

APPLICATION

PHA's HCV Program application is used for all voucher programs including tenant based, project based, RAD and Mod Rehab

If you have any questions or need assistance in completing the application, please contact PHA by phone at (215) 684-4300.

You may also visit the PHA Website for more information at: www.pha.phila.gov/housing/housing-choice-voucher

HEAD OF HOUSEHOLD

FIRST AND LAST NAME:

ADDRESS

ADDRESS:

APARTMENT # (if applicable):

CITY/STATE:

ZIP:

HEAD OF HOUSEHOLD CONTACT INFORMATION

PHONE:

EMAIL:

LANGUAGE

What language do you prefer for communication with PHA? If not English, please specify in the next box.

Preferred Language:

1

YOUR FAMILY

List all persons who will live with you in the unit. If there are more than (10) ten household members, please list them on a separate sheet of paper. Every individual and family admitted to the HCV program must meet all program eligibility requirements. This includes any individual approved to join a household after the family has been admitted to the program. Families must provide any information needed by PHA to confirm eligibility and determine the level of the family's rental assistance.

Name List Head of Household (HOH) First	Relationship to HOH	Gender	Date of Birth MM/DD/YYYY	Social Security Number	Race	Citizenship Status refer to Declaration of Citizenship Form for more information	Disabled Y/N	Full-Time Student? Y/N
	Head							

Do you expect a change in your family size? If yes, when? _____

Briefly describe change: _____

2

YOUR BACKGROUND QUESTIONS

You must answer all questions below by checking Yes or No.

Are you or any member of your household subject to a lifetime state sex offender registration program in any state?

☐ Yes ☐ No

If yes, list the household member name and the state in which the household member is subject to a lifetime state sex offender program.

Name

State

Have you or another member of your household ever been convicted of the manufacture or production of methamphetamine on the premises of Federally-assisted housing? ☐ Yes ☐ No

If yes, list the household member name below:

Name of household member: _____

During the past three (3) years have you or any member of your household been evicted from public housing or other Federally assisted housing due to drug-related criminal activity? ☐ Yes ☐ No

If yes, list the household member name below:

Name of household member: _____

Have you or a member of your household ever been convicted of a felony? ☐ Yes ☐ No

If yes, list the household member name below:

Name of household member: _____

Do you understand you may be terminated from PHA's housing assistance program if your answers to the questions on this form are not truthful? ☐ Yes ☐ No

Are there any special housing needs or reasonable accommodations, that the household will require to meet the needs of a disabled family member? (Examples include: a unit for mobility impaired, visually impaired or hearing impaired person; a live-in aide, etc.) ☐ Yes ☐ No

If yes, please describe the accommodation needed:

3

YOUR HOUSEHOLD INCOME

You must list below or provide verification of income and benefit information for all members of your household.

All verification documents dated within **180 days** when returning this application to PHA.

For required income or benefits verifications please review the *Required Documents for New Admission*.

CURRENT EMPLOYMENT INFORMATION

Household Member	Employer Name & Address	Employer Phone Number	Employer FAX Number	How much do you receive?	How often do you get paid?

Social Security or Supplemental Security Income (SSI):

Household Member	Type of Income	How much do you receive each month?

Public Assistance (TANF or Welfare) or State Supplement Program (SSP), the State paid portion of the SSI benefit

Household Member	Type of Income	How much do you receive?	How often do you receive it?

Unemployment or Worker's Compensation

Household Member	Type of Income	How much do you receive?	How often do you receive it?

Veteran's Benefits

Household Member	Type of Income	How much do you receive?	How often do you receive it?

Court-Ordered Child Support/ Alimony

Household Member	Type of Income	How much do you receive?	How often do you receive it?

Non-Court Ordered Child Support/ Alimony (Voluntary)

Household Member	Type of Income	How much do you receive?	How often do you receive it?

Retirement Benefits, Annuities, or Pensions

Household Member	Type of Income	How much do you receive?	How often do you receive it?

Regular Contributions, Support, Gifts, or Payments Made on Your Behalf (i.e., person who does not live with you pays your cell phone bill or buys you groceries)

Household Member	Type of Income	How much do you receive?	How often do you receive it?

Trust Funds

Household Member	Type of Income	How much do you receive?	How often do you receive it?

Other Income not listed above

Household Member	Type of Income	How much do you receive?	How often do you receive it?

Zero Income Individual Form

Each adult in the family who reports zero income is required to sign the Self Certification of Zero Income below. A zero income individual is one who does not receive any income, contributions, and/or benefits on his/her own behalf or on behalf of another individual in the household.

I further certify that I have been advised by PHA that I must report promptly (**within 30 calendar days of the change in income**) to my PHA representative any change in my income so that the necessary rental adjustments can be made.

I further certify that the information given to the Philadelphia Housing Authority regarding my income status is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy with the Philadelphia Housing Authority. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.

If your entire household reports zero income you must complete a **PHA Financial Hardship Worksheet**. Contact the Eligibility team at with questions at hcvprojectbased@pha.phila.gov or 215-684-4300.

Zero Income Adult Household Member	Signature of Zero Income Adult Household Member	Date

4

YOUR ASSETS

Complete the table below:

If the Face Value of your Combined Assets is \$50,000 or Less complete the Self-Certification of Assets below.

If the Face Value of your Combined Assets is **greater than \$50,000** review the *Required Documents to Verify Assets* in your New Admission packet, and provide the documents listed there as described.

