Section 8 and Public Housing Application

Adult Household Member

For the purposes of this application, the applicant considered the Head of Household is the same person on the preapplication and waiting list.

Full Legal Name: _____

Full Mailing Address: _____

Full Physical Address: _____

Home/Cell Phone: _____ Message Phone: _____

Birthdate: _____ Social Security #: _____

Gender: _____ Place of Birth: _____

Race: Ethnicity:

Other Names Used: _____

Are you a full-time student? ☐ Yes ☐ No Are you disabled? ☐ Yes ☐ No

Adult Household Member History

Have you ever been arrested for a misdemeanor or felony? ☐ Yes ☐ No

If yes, please explain and include dates: _____

_____

Have you ever lived in public housing or received Section 8 assistance from another Housing Authority?

☐ Yes ☐ No

If yes, please give dates and locations: _____

Did you leave owing money to a previous Housing Authority? ☐ Yes ☐ No

Have you applied with HADCO before? ☐ Yes ☐ No Dates: _____

Have you received assistance from HADCO before? ☐ Yes ☐ No

If yes, please give dates: _____

What other states have you lived in? _____

Is there any other information you'd like to disclose? ☐ Yes ☐ No

_____

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MONTHLY GROSS INCOME

List all sources of income for this household member.

Common income types:

Employment (Wages)	Tips/Bonuses/Commission	Supplemental Security (SSI)
Retirement/Pension	Social Security	Veteran's Benefits/Disability
Workers' Compensation	Unemployment	SNAP (Food Stamps)
Alimony	Welfare/TANF/Cash Grant	Military Pay
Net Business Income	Child Support	Scholarships and Grants
Income from Assets	Self-Employment Income	Contributions (friends/family)

Income Type	Source (employer, agency, person)	Address and phone of Source	Gross Income
Wages	*Joe's Textiles, Inc.*	*1000 Main Street, Roseburg 541-555-1013*	*$2,045.00*

Additional income sources can be added on a blank page and attached to the application.

All income must be verified. Please provide award letters for Social Security, SSI, SSD, Unemployment, School Financial Aid, and any other types of non-wage income received. W-2s and paystubs can be used to verify employment income. Ledgers and tax returns can be used to verify business and/or self-employment income.

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ASSETS

Please list all assets owned by this household member.

Common asset types:

Checking Account	Savings Account	PayPal / Venmo
Cash App / Direct Express	Apple Pay / Google Pay	Facebook Pay
Trust Account	Certificate of Deposit	Money Market Account
Mutual Fund	Stocks/Bonds	Retirement Account
Commercial Real Estate	Residential Real Estate	Whole Life Insurance
Business Equipment/Assets	Personal Property/Equipment	Vehicles / Collectibles

Asset Type	Source (bank name, fund name, business)	Address and phone of Source	Gross Value
Checking Account	*Roseburg Credit Bank*	*9000 Main Street, Roseburg 541-555-1123*	*$1,195.00*

Additional assets can be added on a blank page and attached to the application. *All asset ownership and values must be verified. Please provide account statements, property titles, appraisal documents, purchase invoices, etc. for all listed assets. Mortgage statements should include the outstanding balance.*

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INCOME AND ASSETS QUESTIONNAIRE

Do you anticipate any changes in your reported income over the next 12 months? ☐ Yes ☐ No

If yes, please explain: _____

_____

Do you own any property? ☐ Yes ☐ No If yes, in which state: _____

Have you sold or disposed of any business, property, or other assets in the past two years?

☐ Yes ☐ No

If yes, what types of assets were disposed? _____

What was the sale/disposal date of disposed assets? _____

What was the market value of the assets when they were disposed of? _____

How much were the assets sold or disposed? _____

HEALTH AND MEDICAL EXPENSES (DISABLED OR ELDERLY HEADS OF HOUSEHOLD ONLY)

If the head of household or spouse/co-head is 62 years or older or if one of the heads of household is a person with a disability, list all their unreimbursed monthly health and medical care expenses.

Expense Type	**Source (bank name, fund name, business)**	**Address and phone of Source**	**Gross Value**
Health Insurance	*Oregon Mutual Health Plan*	*8675 Main Street, Roseburg 541-555-0309*	*$195.00*
Prescriptions			
Medical Travel			
Medical Equipment			

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DISABILITY RELATED EXPENSES

Disability related expenses are only deducted from total family income if the equipment and services paid for enable the person with disabilities or another member of the household to be employed. Eligible disability expenses are medical attendant care and auxiliary apparatus.

