

**Thank You for having an interest in an apartment with the Elmira Housing Authority**

This packet will assist you in the first step of the process to become a tenant of the Elmira Housing Authority. We hope to make this process as simple as possible, but we are regulated by the Department of Housing and Urban Development.

After reviewing this packet and collecting all of the information listed within, you must call the Applications office at 607-737-7102 to make an appointment for an interview for possible housing. Please ask for Ms. Kathleen Lunduski to set up this appointment. Applications are accepted by appointment only, Monday's through Friday between the hours of 8:30 AM – 11:30 AM and 1 PM – 3 PM. You should plan on spending an hour for this interview.

At the time of your appointment you will need to bring the attached Personal Declaration form, which is to be completed by you, in your own handwriting and signed by each member of the household that is 18 years of age and older. Attached you will also find a list of items that you must bring with you to the interview. All information that pertains to you must be brought with you at the time of your appointment. Should you fail to bring the required information with you, we will be unable to conduct the interview. Please read and sign the attached forms in the packet. At the time of the interview these forms can be reviewed with you should you have any questions.

All persons in your household 18 years of age and older are required to attend the interview. Should you have any questions, please call 607-737-7102 and we will assist you. Thank you again for your interest in the Elmira Housing Authority as your next home.

Special Note:

Re: Communications assistance for persons with disabilities

Residents and others who desire to contact the Elmira Housing Authority as your next home.

**Special Note:**

**Re: Communications assistance for persons with disabilities**

Residents and others who desire to contact the Elmira Housing Authority and who are speech or hearing impaired may do so through the use of the New York Relay Service, specially trained personnel at this service will relay calls between the individual and the Elmira Housing Authority in a confidential manner. If you have never used this service before, the operator will explain the system to you.

If you use a TDD  
(Telecommunication Device for the deaf)

Call this number  
1-800-662-1220

If you do not use such a device

1-800-421-1220

The New York Relay Service is provided by AT&T in cooperation with the local telephone companies in New York State. For more information you can write:

**New York Relay Service  
300 Clifton Corporate Park  
Clifton Park, New York 12065-3819**

#### Application Introduction

To be qualified for admission to the Elmira Housing Authority, an applicant must:

1. Be a family as defined in the Elmira Housing Authority's Admission and Continued Occupancy policy; and
2. Have at least one family member who is either a U.S. citizen or an eligible immigrant; and
3. Have an Annual Income at the time of admission at or below the income limits established by HUD that are posted in the Elmira Housing Authority's Office; and
4. Provide documentation of Social Security numbers for all family members, age 6 or older or certify that they do not have Social Security numbers; and
5. Meet or exceed the Applicant Selection Criteria, including attending orientation class; and
6. Pay any money owed to the Elmira Housing Authority, any other Housing Authority or any Section 8 Program; and
7. Be able and willing to comply with the Elmira Housing Authority's Lease; and
8. Not have any family members engaged in any criminal activity or alcohol abuse that threatens the life, health, safety, or right to peaceful enjoyment of the other residents or staff and not to engage in drug-related criminal activity on or off the Elmira Housing Authority's premises; and
9. Not to have been convicted of manufacturing or producing methamphetamine, also known as "speed" on the premises of assisted housing; and
10. Not to contain a household member subject to lifetime sex offender registration requirements under a State Sex offender registration program; and
11. Not have any family members who were evicted from federally assisted housing for drug related criminal activity for three years following the date of eviction (unless the family can demonstrate that the person who engaged in the drug related activity has been rehabilitated or is no longer a member of the household).



May 1988  
P-88-2

# Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**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 you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

**Asking Questions** When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

**Completing the Application** When you give your answers to application questions, you must include the following information:

**Income**

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stocks, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

**Assets**

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.
- Any such business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

**Family/Household Members** • The names of all of the people (adults and children who will actually be living with you, whether or not they are related to you).

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**Signing the Application** • Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.

- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by our housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

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**Recertifications** You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

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**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 by 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).

