



REGIONAL HOUSING AUTHORITY

Serving the Cities of Live Oak, Yuba City and Colusa • Counties of Sutter, Nevada, Colusa and Yuba

1455 Butte House Road • Yuba City, CA 95993

Phone: (530) 671-0220 • Toll Free: (888) 671-0220 • TTY: (866) 735-2929 • Fax: (530) 673-0775

www.RegionalHA.org

PERSONAL DECLARATION

THIS FORM MUST BE COMPLETELY FILLED OUT, SIGNED AND DATED BY ALL FAMILY MEMBERS EIGHTEEN (18) YEARS AND OLDER. Write N/A in any section that does not apply to you. Your eligibility for housing (or continued housing) is dependent on your family's honest and full completion of this form. The Regional Housing Authority (RHA) is required to use the information you provide in this document to obtain verification of your family's income, assets, and allowances/deductions and household composition.

Current Address: _____

Primary Phone: (____) _____ **Alternate Phone:** (____) _____

HOUSEHOLD COMPOSITION: List all people who are living at the above address-attach an additional page if necessary

Family Member	Legal Name (Last, First MI)	Relation to Head	Sex (M/F)	Student (Y/N)	Disabled (Y/N)	Hispanic or Latino Y/N	Race
1		HEAD					
2							
3							
4							
5							
6							
7							
8							

Live-In-Aide(s) must be listed but will not be considered a remaining member of the household.

HOUSEHOLD INFORMATION

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? ☐ YES ☐ NO (if yes, please include a copy of the person's birth certificate and social security card) **If yes, explain** _____

2. Do you expect the number of household members to change in the future? ☐ YES ☐ NO

If yes, explain _____

3. Have any of the household members used names or a social security number other than the names and numbers used above? ☐ YES ☐ NO

If yes, explain _____

4. Are any or all adult members of the household full-time students? ☐ YES ☐ NO

If yes, list _____

5. Have you or any member of your household ever been convicted of, plead guilty to, or been placed on probation for any crime either felony or misdemeanor? ☐ YES ☐ NO

If yes, provide the nature of the crime(s): _____

Date: _____ State: _____ City: _____ County: _____

6. Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? ☐ YES ☐ NO

7. Do you or any member of your household have criminal charges pending now? ☐ YES ☐ NO

If yes, please explain _____

INCOME INFORMATION

All income for ALL household members must be reported (including minors). Include GROSS income (before taxes or deductions) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

**** Note if you are a seasonal worker please include expected earnings from seasonal employment ****

Please provide proof of any income.

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?
(Provide 2 months of paystubs for each person/job. Seasonal, provide 12 months of paystubs) ☐ YES ☐ NO

If yes, explain _____

2. Unemployment benefits, Disability Payments, or worker's compensation? ☐ YES ☐ NO

If yes, list _____

3. Public Assistance, General Relief, Food Stamps, or Temporary Aid to Need Families (TANF)? ☐ YES ☐ NO

If yes, please provide a current Passport to Services and any Notice of Actions since your last recertification.

4. Social Security, SSI or any other payment from the Social Security Administration? ☐ YES ☐ NO

If yes, please list who is receiving payment _____

5. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? ☐ YES ☐ NO

6. (a) Child Support or Spousal Support (alimony)? ☐ YES ☐ NO

(b) How is the support received? (Check all that apply)

☐ Child Support Enforcement Agency Name of Agency: _____

☐ Court of Law Name of Court: _____

☐ Directly from Individual Name of Person: _____

☐ Other Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? ☐ YES ☐ NO

7. Regular payments from a severance package, or any type of settlement? ☐ YES ☐ NO

8. Disability, death benefits or life insurance dividends? ☐ YES ☐ NO

9. Regular gifts or payments from anyone outside of the household? ☐ YES ☐ NO
(This includes anyone supplementing your income or paying any of your bills.)

10. Educational grants, scholarships, or other student benefits? ☐ YES ☐ NO

If yes, please list who is receiving (and provide the most recent award letter) _____

11. Regular payments from lottery winnings or inheritances? ☐ YES ☐ NO

12. Regular payments from rental property or other types of real estate transactions? ☐ YES ☐ NO
13. Any other income sources or types not listed above? ☐ YES ☐ NO
14. Do you or any household member expect any change in income in the next 12 months? ☐ YES ☐ NO

If yes, explain: _____

15. Are YOU or is ANY OTHER ADULT member of your household claiming ZERO income? ☐ YES ☐ NO

If yes, who? _____

ASSET INFORMATION

Include all assets and the corresponding annual interest rate, dividends, or any other income derived from the asset.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account(s)? ☐ YES ☐ NO

