WARNING

If it is found that an applicant has misrepresented the facts on which their rent is based and is paying less than they should, housing assistance will be terminated. In addition, the applicant may be subject to civil and criminal penalties.

The applicant is advised that any person who, by means of a false statement, failure to disclose information, impersonation, or other fraudulent scheme or device: 1) obtains or attempts to obtain, or 2) establishes or attempts to establish eligibility for, and/or 3) knowingly or intentionally aids or helps such person obtain or attempt to obtain housing or a reduction in public housing rental charges or any rent subsidy to which such person would not otherwise be entitled, shall be guilty of a misdemeanor. Upon conviction, the person shall be punished by a fine of not less than $300 nor more than $500, be punished at hard labor for the county not to exceed 60 days, or both fined and imprisoned, at the discretion of the court. (24-1-10, Code of Alabama, 1975)

Falsifying information on this application will be grounds for your application being DENIED. Make sure you answer each question truthfully.

Signature: _____

Date: _____

Documents to bring with you:

1. Birth certificates
2. Picture ID/Driver's Licenses
3. Social Security Cards or acceptable documentation
4. All final divorce decrees
5. Marriage Certificate
6. Most current landlord's name and complete mailing address
7. Employer's name and complete mailing address (Most current 6 weeks' pay stubs)
8. Most recent Social Security/SSI award letter (Must be dated within 90 days)
9. Child support check stubs
10. Unemployment check stubs
11. Veterans benefits award letter & Pension

MUST have for each member of household including children.

Date Received_____ Public Housing_____

Time Received_____ Application No_____ Section 8_____

HOUSING ASSISTANCE APPLICATION

PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. Legal Name of Head of Household: _____
2. Social Security #_____ 3. Alien Registration #_____
4. Current Address: _____
5. Mailing Address: _____
6. Previous Address: _____
7. Phone: Home: _____ Cell: _____ Work: _____ Other: _____
8. Date of Birth: _____ 9. Age: _____ 10. Place of Birth: _____ 11. Sex ____
12. Citizenship: Are you a citizen of the United States? (Yes/No) _____
13. Racial Group ( ) White ( ) Black/African American ( ) American Indian/Alaska
( ) Asian ( ) Other:_____
14. Ethnicity ( ) Hispanic/ Latino ( ) Not Hispanic/ Latino
15. Do you or any member of your household claim any time of disability for the purpose of qualifying for reasonable accommodation in PHA rules or policies, modification of the housing unit, or specific housing needs? (Yes/No) _____If yes please describe: _____
16. Marital Status of Head of Household: Married _____Single_____ Widow(er) _____ Divorced_____
17. Current Spouse Name: _____
18. List names, addresses, and telephone numbers of two relatives or friends who generally know how to contact you:

1. Contact Name:	2. Contact Name:
Address:	Address:
Phone #:	Phone #:
Relationship:	Relationship:

19. Have you or any household member ever received any type of housing assistance?
(Yes/No) _____ If yes, provide: Household Member Name_____
Public/Assisted Housing Agency: _____
Agency Address: _____
What year(s)? _____ Who was the Head of Household? _____
20. Do you currently owe any money to any Public or Assisted Housing Agency? (Yes/No)_____
If yes, amount: _____ Name of Agency: _____
Address of Agency: _____
21. Have you ever used a name other than the one you are using now? (Yes/No) _____
If so, please explain: (maiden name, previous marriages, etc.) _____

22. Have you ever used a social security number other than the one you listed on page 1 of this form? (Yes/No) _____ If yes, what is the other number? _____

23. LIST ALL MEMBERS WHO WILL BE LIVING IN THE UNIT:

Print Full Name(s)	Relation to Head	Birth Date	Race	Age	Sex	Social Security Number	Birth Place	U.S. Citizen? (Y/N)
1	Head							
2								
3								
4								
5								
6								
7								
8								

If there are additional household members, check here___ & attach a separate page with the application.