Expense Type	Person Able to Work	Monthly Cost
Attendant Care (Example)	*Joe*	*$195.00*

CHILDCARE EXPENSES

Childcare expenses are only deducted from total family income if the children in care are younger than 13 years old and the costs enable a member of the household to work, look for work, or attend school.

Child's Name	Child's Age	Childcare provider's Name, Address, Phone	Person Able to Work or Attend School	Monthly Cost
Joey (Example)	*10*	*Roseburg Play Care – 335 W Harvard – 541-555-0504*	*Joe*	*$495.00*

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Applicant Certifications

True and Complete Information: I certify that all the information provided on household composition, income, family assets, and items for allowances and deductions is accurate and complete to the best of my knowledge. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law.

No Duplicate Residence or Assistance: I certify that, if I am approved for occupancy with HADCO, the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this program. I will not live anywhere else without notifying HADCO immediately and in writing. I will not sublease my assisted residence.

Cooperation: I know that I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, and verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand that my failure to do so may result in delays, termination of assistance, or eviction.

Social Security Number Verification: I understand that all family members who are six years of age or older are required by Federal regulations to provide HADCO with verification of their Social Security number unless the family member does not claim to be a United States citizen or noncitizen with eligible immigrant status.

Household Member Signature: _____ Date: _____

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance received;
- Fined up to $10,000;
- Imprisoned for up to five years; and/or
- Prohibited from receiving future assistance.

Beware of Fraud: You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered in your lease.
- Get a receipt for ANY money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

Reporting Abuse: I you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, immediately report them to a HADCO Director. If you cannot report to a HADCO Director, call the local HUD office or (202) 708-0390. This is not a toll-free number. You may also write to the HUD Hotline: Room 8274, 451 Seventh Street SW, Washington, DC 20410.

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Criminal Background Check Authorization

Household Member Name: _____ Date: _____

The following agencies will be contacted when completing your criminal background check:

Criminal Information Services	☐	OJIN	☐
HAPPY	☐	National Search	☐
Registered Sex Offender List	☐	Credit Service of Oregon	☐

To Whom It May Concern:

The individual listed above has applied for Federal housing assistance with the Housing Authority of Douglas County, Oregon.

To determine the eligibility of our applicant, we are required by the Code of Federal Regulations (CFR) to verify any history of criminal activity involving crimes of physical violence to people or property. This includes other criminal acts such as dealing or using drugs which would tend to have adverse effects on the health, safety, or welfare of other tenants. Please see the attached copy of 24 CFR 882.118, Obligations of the Family. Please provide us with any information regarding the criminal history of the above-listed individual.

Are you a registered sex offender? ◯ Yes ◯ No

Household Member Signature: _____ Date: _____

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Release of Information Authorization

Household Member Name: _____

Social Security Number: _____

In connection to my eligibility for housing occupancy, I hereby authorize the Housing Authority of Douglas County, Oregon, its officers, employees, and designees to access all information pertinent to my occupancy from employers, public and private agencies, individuals, previous and current landlords, financial institutions, and services such as: DHS, Services to Children and Families, Social Security Administration, etc. In addition, I give permission to the Housing Authority of Douglas County, Oregon to disclose Enterprise Income Verification (EIV) with all adult household members listed under my family composition. I further agree to hold harmless and save the Housing Authority of Douglas County, Oregon from any liability resulting from such exchange of information.

Please list below any additional agencies or individuals with whom you would like this information to be exchanged:

Agency/Individual Name	Relationship
Agency/Individual Name	Relationship
Agency/Individual Name	Relationship
Agency/Individual Name	Relationship

Household Member Signature: _____ Date: _____

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EXPANDED IMPLEMENTATION OF SECTION 214:
Restrictions on Assistance to Noncitizens
(Handbook 4350.3 – 24 CFR 880.504)

☐ APPLICANT ☐ TENANT DECLARATION FORM

INSTRUCTIONS: *Complete this form for each member of the household listed on the Family Summary Sheet.*

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX:

SOCIAL SECURITY #: _____ ALIEN REGISTRATION #: _____

ADMISSION #: _____ (if applicable)
(This is an 11-digit number found on INS form I-94, Departure Record)

NATIONALITY: _____
(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth)

SAVE VERIFICATION #: _____ (To be entered by owner, if/when received)

INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2, or 3:

DECLARATION:

I, _____, hereby declare, under penalty of perjury, that I am:

☐ 1. a citizen of the United States.