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**Reporting Abuse** If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the **HUD Hotline** on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410

## ITEMS TO BRING TO THE INTERVIEW

### INFORMATION ABOUT YOUR INCOME AND ASSETS

Employment Income: For every member of your family who works, bring the following information:

- Name, address and telephone number of the employer
- Your four most recent pay stubs
- Federal/State Income Tax filed for previous year and W-2 forms/1099's

**BENEFIT AND SUPPORT INCOME:** If any member of your family received any of the following types of income, bring name, address, and telephone number of the source of income and information about the amount received:

Unemployment Compensation	Social Security	Workers' Compensation
Supplemental Social Security	Pension	Spousal Support
Disability Income	Alimony	Annuities
Child Support	Welfare or other public assistance	
Food Stamp Budget	Regular support from family members or friends	

**AMOUNTS IN SAVINGS AND CHECKING ACCOUNTS** (including Christmas Clubs, Certificates of Deposit, IRA and Keogh Accounts). Bring a current statement for all accounts. Please bring your last 6 months statements for checking accounts. All 1099's received for accounts.

**REAL ESTATE YOU OWN:** Bring information about the current value of the property. If you own property and rent it, bring the address of the property and information about how much income you receive and what expenses you have for the property (Bring last year's Schedule E from your income tax forms).

**STOCKS, BONDS, TRUSTS, OTHER INVESTMENTS:** Bring statements on value of investments and information about income from investments.

**LIFE INSURANCE POLICIES:** Bring statement from insurance company stating current cash value of policy and any dividends earned on policy.

**OTHER INCOME:** For any other type of income your family has, bring the name, address and telephone number of the source of the income and information about the amount of the income.

**ASSETS SOLD OR GIVEN AWAY:** If you have sold or given away any assets in the past two years (such as, giving a property or an amount of money to another family member), please bring information about those assets.

### INFORMATION ABOUT FAMILY MEMBERS:

Proof of legal identity – Picture ID with signature for all adult family members 18 years of age and older.

Age – Bring an original birth certificate for all family members of the household.

Social Security cards for all members of the household.

Marriage Certificate and, if applicable, a Divorce Decree, or if no legal papers, a notarized statement that you are separated and the current address of your spouse and statement that he/she will not be part of your household.

Pregnancy statement of due date.

Children – Bring birth certificates, custody agreement, adoption papers, or other proof that the children are members of this household.

Full-time students – If any family member is 18 years of age or older and still attending school full time, bring information about where they go to school.

Disability – If any member of your family has a disability, bring information about any income the member received because of his/her disability.

**EXPENSES:**

Bring information about any of the following expenses you expect to have during the next twelve months.

Medical expenses not covered by insurance (Elderly families only).

Medical insurance premiums or amounts deducted from your pay for medical insurance (Elderly families only).

Childcare expenses to care for your children while you work or go to school.

Disability assistance expenses to care for a family member with a disability while you work or look for work.

**LANDLORD INFORMATION:**

Name, complete address and telephone number for landlords that you rented from for the last three years. Also, the address where you rented.

**CRIMINAL BACKGROUND RECORDS:**

Information on criminal history in New York State and in other states where household members have resided.

Information on household members who are subject to a lifetime registration requirement under a State sex offender registration program.

**VEHICLE INFORMATION:**

We must have drivers license, car registration and insurance cards for all vehicles in your household. All information must be current.

**ELMIRA HOUSING AUTHORITY**

**737D RESERVOIR STREET, ELMIRA, NEW YORK 14905**

**(607) 737-7100**

**FAX (607) 737-7137**

**JAMES A. MIRANDO**  
*Executive Director*

HOFFMAN PLAZA  
(607) 737-7120

GEORGE E. BRAGG TOWERS  
(607) 737-7130

EDWARD FLANNERY APARTMENTS  
(607) 737-7140

NEW YORK RELAY SERVICE TDD  
(800) 662-1220

**PERSONAL DECLARATION**

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household. All adult members of the household (18 years and older must sign below certifying the information pertaining to them. Please print.

**I. HOUSEHOLD COMPOSITION: List all persons who will be living in your home, listing head of household first.**

Phone No. \_\_\_\_\_ Msg. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Adults (Legal Name)	Date of Birth	Relationship to Head of Household	Social Security Number	Indicate if Married (M) Widowed (W) Separated (S) Divorced (D)
1				Year:
2				Year:
3				Year:
4				Year:

Children (Name as it appears on SS Card)	Date of Birth	Relationship to Head of Household	School Name	Absent Parents Name	Absent Parents Address
1					
2					
3					
4					
5					
6					

If separated or divorced, list name and address of spouse/ex-spouse as follows:

\_\_\_\_\_ Name

\_\_\_\_\_ Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ City, State, Zip

**II Total Household Income:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman’s Compensation, retirement benefits, AFDC, Veterans benefits, rental property, income, stock dividends, income from bank accounts, alimony, and all other sources.

