Code: _____	Phone: (____) _____	
<hr/>				
Former Address: _____				<input type="checkbox"/> Family Member
City: _____	State: _____	Zip Code: _____	Date Moved in: _____ Out: _____	
Contact Person and position: _____		Address: _____		
City: _____	State: _____	Zip Code: _____	Phone: (____) _____	
<hr/>				
Former Address: _____				<input type="checkbox"/> Family Member
City: _____	State: _____	Zip Code: _____	Date Moved in: _____ Out: _____	
Contact Person and position: _____		Address: _____		
City: _____	State: _____	Zip Code: _____	Phone: (____) _____	
<hr/>				
Former Address: _____				<input type="checkbox"/> Family Member
City: _____	State: _____	Zip Code: _____	Date Moved in: _____ Out: _____	
Contact Person and position: _____		Address: _____		
City: _____	State: _____	Zip Code: _____	Phone: (____) _____	
<hr/>				
Former Address: _____				<input type="checkbox"/> Family Member
City: _____	State: _____	Zip Code: _____	Date Moved in: _____ Out: _____	
Contact Person and position: _____		Address: _____		
City: _____	State: _____	Zip Code: _____	Phone: (____) _____	

SECTION IV: CHARACTER REFERENCES

Each applicant family must provide at least five (5) character references. These references should be people who know you and **MUST NOT BE RELATED TO YOU BY BLOOD, ADOPTION OR MARRIAGE**. You must supply a *complete name, address and phone number for each reference*. If you do not know this information, either find out what it is or choose a different person as a reference. The Housing Authority staff **will not** make any attempt to contact a reference for which we **do not** receive complete and accurate information. That is the applicant's sole responsibility.

Name of Reference	Street Address, City, State, Zip	Phone Number
Name of Reference	Street Address, City, State, Zip	Phone Number
Name of Reference	Street Address, City, State, Zip	Phone Number
Name of Reference	Street Address, City, State, Zip	Phone Number
Name of Reference	Street Address, City, State, Zip	Phone Number



SECTION V: CRIMINAL HISTORY/ELIGIBILITY

Please answer YES or NO to the following questions:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Has any household member been arrested? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Has any household member been convicted of a felony? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is any household member a Registered Sex Offender? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Has any household member been convicted of manufacture or sale of methamphetamine? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Has any household member been evicted from a federal housing program in the past for lease violation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Has any household member been evicted from a federal housing program in the past 3 years for illegal drug activity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you answered YES to any of the above questions, please explain here (list date, charges, and location for all arrests or convictions. List Question Number): _____

SECTION VI: APPLICANT CERTIFICATION

I/We certify that all the information given to the Atchison Housing Authority as part of this application is accurate and complete to the best of my/our knowledge and belief. I/We further certify that the Character References provided in Section IV are not related to me/us by blood, adoption or marriage. I/We understand that false statements or information are punishable under Federal Law. I/We understand that providing false, misleading, and/or incomplete information is grounds for denial of eligibility for the waiting list and termination of tenancy.

Signature of Head of Household: _____	Date: _____
Signature of Spouse/Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Person Assisting Applicant: _____	Date: _____
Agency's Name: _____	Phone: () _____

SECTION VII: APPLICANT RELEASE OF INFORMATION AMONG HOUSEHOLD MEMBERS

I/We certify that all the information given to the Atchison Housing Authority as part of this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We understand that providing false, misleading, and/or incomplete information is grounds for denial of eligibility for the waiting list and termination of assistance. I/We understand that by signing this application I/We give the Atchison Housing Authority the right to discuss/release all information related to the application/assistance process with all other adult household members who have signed this application, including but not limited to past credit, residential, criminal and information related to the application/assistance process.

Signature of Head of Household: _____	Date: _____
Signature of Spouse/Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____
Signature of Other Adult: _____	Date: _____

NOTE TO APPLICANT: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line (800) 424-8590. Revised 10/2003



INSTRUCTIONS FOR FILLING OUT THE APPLICATION FOR HOUSING ASSISTANCE

There are several important pieces of information that you should know when filling out an application for housing assistance.

Important Notice: All Seneca Housing Authority Housing is waiting list based; we do not provide emergency housing.

- ☐ YOU MUST FILL OUT THE APPLICATION **COMPLETELY**.
- ☐ LEAVE **NO** BLANK SPACES.
- ☐ IF A QUESTION IS **NOT** APPLICABLE WRITE N/A.
- ☐ INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. THEY WILL BE RETURNED TO THE APPLICANT.