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign below.

_____ _____
Signature Date

Check here if adult signed for a child: ☐

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☐ 2. a noncitizen with eligible immigration status in the category checked below.

○ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);

○ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);

○ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion, or because of being uprooted by catastrophic national calamity;

○ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest m1der section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];

○ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. l253(h)) [threat to life or freedom]; or

○ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block and you are 62 years of age or older and receiving assistance on June 19, 1995, you should submit a proof of age document, together with this form, and sign here:

Signature _____ Date _____

OR

If you checked this block and you are under 62 years of age, you must submit the following documents:

a. Applicable Verification Consent Form (page 4 herewith)

AND

b. One of the following documents:
   (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
   (2) Form 1-94, Arrival-Departure Record, with one of the following annotations:
      (i) "Admitted as Refugee Pursuant to section 207";
      (ii) "Section 208" or "Asylum";
      (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
      (iv) "Paroled Pursuant to Sec. 212(d)(5) of the INA";

(continued on next page)

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(3) If Form I-94, Arrival-Departure Record, is not annotated, then it must be accompanied by one of the following documents:
  (i) A final court decision granting asylum (but only if no appeal is taken);
  (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
  (iii) A court decision granting withholding of deportation; or
  (iv) A letter from an asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
(4) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210".
(5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12".
(6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation required above with this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the form.

If for any reason, the documents shown in paragraph b above are not currently available, complete the request for extension block below.

_____ _____
Signature Date

Check here if adult signed for a child: ☐

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claims is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

_____ _____
Signature Date

Check here if adult signed for a child: ☐

☐ 3. not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult responsible for the child should sign and date below.

_____ _____
Signature Date

Check here if adult signed for a child: ☐

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TENANT VERIFICATION CONSENT

INSTRUCTIONS: Complete this form for each noncitizen member of the household who declared eligible immigration status on the Declaration Form and is under 62 years of age. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____, hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to continue receiving financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
    a. HUD, as required by HUD; and
    b. The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO TENANTS: Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

_____ _____
Signature Date

Check here if adult signed for a child: ☐

APPLICANT VERIFICATION CONSENT

INSTRUCTIONS: Complete this form for each noncitizen member of the household who declared eligible immigration status on the Declaration Form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____, hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to continue receiving financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
    a. HUD, as required by HUD; and
    b. The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO TENANTS: Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

_____ _____
Signature Date

Check here if adult signed for a child: ☐

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Housing Authority
of Douglas County Oregon
Affordable Housing Since 1944

Rental History

PLEASE LIST TWO PROFESSIONAL REFERENCES

References must be counselors, teachers, pastors, co-workers, and other professionals. Please DO NOT use relatives or friends.

NAME	MAILING ADDRESS	PHONE NUMBER	RELATIONSHIP

Please give full mailing addresses and correct dates of occupancy. Please explain if there was a gap of any duration between rentals such as living with family or homelessness.

Previous or Current Rental Address:	How long at this previous address: From: To:
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
Rent Amount:	Reason for Leaving:

Previous or Current Rental Address:	How long at this previous address: From: To:
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
Rent Amount:	Reason for Leaving:

Previous or Current Rental Address:	How long at this previous address: From: To:
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
Rent Amount:	Reason for Leaving:

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Previous or Current Rental Address:	How long at this previous address: From: To:
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
Rent Amount:	Reason for Leaving:

Previous or Current Rental Address:	How long at this previous address: From: To:
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
Rent Amount:	Reason for Leaving:

Please complete the following for any animals you are requesting to be on the rental agreement:

How many animals are in the home? _____

1. Species (cat, dog, etc.): _____ Age: _____ Breed: _____

   Size: _____ Is the pet required for a disability (yes/no): _____

   Is the pet spayed/neutered (yes/no): _____ Is the pet current on vaccinations (yes/no): _____

2. Species (cat, dog, etc.): _____ Age: _____ Breed: _____

   Size: _____ Is the pet required for a disability (yes/no): _____

   Is the pet spayed/neutered (yes/no): _____ Is the pet current on vaccinations (yes/no): _____

