

TENANT INFORMATION FORM

Tenant ID _____

Please review and complete this form. This information will help us determine your assistance.

Head of Household _____

Unit Address _____

Unit City, State, ZIP _____

Mailing Address (if different than above) _____

Telephone Number: _____ Home Work Cell Other _____

Telephone Number: _____ Home Work Cell Other _____

E-mail Address _____ I would like to receive correspondence via e-mail.

Part 1: Household Information

Indicate the current status of all adults and children that will live in the housing unit to be assisted. Add new members in the space provided below, including the full Social Security Number for each. Enter one of the following codes in box 6 to identify the relationship of each new adult and child listed.

H = Head of Household
S = Spouse (Married)

K = Co-Head (Not Married)
F = Foster Child/Adult

Y = Youth Under 18
E = Full Time Student Over 18

L = Live-in Aide
A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			10. Social Security Number	11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			10. Social Security Number	11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
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1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
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TENANT INFORMATION FORM

Part 1: Household (Continued)

1. Does your family lack a regular nighttime residence, live in a shelter, or other non residential place? Yes No
2. Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing? Yes No
3. Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years? Yes No
4. Do you or any member of your household have a history of controlled substance or alcohol abuse that has not been abated through rehabilitation? Yes No
5. Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing? Yes No
6. Are you or any member of your household subject to a lifetime sex offender registration under a State sex offender registration program? Yes No
7. If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here:

Part 2: Asset Information

1. Has any member of the family given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past two years? Yes No

Review and update household assets held by any family member, irrespective of age. Add new assets in the space provided below. An asset is any one of the following types without limitation:

401(k) or 403(b)	Individual Retirement Accounts (IRA)	Mutual Funds	Stocks
Bonds	Inheritances	Pensions	Trust Funds
Certificate of Deposit	Life Insurance Policies	Real Property (land)	
Checking Account	Money Market Account	Savings Account	

DOCUMENTATION REQUIRED: Provide current statements showing the value and interest rate of each asset and check the Documentation Attached box for each asset.

Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Attach Additional Sheets if Necessary

TENANT INFORMATION FORM

Part 3: Income Information

1. Did you file a Federal Income Tax Return last year? Yes No
2. Does anyone living outside your household pay for or provide money for any of your household bills or living expenses? Yes No

Review and update the following income information for all family members 18 or older, including income received on behalf of household members under the age of 18. Check "Fixed" for income that changes annually based on a COLA or Interest Rate. Add new income sources in the space provided below. An income is any one of the following types without limitation:

Alimony Payments	Food Stamps	Self Employment	Wages/Salaries
Child Support	Military Pay	Social Security Benefits	Welfare Benefits
Disability Benefits	Periodic Gifts	SSI	Worker's Compensation
Financial assistance to attend school	Retirement Payments	Unemployment Benefits	

DOCUMENTATION REQUIRED: Provide two current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Attached box for each income.

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

TENANT INFORMATION FORM

Part 4: Household Expenses

1. Does any adult household member (age 18 or older) attend school full time? (If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below.) Yes No

2. Does any member of your family have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult family member can work? Yes No

3. Does any member of your family have UNREIMBURSED expenses for care of a person with disabilities so that an adult family member can work? Yes No

4. **ONLY complete the following if the head of household, spouse or co-head is age 62 or older, or has a disability.**
Does any member of your family have UNREIMBURSED medical expenses (i.e. Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription/Non Prescription Medicines (prescribed by a physician))? Yes No

Review and update the following expense information relating to questions marked as Yes in the lines above. Additional expenses must be entered in the space provided below.

DOCUMENTATION REQUIRED: Provide documentation from Verification Source listing the monthly payment for each expense and check the Documentation Attached box for each expense.