**List amounts received below:**

Household Member	Employer	Total Weekly Wages	AFDC	Child Support Monthly	Social Security Benefits	Unemployment Benefits	All Other Income
1							
2							
3							
4							

**III. Assets:** If yes to any, list below. Do you or any household member own or have interest in any real estate, boat, and/or mobile home? \_\_\_\_ Have you sold any real estate in the last two (2) years? \_\_\_\_ Do you have any savings Accounts? \_\_\_\_ If yes, give bank account numbers, and amounts below. Do you own a car? \_\_\_\_ Model/Year \_\_\_\_\_  
 Tag No. \_\_\_\_\_ Do You own any other cars? \_\_\_\_ Model/Year \_\_\_\_\_  
 Tag No. \_\_\_\_\_

1. Does anyone outside of your household pay any of your bills or give you money? Yes/No \_\_\_\_ If yes, please explain.

2. Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes/No \_\_\_\_ If yes, please explain.

3. Have you or any member of your household lived in assisted housing? Yes/No \_\_\_\_ If yes, list where and when.

4. Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes/No \_\_\_\_ If Yes, please explain.



5. Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes/No \_\_\_\_ If yes, please explain.

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I, do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in writing IMMEDIATELY.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD                      DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE    DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT                                      DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT                                      DATE

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

**ACKNOWLEDGMENT:**

I (WE) ACKNOWLEDGE RECEIVING IN THE PRE-APPLICATION PACKET, THE HUD FORM 1140-OIG UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ***THINGS YOU SHOULD KNOW*** PRIOR TO MY/OUR APPLICATION INTERVIEW.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD                      DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE    DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT                                      DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT                                      DATE

**Authorization for the Release of Information/  
Privacy Act Notice**

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

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

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 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 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(1)(7)(A) of the Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing

programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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**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

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**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.

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**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.

## INCOME EXCLUSIONS

Some amounts of income are prohibited from being included in a family’s income for rent determination purposes. These amounts, called exclusions, are not part of annual income. The Elmira Housing Authority is required to report all sources of income and exclusion amounts per HUD regulations.

Listed below you will find a list of income exclusions which we must verify. Please check yes or no if you are receiving this income. Please remember that this income is not counted for rent purposes.

	YES	NO
Income from employment of children (including foster children under the age of 18)	_____	_____
Payments received for the care foster children or foster adults	_____	_____
Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker’s compensation), capital gains and settlement for personal or property losses	_____	_____
Amounts received by the family that are specifically for, or in reimbursement of the cost of medical expenses for any family member	_____	_____
Income of a live-in aide	_____	_____
The full amount of student financial assistance paid directly to the student or to the educational institution	_____	_____
The special pay to a family member serving in the Armed Forces who is exposed to hostile fire	_____	_____
Amounts received under training programs funded by HUD	_____	_____
Amounts received by a person with a disability that are disregarded for a limited time for purposes of SSI eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)	_____	_____
Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program	_____	_____
Amounts received under a resident service stipend	_____	_____
Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program	_____	_____
Temporary, nonrecurring or sporadic income (including gifts)	_____	_____

	YES	NO
Reparation payments paid by a foreign government pursuant to Claims filed under the laws of that government by persons who were persecuted during the Nazi era	_____	_____
Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse)	_____	_____
Adoption assistance payments in excess of \$480 per adopted child	_____	_____
Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts	_____	_____
Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit	_____	_____
Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home;	_____	_____
Amounts earned by temporary Census employees (terms of employment may not exceed 180 days for the purposes of the exclusion)	_____	_____
The value of the allotment provided to an individual under the Food Stamp Act of 1977	_____	_____
Payments to volunteers under the Domestic Volunteer Services Act	_____	_____
Payments received under the Alaska Native Claims Settlement Act	_____	_____
Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes	_____	_____
Payments or allowances under DHH's Low-Income Home Energy Assistance Program	_____	_____
Payments received under programs funded in whole or in part under the Job Training Partnership Act (effective 7/1/00, references to Job Training Partnership Act shall be deemed to refer to the corresponding provision of the Workforce Investment Act of 1998)	_____	_____
Income derived from the disposition of funds to the Grand River Band of Ottawa Indians	_____	_____
The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands	_____	_____
Federal scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student Assistance Program	_____	_____