If yes, provide most current statement for each account, or complete the attached Self-Certification form

2. CD's money market accounts, treasury bills, stocks, bonds, securities, or trust funds? ☐ YES ☐ NO

Are any of the above listed trusts irrevocable? ☐ YES ☐ NO

5. Pensions, IRAs, 405Ks, 403Bs, KEOGH, or other retirement accounts? ☐ YES ☐ NO

If yes, please provide most recent statement

6. Cash on hand? ☐ YES ☐ NO If yes, amount \$ _____

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death? ☐ YES ☐ NO

8. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes a personal residence, mobile homes, vacant land, farms, vacation homes or commercial property) ☐ YES ☐ NO

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does NOT include personal belongings such as your car, furniture or clothing.) ☐ YES ☐ NO

10. Do you have a safe deposit box containing contents with a monetary value? ☐ YES ☐ NO

If yes, explain: _____

11. Have you or any household member disposed, sold or given away any asset(s) within the past 2 years?

☐ YES ☐ NO

ADJUSTMENTS

For all Adjustments, please provide receipts or another form of proof of payment.

1. Do you pay a care provider to care for a child under the age of 13 who is a member of your family so that an adult member of your family may work or attend classes, and are not reimbursed? ☐ YES ☐ NO

2. Are you or any other household member disabled? ☐ YES ☐ NO

3. Do you pay for care or equipment for a disabled family member so that either the disabled member or another member of your family may work, and you are not reimbursed for? ☐ YES ☐ NO

If yes, explain: _____

3. Do you wish to claim an allowance for Medical Expenses (Family members need not be age 62 or older or disabled to claim expenses that they are not reimbursed for) ☐ YES ☐ NO

ETHICS STATEMENT

The Regional Housing Authority requires that all tenant, prospective tenants, and employees provide the following information.

Do you have a business or personal relationship with any employee (or past employee) or board member of the Regional Housing Authority?

☐ YES ☐ NO

If yes, please explain: _____

IMPORTANT NOTICE

All information provided on this document will be verified. It is your responsibility to provide all necessary information to properly process your paperwork and verify your eligibility. Failure to provide any required information may cause assistance to be delayed, denied or terminated.

Authorizations, Representations and Certifications

My signature, as noted and dated below, is confirmation that I do hereby authorize the Regional Housing Authority to obtain any information deemed necessary for the purposes of determining my eligibility for housing/assistance. I understand that the Regional Housing Authority may obtain third party verifications of those items related to my household income, assets, allowances/deductions, household composition, and criminal background.

I understand that the Regional Housing Authority is relying on information provided by me to prove my household's eligibility for housing/assistance under a program of the U.S. Government. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets, and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs requirements and prohibitions. I consent to release the necessary information to determine my eligibility. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program. **WARNING:** Title 18, Section 1001 of the US 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 US.

The California Fair Employment and Housing Act prohibits discrimination in housing on these same bases, as well as gender, gender identity, gender expression, sexual orientation, marital status, ancestry, source of income, and genetic information.

Discrimination complaints may be filed with California's Department of Fair Employment and Housing at www.dfeh.ca.gov, or HUD's Office of Fair Housing and Equal Opportunity at www.hud.gov

ALL ADULT FAMILY MEMBERS MUST SIGN BELOW

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

IF YOU OR ANYONE IN YOUR HOUSEHOLD IS A PERSON WITH DISABILITIES, AND YOU REQUIRE AN ACCOMODATION IN ORDER TO FULLY UTILIZE OUR PROGRAMS, PLEASE CONTACT OUR OFFICE FOR ASSISTANCE.



Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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



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AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT

I authorize and direct any and all listed below to release to REGIONAL HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or continued eligibility for assistance under the Housing Choice Voucher, Low-Income Public Housing, USDA Rural Development, Affordable Housing and/or other housing assistance program(s). I understand and agree that this authorization or the information obtained pursuant to 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.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, welfare department, law enforcement officials, future landlords and other government, state and public agencies. This includes records of my payment history, and any violation of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Criminal Activity
Residences and Rental Activity	Household Composition	Credit Activity
Medical or Child Care Allowances		

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or 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)	Past and Present Employers	Veterans Administration
Court Clerks	Welfare Agencies	Retirement Systems
Banks & other Financial Institutions	State Unemployment Agencies	Schools and Colleges
Medical & Child Care Providers	Social Security Administration	Law Enforcement Agencies
Support & Alimony Providers	Credit Providers	Credit Bureaus
Postal Office	Dept. of Motor Vehicles	Medical Facilities
Foster Care Providers	Utility Companies	Workmen's Compensation
Division	Support Service Providers	Family Support

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Agency 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 any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated with other Federal, State, or local agencies, including but not limited to: State Employment



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Security Agencies; Department of Defense; Office of Personal Management; U.S Postal Service; Social Security Administration; Department of Justice; State & County welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand this form will be used to verify information for future recertification requirements. The original of this authorization is on file with the PHA and will stay in effect for one year and three months from the date signed. I understand I have a right to review and correct any information that I can prove is incorrect.