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Attach Additional Sheets if Necessary

Part 5: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____

_____ Date



**NEW ROCHELLE
MUNICIPAL HOUSING AUTHORITY**

50 SICKLES AVENUE
NEW ROCHELLE, N.Y. 10801
TELEPHONE: 235-1717 - 636-7050
FAX: 235-1781

February 21, 2020

I have received VAWA Forms:

5380 Notice of Occupancy Rights under the Violence Against Women Act

5382 Certification of Domestic Violence, Sexual Assault, or Stalking, and Alternate Documentation



**CERTIFICATION OF DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency;
or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

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

1. Date the written request is received by victim: _____

2. Name of victim: _____

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

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

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

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**NOTICE OF OCCUPANCY RIGHTS UNDER
THE VIOLENCE AGAINST WOMEN ACT**

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

New Rochelle Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that RAD is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under RAD, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under RAD, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under RAD solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking. Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

New Rochelle Housing Authority may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If New Rochelle Housing Authority chooses to remove the abuser or perpetrator, New Rochelle Housing Authority may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, New Rochelle Housing Authority must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, New Rochelle Housing Authority must follow Federal, State, and local eviction procedures. In order to divide a lease, New Rochelle Housing Authority may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, New Rochelle Housing Authority may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, New Rochelle Housing Authority may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

¹ The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

³ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.



(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

New Rochelle Housing Authority will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

New Rochelle Housing Authority's emergency transfer plan provides further information on emergency transfers, and New Rochelle Housing Authority must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

New Rochelle Housing Authority can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from New Rochelle Housing Authority must be in writing, and New Rochelle Housing Authority must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. New Rochelle Housing Authority may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to New Rochelle Housing Authority as documentation. It is your choice which of the following to submit if New Rochelle Housing Authority asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by New Rochelle Housing Authority with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that New Rochelle Housing Authority has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, New Rochelle Housing Authority does not have to provide you with the protections contained in this notice.

If New Rochelle Housing Authority receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), New Rochelle Housing Authority has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, New Rochelle Housing Authority does not have to provide you with the protections contained in this notice.

Confidentiality

New Rochelle Housing Authority must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

New Rochelle Housing Authority must not allow any individual administering assistance or other services on behalf of New Rochelle Housing Authority (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

New Rochelle Housing Authority must not enter your information into any shared database or disclose your information to any other entity or individual. New Rochelle Housing Authority, however, may disclose the information provided if:

- You give written permission to New Rochelle Housing Authority to release the information on a time limited basis.
- New Rochelle Housing Authority needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires New Rochelle Housing Authority or your landlord to release the information.



VAWA does not limit New Rochelle Housing Authority's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, New Rochelle Housing Authority cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if New Rochelle Housing Authority can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If New Rochelle Housing Authority can demonstrate the above, New Rochelle Housing Authority should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with or .

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>

Additionally, New Rochelle Housing Authority must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact Tom Sullivan at .

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact .

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact .

Victims of stalking seeking help may contact .

Attachment: Certification form HUD-5382





NEW ROCHELLE MUNICIPAL HOUSING AUTHORITY

50 SICKLES AVENUE
NEW ROCHELLE, N.Y. 10801
TELEPHONE: 235-1717 - 636-7050
FAX: 235-1781

In order to receive assistance, each family has an ongoing obligation to abide by the federal regulations governing Section 8 tenants.

As head of the household, you are responsible for making sure that your family complies or you risk losing Section 8 entirely.

The following are your Section 8 family obligations:

1. Accurately and completely supply any information that the PHA requires to document family income, composition and citizenship (or eligible immigration status) Notify the PHA immediately of any change of income (increase or decrease of income) including Summer, Probationary or Long term temp employment.
2. Provide the PHA with Social Security numbers for all household members.
3. Sign and submit consent forms for obtaining information.
4. Promptly notify the PHA in writing when the family will be away from the unit for an extended time.
5. Allow the PHA to inspect the unit with reasonable notice. Allow the landlord access to the unit to make repairs, with reasonable notice.
6. Notify the PHA and owner in writing of your intention to move at least 30 days in advance of the first day of the month you will be moving.
7. If moving, return all keys to the landlord, and leave the apartment empty and "broom clean".
8. Use the apartment as the family's only residence.
9. Promptly notify the PHA of the birth, adoption, or court-awarded custody of a child in writing (in 10 days).
10. Request PHA and owner approval to add any other family member to the household in writing.
11. Promptly notify the PHA of any household member no longer living in the unit in writing (in 10 days).
12. Pay utilities and tenant's share of rent on time. Never withhold your share of the rent.
13. You must give a copy of any eviction notice received to the PHA.