	<u>YES</u>	<u>NO</u>
Payments received from programs funded under Title V of the Older Americans Act of 1965	_____	_____
Payments received on or after January 1, 1989 from the Agent Orange Settlement Fund or any fund established pursuant to the settlement in In Re: Agent Orange product liability litigation	_____	_____
Payments received under the Main Indian Claims Settlement Act of 1980	_____	_____
Child care arranged or provided under the Child Care and Development Block Grant Act of 1990	_____	_____
Earned Income Tax Credit refund payment	_____	_____
Payments by the Indian Claims Commission to the Confederate Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation	_____	_____
Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990	_____	_____
Any allowance paid under provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam Veteran	_____	_____
Any amount of crime victim compensation that the applicant (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act	_____	_____
Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998	_____	_____

Amounts specifically excluded by any other Federal Statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under the United States Housing Act of 1937. (A notice will be published by HUD in the Federal Register identifying the benefits that qualify for this exclusion).

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Notice to all Applicants:**

### **Reasonable Accommodations for Applicants with Disabilities**

The Housing Authority is a public agency that provides low rent housing to eligible families, elderly families and single people. PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, PHA has a legal obligation to provide “reasonable accommodations” to applicants if they or any family members have a disability. A reasonable accommodation is some modification or change PHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of PHA’s programs. Examples of reasonable accommodations would include:

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

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

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

## SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the ELMIRA Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

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Applicant Name \_\_\_\_\_ File \_\_\_\_\_  
Interview Conducted By \_\_\_\_\_ Date \_\_\_\_\_

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1. Will you, or any member of your family require any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> A separate bedroom          | <input type="checkbox"/> Unit for Vision-Impaired                |
| <input type="checkbox"/> A barrier-free apartment    | <input type="checkbox"/> Unit for Hearing-Impaired               |
| <input type="checkbox"/> One-level unit              | <input type="checkbox"/> Bedroom & Bath on 1 <sup>st</sup> floor |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> Extra Bedroom                           |
| <input type="checkbox"/> <b>Live In Attendant</b>    |  |

2. Can you and all family members use the stairs unassisted?       Yes       No

If No, please indicate how the PHA should accommodate your family: \_\_\_\_\_

\_\_\_\_\_

3. Will you or any of your family members need a live-in aide to assist you?       Yes       No

If yes, please explain \_\_\_\_\_

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed.

\_\_\_\_\_

\_\_\_\_\_

5. What is the name of the family member needing the features identified above?

\_\_\_\_\_

Whom should we contact to verify your need for a special apartment?

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

---

Applicant Signature

Date



**ELMIRA HOUSING AUTHORITY**

**737D RESERVOIR STREET, ELMIRA, NEW YORK 14905**

**(607) 737-7100**

**FAX (607) 737-7137**

**JAMES A. MIRANDO**  
*Executive Director*

HOFFMAN PLAZA  
(607) 737-7120

GEORGE E. BRAGG TOWERS  
(607) 737-7130

EDWARD FLANNERY APARTMENTS  
(607) 737-7140

NEW YORK RELAY SERVICE TDD  
(800) 662-1220

**MEMORANDUM**

**TO:** Elmira Housing Authority Residents & Applicants

**RE:** Upfront Income Verification (UIV)/Enterprise Income Verification (EIV)

At the July 29, 2004, Board of Commissioners meeting, the Commissioners for the Elmira Housing Authority approved a HUD-mandated policy regarding Upfront Income Verification (UIV). UIV is the verification of income, before or during a family reexamination, through an independent source that systematically and uniformly maintains income information in computerized form for a large number of individuals. HUD anticipates that this system will be available to the Housing Authority this fall. In February 2005, HUD changed the official name to Enterprise Income Verification (EIV).