3. Species (cat, dog, etc.): _____ Age: _____ Breed: _____

   Size: _____ Is the pet required for a disability (yes/no): _____

   Is the pet spayed/neutered (yes/no): _____ Is the pet current on vaccinations (yes/no): _____

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HADCO

Housing Authority
of Douglas County Oregon
Affordable Housing Since 1944

Low-Rent Public Housing Tenant Selection Plan

OPENING AND CLOSING THE WAITING LIST

Opening of the waiting list will be announced with a public notice stating that applications for public housing will again be accepted. The public notice will state where, when, and how to apply. The notice will be published in a local newspaper of general circulation and also by any available minority media. The public notice will state any limitations to who may apply.

The notice will state that applicants already on waiting lists for other housing programs must apply separately for this program and such applicants will not lose their place on other waiting lists when they apply for public housing. The notice will include the Fair Housing logo and slogan and will be in compliance with Fair Housing requirements.

Closing of the waiting list will also be announced with a public notice. The public notice will state the date the waiting list will be closed and for what bedroom sizes. The public notice will be published in a local newspaper of general circulation and also by any available minority media.

TAKING APPLICATIONS AND INITIAL PROCESSING

HADCO will accept a complete and legible pre-application for any and all persons requesting to apply for available programs. Applicants must comply with the Social Security Number disclosure requirements set forth in Section D "Social Security Number Documentation". Applications without the required SSN verifications will not be accepted.

Their pre-application will be stamped and noted as of the date and time HADCO received the pre-application. All pre-applications sent via mail will be marked as received at 11:00am and all pre-applications received in the drop box will be marked as received at 9:00am.

The waiting list will be maintained in accordance with the following guidelines:

A. The application will be a permanent file;
B. All applications will be maintained in order of bedroom size, sub jurisdiction, and then in order of date and time of application; and
C. Any contacts between the Housing Authority of Douglas County and the applicant will be documented in ink, in the applicant's file.

All applicants will either be handed or mailed a confirmation of their placement on the wait list within sixty (60) days.

No verifications for eligibility will be conducted on the applicant until the applicant has neared the top of the waiting list and completed a full application.

APPLICANT SCREENING

There are five eligibility requirements for admission to public housing: qualifies as a family, has an income within the income limits, meets citizenship/eligible immigrant criteria, provides documentation of Social Security numbers, and signs consent authorization documents. In addition to the eligibility criteria, families must also meet HADCO screening criteria in order to be admitted to public housing.

Eligibility Criteria

A. Family status (CFR 5.100)
   1. A **family with or without children**. Such a family is defined as a group of people related by blood, marriage, adoption or affinity that live together in a stable family relationship.
      a. Children temporarily absent from the home due to placement in foster care are considered family members.
      b. Unborn children and children in the process of being adopted are considered family members for the purpose of determining bedroom size but are not considered family members for determining income limit.
   2. An **elderly family**, which is:
      a. A family whose head, spouse, or sole member is a person who is at least 62 years of age;
      b. Two or more persons who are at least 62 years of age living together; or
      c. One or more persons who are at least 62 years of age living with one or more live-in aides.
   3. A **near-elderly family**, which is:
      a. A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62;
      b. Two or more persons, who are at least 50 years of age but below the age of 62, living together; or
      c. One or more persons, who are at least 50 years of age but below the age of 62, living with one or more live-in aides.
   4. A **disabled family**, which is:
      a. A family whose head, spouse, or sole member is a person with disabilities;
      b. Two or more persons with disabilities living together; or
      c. One or more persons with disabilities living with one or more live-in aides.

5. A **displaced family**, which is a family in which each member, or whose sole member, has been displaced by governmental action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.
6. A **remaining member of a tenant family** is a family member listed on the lease who continues to live in the unit after all other family members have left.
7. A **single person** who is not an elderly or displaced person, a person with disabilities, or the remaining member of a tenant family.