No member of the family may engage in the following activities:

1. Own or have any interest in the unit.
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with Section 8.
4. Participate in illegal drug or violent criminal activity.
5. Sublease, let, assign or transfer the unit.
6. Receive any other federal housing subsidy while on Section 8.
7. Damage the unit or premises, or permit guests to do so.

Termination of Assistance:

If the family voluntarily vacates the unit, there is no guarantee of further housing assistance.

The PHA may deny or terminate assistance for any of the following reasons:

1. If the court orders an eviction due to the family's violation of the lease.
2. If the family currently owes any money to this or any other PHA in connection with Section 8 or any other Public Housing Assistance.
3. If the family breaches a repayment agreement with PHA.
4. If any family member engages in or threatens abusive or violent behavior towards PHA Staff.

I have read the above and agree to abide by the terms.

Head of Household

Date

Family member over 18

date

Family member over 18

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

OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2021

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

New Rochelle Housing Authority
50 Sickles Avenue
New Rochelle, NY 10801
Tom Sullivan

(914)636-7050
February 21, 2020

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to the 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.



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

Document ID: 14763457363

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

Penalties for Misusing this Consent:

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

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

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



**REQUEST FOR VERIFICATION
NEW ROCHELLE HOUSING AUTHORITY
FEBRUARY 21, 2020**

Tenant ID 19592

The person named below to the right has applied for Federal Housing Assistance and has authorized verification of their income, assets, and expenses. Should you have any questions, please call Tom Sullivan at .

Phone:

Fax:

Please complete the section below and return this form to the New Rochelle Housing Authority: 50 Sickles Avenue New Rochelle, NY 10801 by 3/6/2020. You may fax the completed form to (914)235-1781.

CARE FOR CHILD OR DISABLED PERSON

I am paid \$ _____ per <input type="checkbox"/> wk <input type="checkbox"/> mo when school is in session
I am paid \$ _____ per <input type="checkbox"/> wk <input type="checkbox"/> mo during school vacation
Children or Disabled Persons Cared For _____

HEALTH CARE SERVICES, PHARMACY, MEDICAL EQUIPMENT AND INSURANCE PREMIUMS

TYPE PROVIDED WITHIN PAST 12 MONTHS	TOTAL PAID*
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

*Not covered by insurance

Thank you for your time and assistance.

Signature Date

Title Telephone No. Fax No.

EXPENSE WORKSHEET

Tenant ID 19592

PLEASE COMPLETE THIS FORM AND RETURN TO:

New Rochelle Housing Authority
50 Sickles Avenue
New Rochelle, NY 10801

Under the column labeled Monthly Amount, please enter your monthly expense for any item that applies to your household. If you list a monthly expense for an item that you are billed for monthly, such as a telephone or car payments, you must attach a copy of your last bill.

Part 1: Estimated Monthly Expenses

Monthly Amount

1. If you have either of the following services, enter the amount of last month's bill and attach a copy of your statement for that month for each amount entered:

Telephone \$ _____
Cable/Satellite TV \$ _____

2. If you own or have the use of an automobile, motorcycle, or other type of motorized vehicle please complete the following:

Year _____ Make _____ License # _____

Monthly Finance Charge, if any (Please Attach Statement) \$ _____

Monthly Auto Insurance (Please Attach Statement) \$ _____

Monthly Maintenance and Gasoline Expense \$ _____

3. Enter your estimate of monthly food costs for your family. \$ _____
4. Enter your monthly clothing, cigarette, and personal expenses for your family. \$ _____
5. If you are making payments to a Housing Agency for a claim owed to that agency, enter agency name and payment amount. \$ _____

Housing Agency _____

6. Estimated Monthly Expense (Sum of Number in Lines 1,2,3,4 and 5) \$ _____

Please Complete Parts 2 and 3 of this Form Now.