THE SENECA HOUSING AUTHORITY WILL PROCESS ONLY COMPLETE APPLICATIONS. To be complete, the application must have:

A. All forms filled out, including:

1. Seneca Housing Authority Application for Public Housing and Personal Declaration Form
2. Form HUD 9886, Privacy Act Form
3. Seneca Housing Authority Application PHA Form
4. Housing Agency Disposal of Asset Certification Form
5. Applicant/Tenant Emergency Contact Form

B. Income and Identification Documents (for all documentation, send **COPIES ONLY. **DO NOT** send originals):**

1. Social Security Cards for all household members.
2. Birth certificates for all household members. Other official documentation of identity such as valid driver's license may be substituted for an adult if a birth certificate cannot be provided.
3. You must include documentation of all income and assets that apply to your situation. Documentation may include a letter from employer, if working, or TANF, Social Security, SSI printout if receiving government assistance, letter from Kansas Department of Human Resources if receiving Unemployment Compensation, current documents on child support or alimony, or any other form from the entity which is providing income to the household such as retirement or pension income. Copies of bank statements, or letters from your bank and personal property tax statements are examples of information you must provide in order for us to process your application.
4. Photo ID for all adult household members.

It is important that you double check to make sure your application is complete, all forms signed and dated, and all documentation of identity and income are attached. Incomplete applications will not be accepted.

Persons with disabilities who need assistance completing this application are entitled to request a reasonable accommodation under the Atchison Housing Authority's Reasonable Accommodation Policy. A reasonable accommodation request form can be obtained from the Seneca Housing Authority offices at 504 Edward Street Seneca, Kansas 66538 or by calling 785-336-2144 to request a form.

What We Do When We Receive Your Application:

The Seneca Housing Authority only accepts completed applications. If you turn in an incomplete application it will be returned to you for completion.



If you owe this agency any past due monies we are unable to process your application.

Once we receive your completed application we complete local and national background checks. Local and National Background Checks are completed. If there is no possible criminal or otherwise negative history we will review your application for initial eligibility factors, including, but not limited to the following:

1. Family must be within income guidelines.
2. Family must meet the definition of a family.
3. Family member must be U.S. Citizens or have INS documentation of eligible immigration status.
4. Have no family members who, as previous participants in federal housing programs, has been evicted or had their housing assistance terminated for illegal drug activity or program/lease violations in the past 3 years.
5. Family must not owe a debt to a any housing agency.
6. Family must not have committed fraud against a federal housing program.
7. Have no family member with a history of violent or drug-related criminal activity.
8. Family has not provided false or misleading information on a housing application.
9. The head of household and spouse (if applicable) must be at least 18 years old.

After we have determined initial eligibility and you are near the top of the waiting list we begin to verify income sources, assets, benefits, rental history and other items to determine renters suitability. Failure to provide the information necessary to verify these items may result in the application being returned as incomplete.

Within **30** days of receiving your application you will receive notification of denial for housing assistance, request for further information or action or a notification of your placement on the appropriate waiting list. If you receive a denial for housing assistance letter you will be given the information needed in order to request an review with a staff member.

Once you near the top of the waiting list we will arrange an interview with you to complete the application processing failure to attend this interview may result in your name being removed from the waiting list. It is very important that you notify us of any change in phone number, address, contact information and income and asset information if we cannot contact a family the family will be removed from the waiting list.

Please refer to the attached checklist to assure you have completed and attached all necessary information. If you have any questions please contact our office at 785-336-2144.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

Signature of Applicant

Date

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

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

Form HUD- 92006 (05/09)



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 48%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

Signature of Applicant

Date

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

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

Form HUD- 92006 (05/09)



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

PHA requesting release of Information; (cross out space if none)

SENECA HOUSING AUTHORITY
504 EDWARD STREET
SENECA, KS 66538

IHA requesting release of Information; (cross out space if none)

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 the 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 Certification
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 wage and self employment information and payments of retirement income as referenced at Section 6103(1)(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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)



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 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 effect 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 purpose 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.

(7/94)



HOUSING AGENCY DISPOSAL OF ASSETS CERTIFICATION

To meet eligibility and rent determinations it is required by Federal Regulations that the Head of Household and spouse certify in writing as to whether they have disposed of any assets for less than fair market value during the two years preceding the effective date of certification/re-certification of tenant eligibility.

PLEASE CHECK ONE OF THE BOXES BELOW:

For Head of Household:

1. ☐ I certify that I have not disposed of any assets for less than fair market value in the past two years.
2. ☐ I certify that I have disposed of the following asset (s) for less than fair market value in the past two years.

TYPE OF ASSET: _____

DATE DISPOSED OF ASSET: _____

AMOUNT RECEIVED FOR ASSET: \$ _____

MARKET VALUE OF THE DISPOSED ASSET: \$ _____
(at the time of disposition)

X _____

Head of Household

Date

For Spouse or Other Adult Household Member:

1. ☐ I certify that I have not disposed of any assets for less than fair market value in the past two years.
2. ☐ I certify that I have disposed of the following asset (s) for less than fair market value in the past two years.

TYPE OF ASSET: _____

DATE DISPOSED OF ASSET: _____

AMOUNT RECEIVED FOR ASSET: \$ _____

MARKET VALUE OF THE DISPOSED ASSET: \$ _____
(at the time of disposition)

X _____

Spouse or Other Adult Household Member

Date



**Declaration of U.S. Citizenship
Or Non-Citizen With Eligible Immigration Status**

In accordance with the Department of Housing and Urban Development (HUD), every applicant / participant must complete the following for all family household members. Please list every person living in the household and designate citizenship as defined below.