B. Income eligibility (CFR 960.202)
1. To be eligible for admission to developments or scattered-site units that were available for occupancy before 10/1/81, the family's annual income must be within the low-income limit set by HUD. This means the family income cannot exceed 80 percent of the median income for the area.
2. To be eligible for admission to developments or scattered-site units that became available on or after 10/1/81, the family's annual income must be within the very low-income limit set by HUD, unless HUD grants an exception. This means that without a HUD exception, the family income cannot exceed 50 percent of the median income for the area.
3. Income limits apply only at admission and are not applicable for continued occupancy.
4. A family may not be admitted to the public housing program from another assisted housing program (e.g., tenant-based Section 8) or from a public housing program operated by another housing authority without meeting the income requirements of HADCO.
5. If HADCO acquires a property for federal public housing purposes, the families living there must have incomes within the low-income limit in order to be eligible to remain as public housing tenants.
6. Income limit restrictions do not apply to families transferring within our Public Housing Program.
7. If there are no eligible families on the waiting list and HADCO has published a 30-day notice of available units in at least one newspaper of general circulation, families above the applicable income limit may be housed. They must vacate the unit if an eligible family applies.

C. Citizenship/Eligibility Status (CFR 5.508)
1. To be eligible each member of the family must be a citizen, national, or a noncitizen that has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U.S.C. 1436a(a)).
2. Family eligibility for assistance.

a. A family shall not be eligible for assistance unless every member of the family residing in the unit is determined to have eligible status, with the exception noted below.
b. Despite the ineligibility of one or more family members, a mixed family may be eligible for one of three types of assistance. (See Section 13.6 for calculating rents under the noncitizen rule)
c. A family without any eligible members and receiving assistance on June 19, 1995 may be eligible for temporary deferral of termination of assistance.

D. Social Security Number Documentation (CFR 5.216)
E. To be eligible, all family members must provide a verification of a correct Social Security Number. Acceptable evidence of the SSN consists of;
   a. An original SSN Card issued by SSA;
   b. An original SSA-issued documents, which contains the name and SSN of the individual; or
   c. An original document issued by a federal, state, or local government agency, which contains the name and SSN of the individual.
F. When a applicant/participant requests to add a new household member under the age of six and does not have an SSA-assigned SSN, the applicant/participant must disclose the SSA-assigned SSN and provide the PHA with the documentation within 90 calendar days of the child being added to the household.
G. Signing Consent Forms
   1. In order to be eligible, each member of the family who is at least 18 years of age, and each family head and spouse regardless of age, shall sign one or more consent forms.
   2. The consent form may contain, but not limited to, the following:
      a. A provision authorizing HUD or HADCO to obtain from State Wage Information Collection Agencies (SWICAs) any information or materials necessary to complete or verify the application for participation or for eligibility for continued occupancy; and
      b. A provision authorizing HUD or HADCO to verify with previous or current employers income information pertinent to the family's eligibility for or level of assistance;
      c. A provision authorizing HUD to request income information from the IRS and the SSA for the sole purpose of verifying income information pertinent to the family's eligibility or level of benefits; and
      d. A statement that the authorization to release the information requested by the consent form expires 15 months after the date the consent form is signed.

Suitability (CFR 960.205)

1. Applicant families will be evaluated to determine whether, based on their recent behavior, such behavior could reasonably be expected to result in noncompliance with

the public housing lease. HADCO will look at past conduct as an indicator of future conduct. Emphasis will be placed on whether a family's admission could reasonably be expected to have a detrimental effect on the development environment, other tenants, HADCO employees, or other people residing in the immediate vicinity of the property. Otherwise eligible families with be denied admission if they fail to meet the suitability criteria.

2. HADCO will consider objective and reasonable aspects of the family's background, including the following:
    a. History of meeting financial obligations, especially rent;
    b. Ability to maintain (or with assistance would have the ability to maintain) their housing in a decent and safe condition based on living or housekeeping habits and whether such habits could adversely affect the health, safety, or welfare of other tenants;
    c. History of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property;
    d. History of disturbing neighbors or destruction of property;
    e. Having committed fraud in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from; and
    f. History of abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment by others.
3. HADCO will ask applicants to provide information demonstrating their ability to comply with the essential elements of the lease. HADCO will verify the information provided. Such verification may include but may not be limited to the following:
    a. A credit check of the head, spouse and co-head;
    b. A rental history review of all adult family members;
    c. A criminal background check on all adult household members, including live-in aides. This check will be made through State or local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last three years. Where the individual has lived outside the local area, HADCO may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC);
    d. A home visit. The home visit provides the opportunity for the family to demonstrate their ability to maintain their home in a safe and sanitary manner. This inspection considers cleanliness and care of rooms, appliances, and

appurtenances. The inspection may also consider any evidence of criminal activity; and

e. A check of the State's lifetime sex offender registration program for each adult household member, including live-in aides. No individual registered with this program will be admitted to public housing.