What this means to you as a tenant/applicant is that, during the certification or recertification process, the Housing Authority will be using online information systems such as the Tenant Assessment Subsystem (TASS), HUD's EIV System and New York State's Wage Information Collection Agency (SWICA). The Housing Authority will use these systems to view quarterly wage, employer information, weekly/bi-weekly unemployment benefit payments, monthly Social Security (SS) and Supplemental Security Income (SSI) benefits, and Medicare deductions and/or buy-ins for tenants. The systems also make it possible to identify families who may have under-reported family income.

The Housing Authority is required to use this information **ONLY** for verification of tenant income and eligibility. We will take every measure possible to insure that your information is not disclosed in any way that would violate your privacy. You will be given access to your records and have the opportunity to review information provided by an employer, the Social Security Administration, the SWICA, etc., as well as to contest the information provided by these sources if so requested.

Using the UIV/EIV method before going to more familiar means, such as written or oral third-party statements or family declarations and certifications, will help to insure that income information is collected in a systematic, uniform way. This in turn helps to insure that your rent calculations are computed fairly and accurately.

## COMMUNITY SERVICE

[24 CFR Part 960 Subpart F and 24 CFR 903.7(l)]

### INTRODUCTION

#### IMPORTANT NOTICE

The community service requirement was suspended for Federal Fiscal year 2002, for all developments except HOPE VI developments (Department of Veteran Affairs and Housing and Urban Development, and Independent Agencies Appropriation Act, 2002, at Section 432). The requirement has been reinstated for Federal Fiscal Year 2003.

*[INSTRUCTION: The Quality Housing and Work Responsibility Act of 1998 mandates PHAs to require that adults living in public housing comply with community service requirements. On March 29, 2000, the Changes to Admission and Occupancy Requirements in the Public Housing and Section 8 Housing Assistance Program Final Rule was published in the Federal Register.]*

#### A. Requirement

Each adult resident of the PHA shall:

Contribute 8 hours per month of community service (not including political activities) within the community in which that adult resides; or

Participate in an economic self-sufficiency program (defined below) for 8 hours per month; or

Perform 8 hours per month of combined activities (community service and economic self-sufficiency program)

#### B. EXEMPTIONS

The PHA shall provide an exemption from the community service requirement for any individual who:

Is 62 years of age or older;

Is a blind or disabled individual, as defined under section 216[I][1] or 1624 of the Social Security Act, and who is unable to comply with this section, or is a primary caretaker of such individual;

Is engaged in a work activity of at least 20 hours per week and as defined in section 407[d] of the Social Security Act;

Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of title VI of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program; or

Is in a family receiving assistance under a State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such program.

The PHA will *reverify* exemption status annually except in the case of an individual who is 62 years of age or older.

The PHA will permit residents to change exemption status during the year if status changes.

#### *Additional Exemptions*

*If a tenant is pregnant and her condition has been verified with a doctor's statement, she will be exempt from Community Service starting with the 6<sup>th</sup> month of her pregnancy or earlier if so certified to be her tending physician.*

*If a tenant has a child at home under the age of 2 years 11 months, they will be exempt from the Community Service requirement during this period.*

*If a tenant has a handicapped child at home that is not enrolled in school or another program, they will be exempted from the Community Service requirement.*

*In the event of the above additional exemptions, the tenant will be responsible for notification to the Office of any changes and will be required to fulfill the community service requirements once these exemptions have expired.*

### **C. DEFINITION OF ECONOMIC SELF-SUFFICIENCY PROGRAM**

For purposes of satisfying the community service requirement, participating in an economic self-sufficiency program is defined, in addition to the exemption definitions described above, by HUD as: Any program designed to encourage, assist, train or facilitate economic independence of assisted families or to provide work for such families.

These economic self-sufficiency programs can include job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, or any other program

necessary to ready a participant to work (such as substance abuse or mental health treatment).

In addition to the HUD definition above, the PHA definition includes any of the following:

Participating in the Family Self-Sufficiency Program and being current in the steps outlined in the Individual Training and Services Plan.

Other activities as approved by the PHA on a case-by-case basis.

The PHA will give residents the greatest choice possible in identifying community service opportunities.

The PHA will consider a broad range of self-sufficiency opportunities.