Part 2: Expense Reduction

Monthly Amount

Please enter the monthly amount you receive for any of the categories listed below.

- 1. Food Stamps per month \$ _____
- 2. HEAP per month \$ _____
- 3. Other monthly income not previously reported \$ _____
- 4. Bills paid by others each month \$ _____
- 5. Regular gifts received per month \$ _____
- 6. **Estimated Monthly Expense Reduction (sum of number in 1,2,3,4 and 5)** \$ _____

Part 3: Certification

I certify that the information I have provided on this form is true and complete to the best of my knowledge and believe. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____ Date _____





**NEW ROCHELLE
MUNICIPAL HOUSING AUTHORITY**

50 SICKLES AVENUE
NEW ROCHELLE, N.Y. 10801
TELEPHONE: 235-1717 - 636-7050
FAX: 235-1781

February 21, 2020

In accordance with Federal Regulations, we are required to re-examine the total income of our participants every year. **An Appointment has been scheduled for you on June 14, 2019 at . Please call the office 2 weeks before to confirm your appointment for your Re-Certification.**

The department of Housing and Urban development (HUD) requires that all income and expenses anticipated for the next 12 months be verified. Enclosed please find a list of the required documentation. It is always your responsibility to advise us of any changes. Please fill in the information requested on each HUD form enclosed. All forms must be brought to the office the day of your appointment

In addition, Federal Regulations require that we inspect the dwellings of our participants annually.

You will receive written notice of your scheduled appointment with the date and time. When you receive the inspection notice, please confirm immediately. This inspection cannot be done if bedbugs are present.

You must notify this office IMMEDIATELY if bedbugs are present.

"If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority."

Tom Sullivan
Section 8 Administrator
tsullivan@nrmha.org



WE DO COMPUTER MATCHING OF INCOME FOR ALL FAMILY MEMBERS.

Income information for all household members regardless of age must be reported and verified. You must provide proof of school registration for students in grades **K-12 (a report card will do.)** College students need proof of full-time matriculation (for example an official school schedule with school name and credit value for each course.)

On the day of your re-certification, you must have the following documentation **if it applies to you:**

1. Your lease renewal (if provided by your landlord)
2. All employed persons, including students, must have **6 recent and consecutive pay stubs, your 2018 income tax return and W2 forms. You may get copies of your 1040 at the IRS office at 210 E. Post Rd, White Plains NY**
3. Current PUBLIC ASSISTANCE BUDGET (Less than 60 days old)
4. Proof of UNEMPLOYMENT BENEFITS
5. Bank and Investment Statements (most recent and full statements **including all pages**)
6. Child Support/Alimony
7. Benefit Verification Letter if receiving NYS Supplemental Security Income (855-488-0541)
8. Support from family or friends
9. Self-Employment
10. Proof of Child care expenses
11. A copy of a recent Con-Ed bill, if you pay utilities
12. **Enclosed Forms should also be completed and signed**

Senior and Disabled ONLY may be entitled to a medical deduction:

Medical expenses are expenses that are not covered by insurance. You must provide documentation of the following to be eligible for the deduction:

1. Monthly payments on unpaid medical and dental bills
2. Health insurance premiums (AARP, BLUE CROSS, ETC)
3. Pharmacy print-out (receipt will not be accepted)
4. Payments for eyeglasses, hearing aids, etc.
5. Medicaid spend down

If you do not bring all of the required documentation, you will be required to reschedule.

MISREPRESENTATION OF INCOME IS FRAUD