- (A). United States Citizen(s)
- (B). Non-Citizen with Eligible Immigration Status
- (C). Non-Citizen without Eligible Immigration Status

Applicant Information (PLEASE PRINT)

Name	Sex	Age	Relationship	A	B	C	Signature of Head of Household
Head of Household			Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse			Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare under penalty that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. Citizen, non-citizen with eligible immigration status or non-citizen without eligible immigration status.

Signature, head of household

Date

Signature, spouse/co-head of household

Date

Signature, additional household member

Date

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



Release of Information

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

PHA requesting release of Information; (cross out space if none)

(Full address, name of contact person and date)

SENECA HOUSING AUTHORITY

604 EDWARD STREET

SENECA, KS 66538

This form cannot be used to request a copy of a tax return. Instead Use
IRS Form 4506, Request for a Copy of Tax Form

Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Low-income Rental Indian Housing

Low-Income Public Housing

Mutual Help Homeownership Opportunity Program

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Program

Section 23 and 10(c) Leased Housing

Section 23 Housing Assistance Payments

Section 202

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

Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. I authorize only HUD and Indian Housing Authority, or a public Housing Agency to obtain information on wages or unemployment compensation from State Employment Security Agencies.

Information Covered:

Child Care Expenses

Credit History

Criminal Activity

Family Composition

Employment, Income, Pensions, and Assets

Federal, State, Tribal, or Local Benefits

Handicapped Assistance Expenses

Identity and Marital Status

Medical Expenses

Social Security Numbers

Residences and Rental History

Individuals or Organizations that may Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and Other Financial Institutions

Courts

Law Enforcement Agencies

Credit Bureaus

Employers, Past and Present

Landlords

Providers of:

Alimony

Child Care

Child Support

Credit

Handicapped Assistance

Welfare Agencies

Handicapped Assistance

Medical Care

Pensions/Annuities

Schools and Colleges

U.S. Social Security Administration

U.S. Department of Veteran's Affairs

Computer matching Notice & Consent:

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

U.S. Office of Personnel Management

U.S. Social Security Administration

U.S. Department of Defense

U.S. Postal Service

State Employment Security Agencies

State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by my family.

Conditions:

I/We voluntarily waive all right of recourse and release each such person from liability for providing information to the Atchison Housing Authority.

I/We agree that photocopies of this authorization may be used for the purposes stated above.

If I/We do not sign this authorization, I/We also understand that my housing assistance may be denied or terminated.

This Consent form expires 15 months after signed.

Signatures:

Print Name: _____

Social Security #: _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Original is retained by the Requesting organization

Application Form PHA



Release of Information

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

PHA requesting release of Information; (cross out space if none)

I (Full address, name of contact person and date)

SENECA HOUSING AUTHORITY**504 EDWARD STREET****SENECA, KS 66538**This form cannot be used to request a copy of a tax return. Instead Use
IRS Form 4506, Request for a Copy of Tax Form**Purpose:**

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

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Section 8 Housing Assistance Payments Program

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Information Covered:

Child Care Expenses

Credit History

Criminal Activity

Family Composition

Employment, Income, Pensions, and Assets

Federal, State, Tribal, or Local Benefits

Handicapped Assistance Expenses

Identity and Marital Status

Medical Expenses

Social Security Numbers

Residences and Rental History

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Courts

Law Enforcement Agencies

Credit Bureaus

Employers, Past and Present

Landlords

Providers of:

Alimony

Child Care

Child Support

Credit

Handicapped Assistance

Welfare Agencies

Handicapped Assistance

Medical Care

Pensions/Annuities

Schools and Colleges

U.S. Social Security Administration

U.S. Department of Veteran's Affairs

Computer matching Notice & Consent:

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

U.S. Office of Personnel Management

U.S. Social Security Administration

U.S. Department of Defense

U.S. Postal Service

State Employment Security Agencies

State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by my family.

Conditions:

I/We voluntarily waive all right of recourse and release each such person from liability for providing information to the Atchison Housing Authority.

I/We agree that photocopies of this authorization may be used for the purposes stated above.

If I/We do not sign this authorization, I/We also understand that my housing assistance may be denied or terminated.

This Consent form expires 15 months after signed.

Signatures:

Print Name: _____

Social Security #: _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____

Date of Birth: ____/____/____

Address: _____

Signature: _____

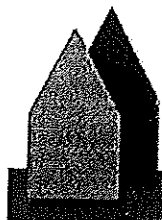
Date: _____

Original is retained by the Requesting organization

Application Form PHA







Seneca Housing Authority

504 Edward Street
Seneca, Kansas 66538
Phone: 785-336-2144
Fax: 785-336-2648

EMERGENCY CONTACT INFORMATION

Tenant Name: _____
Address: _____

Tenant Phone #: _____

Please List contacts below so that the Housing Office may contact the individuals
in case of emergency. Thank You

1. Name: _____
Address: _____

Phone: _____

2. Name: _____
Address: _____

Phone: _____

3. Name: _____
Address: _____

Phone: _____