24. Are any family members temporarily absent from the home? (Yes/No) _____

If yes, state the reason they are absent: _____

25. Full-Time Students: List the household member name, school name, address, and telephone # of all household members who are attending school full-time:

a. Name of Household Member:	
School Name:	
School Address:	
b. Name of Household Member:	
School Name:	
School Address:	
c. Name of Household Member:	
School Name:	
School Address:	

26. For all household members who are not United States citizens, provide the following

a. Name of Household Member:	
Alien Registration #:	
b. Name of Household Member:	
Alien Registration #:	

PART B: DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities

****The Housing Authority runs mandatory background checks. IF THESE QUESTIONS ARE NOT ANSWERED TRUTHFULLY, your application will automatically be denied. Answering "Yes" does not necessarily mean you are ineligible for public housing, so answer correctly.****

1. Have you or any household member ever been arrested or convicted of any drug-related or criminal activity? (Yes/No) _____ If so, please provide the following information:

When: _____ Reason: _____

Name of Household Member: _____

2. Have you or any household member ever been evicted from Public or Assisted Housing for violent criminal or drug-related activity? (Yes/No) _____ If yes, provide the following information: When: _____ Reason: _____ Household Member: _____

Name of Public/Assisted Housing: _____

3. Have you or any household member ever been convicted of the manufacture or production of methamphetamine on the premises of Public or Assisted Housing? (Yes/No) _____

Household Member: _____

Name of Public/Assisted Housing: _____

4. Are you or any household member subject to lifetime registration as a sex offender? (Yes/No) _____

If yes, please provide name of Household Member _____

5. Are you or any household member a person who abuses or shows a pattern of abuse of alcohol?

(Yes/No) _____ If yes, please provide the following:

Household Member: _____ Is household member currently enrolled in a treatment program? (Yes/No) ____ If yes, please describe: _____

PART C: INFORMATION

This part applies to all the household members, including minors.

1. Work full-time, part-time, or seasonally, including wages, fees, tips, bonuses, or money for services?

(Yes/No) _____ If yes, provide the following information:

Name of Household Member	Employer Name/Address	Employer Telephone Number
a.		
b.		
c.		
d.		

2. Does any household member work for someone who pays cash? (Yes/No) _____

If yes, please provide the following information:

Name of Household Member	Employer Name/Address	Employer Telephone Number
a.		
b.		

3. Does any household member receive unemployment benefits, workers' compensation, or severance pay? (Yes/No) _____If yes, provide the following:

Household Member Name: _____

Type of Benefit: _____ Amount: _____

Employer Name & Address_____

4. Does any household member receive child support from the child support recovery unit?

If yes, please provide the following:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		
b.		
c.		
d.		

5. Does any household member receive child support directly from the absent parent?

(Yes/No) _____ If so, please provide the following:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		
b.		
c.		
d.		

6. Does any household member receive alimony? (Yes/No) _____If yes, provide the following:

Household Member Name: _____ Amount: _____

Former Spouse Name: _____

7. Does any household member receive public assistance (TANF)? (Yes/No) _____

If yes, please provide the following:

Household Member Name: _____Amount: _____

8. Does any household member receive food stamps? (Yes/No) _____ If yes, please provide:

Amount: _____ Case Number: _____ County: _____

9. Does any household member receive Social Security or SSI benefits? (Yes/No) _____

If yes, please attach a copy of the current award letter to this application and provide:

Household Member: _____ Amount _____ Social Security Number _____

10. Does any household member receive income from a pension or annuity? (Yes/No) _____

If yes, provide: Household Member Name: _____ Amount: _____

Type of Pension/Annuity: _____ Claim Number: _____

Address of Pension/Annuity: _____

11. Does any household member receive regular contributions from organizations or from individuals not living in the unit? (Yes/No) _____ If so, provide: Household Member Name: _____

Amount: _____ Address of Contributing Individual/Organization: _____

12. Does any household member receive income from assets, including interest on checking or savings accounts, interest & dividends from certificates of deposit, stocks or bonds, or income from a rental property? (Yes/No) _____ If yes, provide: Household Member Name: _____

Amount: _____ Type of Asset _____ Amount of Income/Interest Received_____

13. Do any household members own a business or are self-employed? (Yes/No) _____If yes, provide:

Household Member Name: _____Business Name & Address: _____

_____

14. Does any household member receive any type of military pay/allotment (including the Coast Guard, National Guard, and Reserve Units)? (Yes/No) _____ If yes, provide the following:

Household Member Name: _____Amount _____

Source of Pay/Allotment: _____

15. Does any household member receive money to pay bills from someone outside of your household?

(Yes/No) _____ If yes, provide:

Household Member Name: _____Amount _____

Name & Address of party paying the bills: _____

PART D: ASSETS

1. Does any household member own or have an interest in any property (real estate, mobile home, and/or land? (Yes/No) _____ If yes, provide:

Household Member Name: _____Value: _____

Real Estate Address: _____

2. Has any household member sold or given away any property (real estate, mobile home, and/or land) in the last two years? (Yes/No) _____If yes, describe below

_____

_____

3. Does any household member own any stocks or bonds? (Yes/No) If yes, describe below:

Where do all household members bank? Provide ALL information below:

Household Member	Bank Name & Address	Type of Account	Account Number
a.			
b.			
c.			

5. Does any household member have any savings certificates, money market funds, or trust funds? (Yes/No) _____ If yes, please describe: _____

6. Does any household member have any retirement account (Company, IRA, Keogh)?

(Yes/No) _____ If yes, please describe: _____

7. Do you have anything you consider an investment? (Yes/No) _____ If yes, please describe: _____

PART E: EXPENSES

1. Does any household member have expenses for childcare of a child aged 12 or younger?

Minor's Name	**Childcare Provider Name/Address**	**Providers Telephone Number**	**Monthly Cost**
a.			
b.			
c.			
d.			

Is any portion of your childcare expenses reimbursed from an outside agency or person? (Yes/No) _____

2. Indicate the dollar monthly expenditure for your household below:

Rent	Phone	Medical	Credit Card
Electric	Car Payment	Cable	Credit Card
Gas	Car Ins	Insurance	Loan
Water	Child Care	Rentals	Loan

Indicate in the space if any of the above that are delinquent or not paid current: _____

3. Do you pay a care attendant or for any equipment for any household member(s) with disabilities that is necessary to permit that person or someone else in the household to work? (Yes/No) _____If yes, provide:

Care Attendant Name	**Care Attendant Address**	**Care Attendant Telephone Number**
a.		
b.		

What is the monthly cost to you for the care attendant and/or the equipment? _____

ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions in Part E only if the head of household or spouse is 62 years of age or older, or if the head or spouse is a person with a disability.

4. Do you have Medicare? (Yes/No) _____ If yes, what is your monthly premium? _____

5. Do you pay for any other kind of medical insurance? (Yes/No) _____. If yes, provide:

Policy Number:	Policy Number:
Insurance Agent's Name:	Insurance Agent's Name:
Name of Insurance Company:	Name of Insurance Company:
Address:	Address:
Telephone Number:	Telephone Number:
Monthly Premium Amount:	Monthly Premium Amount:

6. Do you have any outstanding medical bills that you are paying? (Yes/No) _____ If yes, provide:

Name of Provider	Address of Provider	Telephone Number
a.		
b.		

7. Do you expect to incur additional medical expenses in the next 12 months that will not be covered by insurance? (Yes/No) _____. If yes, list anticipated medical expenses not covered below:

_____

_____

PART F: UNIT INFORMATION

1. Name, address, and telephone number of your current landlord: _____

_____

_____

2. What is the total monthly rent of your unit? _____

What amount do you pay monthly for rent? _____

3. Indicate the type of housing you currently occupy: House_____ Apartment_____ Mobile Home_____

Other _____

4. In your opinion, is your present home decent, safe, and sanitary? (Yes/No) _____. If not, why not?

_____

_____

APPLICANT / PARTICIPANT CERTIFICATION

I certify that the information given to the Hamilton Housing Authority (PHA) on household composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in household composition, income, assets, and expenses of any household member(s) to the Hamilton Housing Authority PHA within ten (10) days of the change. I understand that all changes in household composition due to birth, adoption, or court-awarded custody must be reported in writing to the Hamilton Housing Authority PHA within ten (10) days of the change. Further, no one is permitted to move into my unit without prior written approval of the Hamilton Housing Authority PHA and my landlord. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose, or other fraud, and any act of assistance to such attempt is a crime under:

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Signature of Adult Member: _____ Date: _____

Signature of Adult Member: _____ Date: _____

DO NOT WRITE IN THIS SPACE- FOR PHA ONLY:

I have reviewed this application in its entirety with the above Head of Household and verify by my signature that this application is complete and any items that were not complete on this date that application was originally submitted have now been entered, dated, and initialed by the Head of Household and myself.