Grounds for denial (CFR 960.204)

HADCO is not required or obligated to assist applicants who:

A. Do not meet any one or more of the eligibility criteria;
B. Do not supply information or documentation required by the application process;
C. Have failed to respond to a written request for information or a request to declare their continued interest in the program;
D. Have a history of not meeting financial obligations, especially rent;
E. Do not have the ability to maintain (with assistance) their housing in a decent and safe condition where such habits could adversely affect the health, safety, or welfare of other tenants;
F. Have a history of criminal activity within five years by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property;
G. Have a history of disturbing neighbors or destruction of property;
H. Currently owes rent or other amounts to any housing authority in connection with their public housing or Section 8 programs;
I. Have committed fraud, bribery or any other corruption within five years in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from;
J. Were evicted from assisted housing for five years from the date of eviction if any household member has been evicted from federally assisted housing for drug-related criminal activity;
K. Were evicted from assisted housing within five years of the projected date of admission because of drug-related criminal activity involving the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell, distribute a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802;

L. Are illegally using a controlled substance or are abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. HADCO may waive this requirement if:
   a. The person demonstrates to the Housing Authority of Douglas County's satisfaction that the person is no longer engaging in drug-related criminal activity or abuse of alcohol;
   b. Has successfully completed a supervised drug or alcohol rehabilitation program;
   c. Has otherwise been rehabilitated successfully; or
   d. Is participating in a supervised drug or alcohol rehabilitation program.

M. Have engaged in or threatened abusive or violent behavior towards any HADCO staff or residents;

N. Have a household member who has been evicted within the last five years from public housing;

O. Have a family household member who has been terminated within the last five years under the Section 8 certificate or voucher program;

P. Denied for Life: If any family member has been convicted of manufacturing or producing methamphetamine (speed).

Q. Denied for Life: Has a lifetime registration under a State sex offender registration program.

INFORMAL REVIEW FOR REJECTED APPLICANTS (CFR 966.54)

If HADCO determines that an applicant does not meet the criteria for receiving public housing assistance, the Housing Authority of Douglas County will promptly provide the applicant with written notice of the determination. The notice must contain a brief statement of the reason(s) for the decision and state that the applicant may request an informal review of the decision within 10 business days of the denial. HADCO will describe how to obtain the informal review.

The participant family may request that HADCO provide for an Informal Hearing after the family has notification of an INS decision on their citizenship status on appeal, or in lieu of request of appeal to the INS. This request must be made by the participant family within 30 days of receipt of the Notice of Denial or Termination of Assistance, or within 30 days of receipt of the INS appeal decision.

For the participant families, the Informal Hearing Process above will be utilized with the exception that the participant family will have up to 30 days of receipt of the Notice of Denial or Termination of Assistance, or of the INS appeal decision.

UPDATING AND REMOVING APPLCIANTS FROM THE WAITING LIST (CFR 960.204)

Purging the Waiting List

HADCO will update and purge its waiting list at least annually to ensure that the pool of applicants reasonably represents the interested families for whom HADCO has current information, i.e. applicant's address, family composition, income category, and preferences.

Removal of Applicants From the Waiting List (CFR 960.204)

HADCO will not remove an applicant's name from the waiting list unless:

A. The applicant requests in writing that the name be removed;
B. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program within seven days; or
C. The applicant does not meet either the eligibility or suitability criteria for the program.

Missed Appointments

All applicants who fail to keep a scheduled appointment with HADCO will be sent a notice of termination of the process for eligibility.

HADCO will allow the family to reschedule for good cause. Generally, no more than one opportunity will be given to reschedule without good cause, and no more than two opportunities will be given for good cause. When good cause exists for missing an appointment, HADCO will work closely with the family to find a more suitable time. Applicants will be offered the right to an informal review before being removed from the waiting list.

Notification of Negative Action (CFR 960.208)

HADCO will notify, in writing, any applicant whose name is being removed from the waiting list. The letter of notification will state the applicant may request an informal review or reasonable accommodation within ten (10) days from the date on the letter. Failure to respond within ten (10) days will result in the applicant being removed from the waiting list.