SIGNATURES

Signature of Head of Household	(print name)	Date
--------------------------------	--------------	------

Signature of Spouse	(print name)	Date
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Signature of Other Family Member 18 years or older	(print name)	Date
--	--------------	------

Signature of Other Family Member 18 years or older	(print name)	Date
--	--------------	------

Signature of Other Family Member 18 years or older	(print name)	Date
--	--------------	------

Signature of Other Family Member 18 years or older	(print name)	Date
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NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGN SEPARATELY.



Regional Housing Authority is an equal opportunity employer and housing provider



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.



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APPLICANT/TENANT CERTIFICATION

APPLICATION(s)/TENANT(s) STATEMENT

I/We certify the information* given to the Regional Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are punishable under Federal law. (Add reference to State law if applicable.) I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free at 800-424-8590. (Within the Washington D. C. Area, call 426-3500).

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

PHA OFFICIALS CERTIFICATION FOR TENANTS FILE

I certify that:

- (1) The information given to the Regional Housing Authority by the household of household composition, income, net family assets, and allowances and deductions have been verified by Federal law;
- (2) The family was eligible at admission;
- (3) The family has certified that it has given our agency accurate and complete information.

Signature of PHA Official or Representative

Date



The Housing Authority is an equal opportunity employer and housing provider.





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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name



REGIONAL HOUSING AUTHORITY

Serving the Cities of Live Oak, Yuba City and Colusa • Counties of Sutter, Nevada, Colusa and Yuba

1455 Butte House Road • Yuba City, CA 95993

Phone: (530) 671-0220 • Toll Free: (888) 671-0220 • TTY: (866) 735-2929 • Fax: (530) 673-0775

www.RegionalHA.org

ITEM #: 14 PET POLICY (24CFR Part 903.7.9(0))

APPENDIX IV

RULES FOR PETS

I. GENERAL RULES FOR ALL PETS:

1. **Domain:** Must be kept within the owner's unit, on a leash, or in a cage at all times. No outdoor pens or cages may be erected.
2. **Waste:** All litter and animal waste is to be disposed of in sealed plastic bags and placed in a trash receptacle. Litter collected in a box or cage within the must be disposed of at least twice weekly.
3. **Nuisance:** Pets that disturb the peace of neighbors through noise, odors, physical activity, animal waste or other nuisances will not be allowed.
4. **Neighbor Complaints:** Three (3) or more substantiated complaints of animal nuisance by neighbors or Housing Authority staff within one year will result in the owner being required to get rid of the pet or move.
5. **Types of Pets:** All pets must be approved by the Housing Authority. Permitted pets are domesticated dogs, cats and birds, and those in aquariums subject to the limitations outlines below. A maximum of one (1) pet and no more than one (1) aquarium will be allowed.
6. **Deposit:** A pet deposit of **\$75.00** will be required (for dog or cat only). Pet deposit is fully refundable; however, the pet deposit will be used for any reasonable damages that are directly attributed to the presence of a pet. Any unused portion will be returned if the tenant moves or the pet is no longer kept or owned. Payments for pet deposit can be made via a payback agreement, 10% down is required and \$10 a month payments will be required. Service and/or companion animals are exempt from the pet deposit.

II. DOGS AND CATS:

1. **Weight:** Must be less than 20 pounds.
2. **License:** Must be currently licensed by the City or County.
3. **Rabies:** Must have current rabies and distemper shots.
4. **Photo:** Must provide a current picture of pet.

5. **Leash:** Must be on leash at all times when outside of owner's apartment.
6. **Waste:** Pets which dispose of waste outdoors must be kept to certain designated pet walking areas and the waste disposed of in a sealed plastic bag in a trash receptacle by the owner. This rule is for public health reasons and will be strictly enforced. Each violation of this rule will be counted as a nuisance and subject to "Neighbor Complaints", (Section I, Item 4.)