Signature of PHA Representative: _____ Date: _____

The Housing Authority of Hamilton, Alabama
690 Bexar Avenue East, Office
Hamilton, AL 35570
(205) 921-3155

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the HOUSING AUTHORITY OF HAMILTON, ALABAMA, any information or materials needed to complete and verify my application for participation and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies, as well as any adult member in my household.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to: (1) Identity and marital Status, (2) Employment Income and Assets, (3) Medical or Child Care Allowances, (4) Child Support, (5) Credit and Criminal Activity, and (6) Residences and Rental Activity.

I understand that this authorization cannot be used to obtain any information that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups of individuals that may be asked to release the above information (depending on program requirements) include but are not limited to: Previous Landlords (including Public Housing Agencies), State Unemployment Agencies, Social Security Administration, Courts and Post Offices, Medical and Child Care Providers, Schools and Colleges, Veterans Administration, Law Enforcement Agencies, Retirement Systems, Support and Alimony Providers, Banks and Other Financial Institutions, Past and Present Employers, Credit Providers and Credit Bureaus, Department of Human Resources and Utility Companies.

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of the adverse information found, and a chance to disprove that information. HUD may, in the course of its duties, exchange automated information with Federal, State, or Local Agencies, including but not limited to: State Employment Security Agencies, the Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect as long as I am an applicant/tenant of the Housing Authority.

Head of Household: _____ SSN: _____ Date: _____

Spouse/Co-Head: _____ SSN: _____ Date: _____

Adult Member: _____ SSN: _____ Date: _____

Adult Member: _____ SSN: _____ Date: _____

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant	**Date**

OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

HOUSING AUTHORITY OF HAMILTON

690 Bexar Avenue East, Office
Hamilton, Alabama 35570

April Franks
EXECUTIVE DIRECTOR
director@hamiltonhousing.org

Office: 205-921-3155
Fax: 205-921-9045
www.hamiltonhousing.org

REQUEST FOR CRIMINAL HISTORY NCIC CHECK
HOUSING AUTHORITY OF HAMILTON, ALABAMA

In accordance with the Agreement between the U.S. Department of Housing and Urban Development and the U.S. Department of Justice, a copy of which is on file with this Housing Authority and this law enforcement agency, relating to Access to National Crime Information Center Data (NCIC), the Housing Authority of Hamilton, Alabama hereby request that this law enforcement agency conduct a name test to determine whether or not the following person has a criminal history record indexed in the Interstate Identification Index (III):

_____ _____
Full Name (PRINT) Present Address

_____ _____ _____ _____
Social Security Number Date of Birth Race Sex

_____ _____
Authorizing (Applicant) Signature Housing Authority Representative

---

****TO BE COMPLETED BY LAW ENFORCEMENT AGENCY ONLY****

_____ There is no additional information in the NCIC for the above-named person.

_____ There is a Criminal History Record of the named person and the Authority should refer the named person to the State or Local Law Enforcement Agency for fingerprinting and further checks with the FBI.

_____ Date:_____
Agency Representative

HOUSING AUTHORITY OF HAMILTON

690 Bexar Avenue East, Office
Hamilton, Alabama 35570

April Franks
EXECUTIVE DIRECTOR
director@hamiltonhousing.org

Office: 205-921-3155
Fax: 205-921-9045
www.hamiltonhousing.org

REQUEST FOR CRIMINAL HISTORY NCIC CHECK
HOUSING AUTHORITY OF HAMILTON, ALABAMA

In accordance with the Agreement between the U.S. Department of Housing and Urban Development and the U.S. Department of Justice, a copy of which is on file with this Housing Authority and this law enforcement agency, relating to Access to National Crime Information Center Data (NCIC), the Housing Authority of Hamilton, Alabama hereby request that this law enforcement agency conduct a name test to determine whether or not the following person has a criminal history record indexed in the Interstate Identification Index (III):

_____ _____
Full Name (PRINT) Present Address

_____ _____ _____ _____
Social Security Number Date of Birth Race Sex

_____ _____
Authorizing (Applicant) Signature Housing Authority Representative

---

****TO BE COMPLETED BY LAW ENFORCEMENT AGENCY ONLY****

_____ There is no additional information in the NCIC for the above-named person.

_____ There is a Criminal History Record of the named person and the Authority should refer the named person to the State or Local Law Enforcement Agency for fingerprinting and further checks with the FBI.