#### **D. ANNUAL DETERMINATIONS**

For each public housing resident subject to the requirement of community service, the PHA shall, at least 30 days before the expiration of each lease term, review and determine the compliance of the resident with the community service requirement.

Such determination shall be made in accordance with the principles of due process and on a nondiscriminatory basis.

The PHA will verify compliance *at least* annually. If qualifying activities are administered by an organization other than the PHA, the PHA will obtain verification of family compliance from such third parties.

Family members will not be permitted to self-certify that they have complied with community service requirements.

#### **E. NONCOMPLIANCE**

If the PHA determines that a resident subject to the community service requirement has not complied with the requirement, the PHA shall notify the resident of such noncompliance, and that:

The determination of noncompliance is subject to the administrative grievance procedure under the PHA's Grievance Procedures; and

Unless the resident enters into an agreement to comply with the community service requirement, the resident's lease will not be renewed, and

The PHA may not renew or extend the resident's lease upon expiration of the lease term and shall take such action as is necessary to terminate the tenancy of

the household, unless the PHA enters into an agreement, before the expiration of the lease term, with the resident providing for the resident to cure any noncompliance with the community service requirement, by participating in an economic self-sufficiency program for or contributing to community service as many additional hours as the resident needs to comply in the aggregate with such requirement over the 12-month term of the lease.

The head of household and the noncompliant adult must sign the agreement to cure.

### **Ineligibility for Occupancy for Noncompliance**

The PHA shall not renew or extend any lease, or provide any new lease, for a dwelling unit for any household that includes an adult member who was subject to the community service requirement and failed to comply with the requirement.

### **F. PHA RESPONSIBILITY**

The PHA will ensure that all community service programs are accessible for persons with disabilities.

The PHA will ensure that:

The conditions under which the work is to be performed are not hazardous;

The work is not labor that would be performed by the PHA's employees responsible for essential maintenance and property services; or

The work is not otherwise unacceptable.

### **G. PHA IMPLEMENTATION OF COMMUNITY SERVICE REQUIREMENT**

**The PHA's Community Service program is described in the PHA Plan.**

*Elmira Housing Authority  
Community Service Policy  
Board Resolution 2001.37*

#### *1. Requirement*

*Each adult resident of the EHA shall:*

*Contribute 8 hours per month of community service (not including political activities) within the community in which that adult resides; or*

*Participate in an economic self-sufficiency program for 8 hours per month; or*

*Perform 8 hours per month of combined activities (community service and economic self-sufficiency program).*

## *2. Exemptions*

*The EHA shall provide an exemption from the community service requirement for any individual who:*

*Is 62 years of age or older;*

*Is Blind or Disabled Individual, as defined under section 216(i)(1) or 1614 of the Social Security Act, and who is unable to comply with this section, or is a primary caretaker of such individual;*

*An individual claiming this exemption, must certify that because of this disability that he or she is unable to comply with this section.*

*Is engaged in a work activity as defined in section 407(d) of the Social Security Act;*

*An individual claiming this exemption must be working a minimum of 20 hours per week.*

*Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program; or*

*Is in a family receiving assistance under a State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program, and has not been found by the State or other administrating entity to be in noncompliance with such program.*

*The EHA will re-verify exemption status annually except in the case of an individual who is 62 years of age or older.*

*The EHA will permit residents to change exemption status during the year if status changes.*

## *3. Definition of Economic Self-Sufficiency Program*

*For purposes of satisfying the community service requirement, participating in an economic self-sufficiency program is defined, in addition to the exemption definitions described above, by HUD as: Any program designed to encourage, assist, train or facilitate economic independence of assisted families or to provide work for such families.*

*These economic self-sufficiency programs can include job training, employment counseling, work placement, basic skills training, education, English proficiency,*

*workfare, financial or household management, apprenticeship, or any other program necessary to ready a participant to work (such as substance abused or mental health treatment).*

*In addition to the HUD definition above, the Elmira Housing Authority definition includes any of the following:*

*Other activities as approved by the Elmira Housing Authority on a case-by-case basis.*

*The EHA will give residents the greatest choice possible in identifying community service opportunities.*

*The EHA will consider a broad range of self-sufficiency opportunities.*

The PHA will administer its own community service program, with cooperative relationships with other entities.