III. **BIRDS:**

1. **Cages:** Must be in cages no larger the 6' high by 3' wide by 2' deep. Cages must have removable litter tray, which must be cleaned at least twice weekly.
2. **Noise:** Very noisy or shrill birds which generate neighbor complaints will be regarded as a nuisance and subject to "Neighbor Complaints", (Section I, Item 4.)
3. **Birds of Prey:** No birds of prey or other dangerous species may be kept.

IV. **AQUARIUMS:**

1. **Size:** Must be no larger than 40 gallons.
2. **Leakage:** Must be sealed against all leakage and sit in a one-inch deep waterproof drip pan as additional protection against minor leaks.
3. **Cleaning:** Must be cleaned regularly, consistent with the filtering systems used and not to be allowed to become foul or stagnant.
4. **Types of Fish:** Poisonous or dangerous species (such as Piranha) are not permitted.

PETS REQUESTED BY TENANT:

1. _____

2. _____

Tenant's Signature

PETS APPROVED BY MANAGEMENT:

1. _____

2. _____

Management's Signature





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UNDER \$5000 ASSET SELF-CERTIFICATION

(For households whose combined net assets do not exceed \$5000; if over \$5000, please provide proof)

(Complete only one form per household; include assets of children)

Household Name: _____

Household Address: _____ Phone Number: _____

	Account Holder	Bank/Company	Account's Last Four Digits	Current Balance	Annual Interest Rate
Checking					
Checking					
Checking					
Savings					
Savings					
Savings					
Cash on Hand					
Cash on Hand					
Debit Card (Electronic deposit for SSA/SSI or Child Support Income)					
CD's					
IRA/Keogh/ 401k					
Cash Surrender Value of Life Insurance					
Other (Please specify):					

Have you or any household member disposed, sold, or given away any asset(s) within the past 2 years?

☐ YES ☐ NO

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

I certify that the information given to the PHA on family assets is accurate and complete to the best of my knowledge. I understand that false statements or information is punishable by Federal Law. I understand that false statements or information are grounds for termination of housing assistance or termination of tenancy with the Regional Housing Authority of Sutter and Nevada Counties. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or Agency of the United States Government is guilty of a felony.

Head of Household Signature _____

Date _____



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WHAT IS FRAUD?

Fraud is a crime. A person found guilty of fraud may have to pay a fine and he/she may be put in jail. You may be guilty of fraud if you received Housing Assistance: because you told only part of the truth; because you lied; because you did not tell all of the facts right away.

Each adult uses one line. EXAMPLE: John Smith would initial JS on the first line

Initials JS _____

In order to avoid fraud, the following must be reported in writing within 10 days of occurrence:

Any and all money received by any person staying in the home. This includes any and all money from any and all sources such as a job, earnings as a child care provider, income from In-Home Supportive Services (IHSS), unemployment insurance, disability income, Cal Works, inheritance, rental income, social security, worker's compensation, veteran's benefits, insurance settlements, death benefits, interest, income tax returns, or any other source.

Initials _____

Every person living (staying) in my home and if anyone moves in or out of my home, or if the status of anyone in my home changes such as a new child in the home, someone gets married, separated, or divorced.

Initials _____

If anyone in my home buys, sells, receives, trades or gives away property, real and personal, such as a house, land, checking, savings, any motor vehicle, life insurance policies, trust funds, or any other property. This includes real and personal property outside of the U.S.

Initials _____

In order to avoid fraud, you may not:

Allow an unauthorized person(s) to reside in the unit. Assistance may be terminated if anyone stays in the assisted unit in violation of the lease.

Initials _____

Violate the terms of the lease. Repeated or serious violations of the Lease (including damaging the unit beyond normal wear and tear), are cause for termination of assistance.

Initials _____

Make any payments to owner in excess of the tenant rent determined by the Housing Authority. Side payments violate the Section 8 program rules and may result in termination of assistance payments on your unit.

Initials _____



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Allow anyone to use your bank account(s) to cash and write checks for any person(s) not part of my household or allow unauthorized persons to use my address as their mailing address or live in the assisted unit that it may result in the termination of my rental assistance.

Initials _____

The consequences of fraud are serious. In addition to termination of rental assistance, they may include criminal prosecution, payment of fines and or jail or prison.

I understand all items on this form regarding fraud, what my reporting responsibilities are and the need to report any charges of income, property, and persons in my home. Even if I/we already reported a change on a Change Reporting form, I/we must still report it in subsequent Eligibility Questionnaires.

Initials _____

All household members 18 years of age and older must sign and date:

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date



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