_____ Date:_____
Agency Representative

NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT
HUD-5380: Housing Rights for Victims

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 1/31/2028

Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

When should I receive this form? A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

What is the Violence Against Women Act ("VAWA")? This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act ("VAWA"). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact

or go to

You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

What do the words in this notice mean?

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*.
- *Affiliated person* means the tenant's spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant's household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*[1] includes the following HUD programs:
  - Public Housing
  - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
  - Section 8 Project-Based Rental Assistance (PBRA)
  - Section 8 Moderate Rehabilitation Single Room Occupancy
  - Section 202 Supportive Housing for the Elderly
  - Section 811 Supportive Housing for Persons with Disabilities
  - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
  - Section 236 Multifamily Rental Housing
  - Housing Opportunities for Persons With AIDS (HOPWA) program
  - HOME Investment Partnerships (HOME) program
  - The Housing Trust Fund
  - Emergency Solutions Grants (ESG) program
  - Continuum of Care program
  - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

[1] For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act's Housing Provisions at https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf.

What if I am an applicant under a program covered by VAWA? You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

What if I am a tenant under a program covered by VAWA? You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

How can tenants request an emergency transfer? Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
    a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
    b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan,

. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

Can the perpetrator be evicted or removed from my lease? Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance? In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

Covered Housing Program(s)	Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing. For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing. If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

Are there any reasons that I can be evicted or lose assistance? VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

What do I need to document that I am a victim of VAWA abuse/violence? If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any <u>one</u> of the following:

1. <u>A self-certification form (for example, Form-HUD 5382)</u>, which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. <u>A statement from a victim/survivor service provider, attorney, mental health professional or medical professional</u> who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. <u>A police, administrative, or court record</u> (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; **OR**
4. <u>If allowed by your covered housing provider, any other statement or evidence provided by you.</u>

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

Will my information be kept confidential? If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information <u>**will not be disclosed**</u> to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

How do other laws apply? VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence. Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact . Your covered housing provider must also ensure effective communication with individuals with disabilities.

Have your protections under VAWA been denied? If you believe that the covered housing provider has violated these rights, you may seek help by contacting . You can also find additional information on filing VAWA complaints at https://www.hud.gov/VAWA and https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA. To file a VAWA complaint, visit https://www.hud.gov/fairhousing/fileacomplaint.

Need further help?

- For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa.
- To talk with a housing advocate, contact

Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal 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.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

VAWA protects individuals and families regardless of a victim's age or actual or perceived sexual orientation, gender identity, sex, or marital status.

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact
HOPWA PROVIDERS –
[illegible]; FOR
or go to
. You can read translated VAWA forms at
https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your

covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help? For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa. To speak with a housing advocate, contact

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

1. **Name(s) of victim(s):** _____

2. **Your name** (*if different from victim's*): _____

3. **Name(s) of other member(s) of the household:** _____

_____

4. **Name of the perpetrator** (*if known and can be safely disclosed*): _____

5. **What is the safest and most secure way to contact you? (You may choose more than one.)**

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

☐ Phone Phone Number: _____

Safe to receive a voicemail: ☐ Yes ☐ No

☐ E-mail E-mail Address: _____

Safe to receive an email: ☐ Yes ☐ No

☐ Mail Mailing Address: _____

Safe to receive mail from your housing provider: ☐ Yes ☐ No

☐ Other Please List: _____

6. **Anything else your housing provider should know to safely communicate with you?**

_____
_____
_____
_____
_____

Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence means violence committed by a person:

(1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**

(2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

(1) Fear for the person's individual safety or the safety of others **or**

(2) Suffer substantial emotional distress.

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

_____ _____

Signature **Date**

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal 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.