## Chemung County Homeless Services

We can help!

### If you are Fleeing Domestic Violence

Domestic violence emergency shelter: call the 24/7 Salvation Army Safehouse/ Domestic Violence Hotline at 607-732-1979 (shelter, victim services and safety planning)

For non-residential domestic violence services and safety planning, call

- the 24/7 Salvation Army Safehouse/ Domestic Violence Hotline at 607-732-1979 or
- the 24/7 Catholic Charities' 1<sup>st</sup> Step Victim Services hotline at 607-742-9629.

### If You Are Homeless

Come to Catholic Charities'

#### Samaritan Center

380 South Main Street, Elmira

Phone 607-734-4898

Fax 607-734-1213

Hours: M-F, 8:30–4:30, closed 12-1

Summer Hours:

Closes at 4:00 M-F

Closes at 1:00 on Fridays

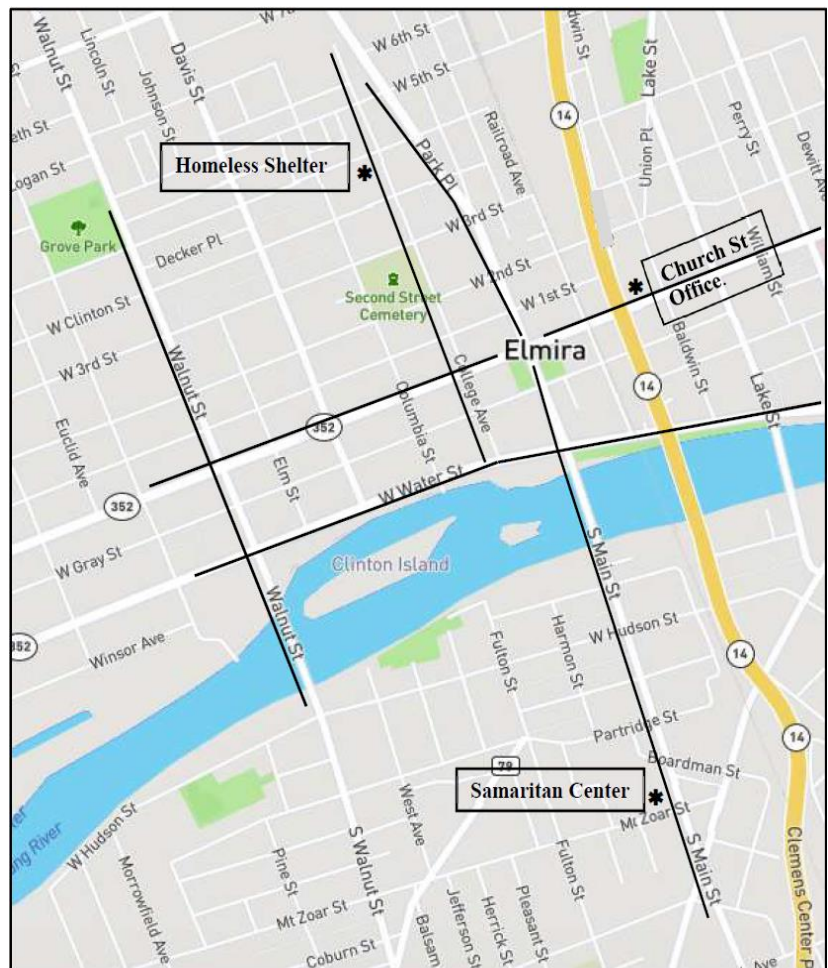
After hours, weekends or holidays go to  
Catholic Charities'

#### Second Place East Homeless Shelter

605 College Ave, Elmira

Phone 607-732-5954

“After hours” start at 4:30 M-F



### If You Are At-Risk of Homelessness

Call or come to the Samaritan Center (see above). There are programs to help you prevent homelessness.

### Chemung County contacts at Catholic Charities of Chemung/Schuyler

Ellen Topping, (607) 734-9784 ext. 2161, [Ellen.Topping@dor.org](mailto:Ellen.Topping@dor.org)

Suzi Fritz, (607) 734-4898 ext. 2402, [Suzianna.Fritz@dor.org](mailto:Suzianna.Fritz@dor.org)

August 1, 2018