Self-Certification of Assets

Type of Asset	Household Member tied to Asset	Description/Source (Name of Bank, Name of Insurance Company, Location of Real Estate)	What is the Face Value of Asset?
Checking Account			
Savings Account			
Certificate of Deposit (CD)			
Retirement Account 401K or IRA			
Mutual Funds			
Stocks or Bonds			
Life Insurance			
Real Estate or Owned Property			
Inheritances or Lottery Winnings			
Insurance or Legal Settlements			
Personal Property held as an investment			
Other Assets			

5

YOUR EXPENSES

You may report Unreimbursed Medical Insurance Premiums only if the head of household, co-head and/or spouse is elderly (at least 55 years of age) or disabled.

Type of Expense	Household Member Responsible for Paying the Expense	Name of insurance company	How much do you pay?	How frequently do you pay this expense?
Medical insurance premiums				
Dental insurance premiums				
Vision insurance premiums				

6

YOUR ATTACHMENTS

You must submit all required verification documents with your HCV New Admission Application - to complete your application for determination of eligibility for the Housing Choice Voucher Program.

For a list of required income or benefits verifications review the *Required Documents for New Admission*

SUMMARY

Prior to submitting your New Admission Application to PHA, please review all sections:

1. Your Family
2. Your Background Questions
3. Your Household Income
4. Your Assets
5. Your Expenses
6. Your Attachments
7. Sign and Date the Authorization for the Release of Information on Page 8

To complete the New Admission Application, the head of household and all adult household members who are (18) years of age or older must **sign and date** the Authorization for the Release of Information on Page 8.

7

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Purpose:

In signing this Authorization for the Release of Information, you are authorizing the U.S. Department of Housing and Urban Development (HUD), the Philadelphia Housing Authority (PHA), and their agents to request information, data, documents and other materials from the sources listed on the form. Your income and other information may be collected for any of the following purposes:

- Determine initial and continuing eligibility for programs, the appropriate bedroom size, and the amount your family will pay toward rent and utilities, including verifying your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level;
- Administer and enforce program rules and policies;
- Analyze utility consumption data;
- Comply with HUD and other laws, rules, and regulations; and,
- 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.

Who Must Sign the Authorization for the Release of Information Form:

Each member of your household who is 18 years of age or older must sign this Authorization. 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 the form:

- Section 8 Tenant Based Voucher
- Section 8 Project Based Voucher
- Section 8 Moderate Rehabilitation

Failure To Sign the Authorization for the Release of Information Form:

Your failure to sign the 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 PHA's grievance and appeal procedures. You must provide all of the information requested by PHA, including all Social Security Numbers you, and all other household members, have and use. Giving the Social Security Numbers of all household members 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 or termination of assistance.

Information That May Be Requested:

Information requests may include, but are not limited to the following:

- Social Security Numbers
- Credit History and Criminal History
- Employment, Income, Pensions, and Assets
- Tax Return Information
- Family Composition, including Identity and Marital Status
- Federal, State, Tribal, or Local Benefits
- Disability, Handicap, or Need for a Reasonable Accommodation
- Handicapped Assistance Expenses
- Citizenship and Immigration Status
- Medical Expenses
- Residences and Rental History
- Verification of Preferences
- School Registration or Registration in Vocational Training
- Unemployment Compensation
- Utility Account and Payment History
- Utility Consumption Data and Utility Bills

Those That May Release Information:

Any individual, government agency, or other organization, including, but not limited to the following, is hereby authorized to release Information while this Authorization remains in effect:

- Banks and Other Financial Institutions
- Courts
- Credit Bureaus
- Employers (Past and Present)
- Landlords
- Law Enforcement Agencies
- Schools and Colleges
- State Employment Security Agencies
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income, i.e. interest and dividends)
- U.S. Citizenship and Immigration Services (USCIS)
- Utility Companies
- Welfare Agencies
- State Wage Information Collection Agencies

**Computer Matching Authorization:**

PHA and/or HUD may conduct computer matching with other governmental agencies including, but not limited to the following Federal, State, Tribal or local agencies:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

Matching may be used to verify your eligibility and level of benefits and to verify information supplied by the family.

Authority:

Pursuant to Title 24, Part 5 of HUD's Code of Federal Regulations, 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), the Housing and Community Development Act of 1987 (42 U.S.C. 3543), the Fair Housing Act (42 U.S.C. 3601-19), 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, each member of the family of an assistance applicant or participant who is at least 18 years of age, and each family head and spouse regardless of age, shall sign a consent form authorizing HUD and/or PHA to request information to determine initial eligibility, eligibility for continued assistance and level of assistance.

Uses of Information to be Obtained:

HUD and PHA are required to protect the information obtained in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. 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, except as permitted or required by law. PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and PHA 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.

Penalties For Misusing This Consent:

HUD, PHA and any owner (or any employee of HUD, PHA 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 this form is restricted to the purposes cited on the form. 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, PHA or the owner responsible for the unauthorized disclosure or improper use.

Participant Certification:

I/We certify that the information given on this application to the Philadelphia Housing Authority about household composition, annual household income, assets, and expenses is accurate and complete to the best of my/our knowledge and belief. I/ We understand that false statements are punishable under federal law and state law. I/We also understand that false statements or information are grounds for termination of assistance.

Consent:

I authorize the release of any information as described above, about me and my family, at all times while this Authorization remains in effect to PHA, HUD, and/or their agents (including documentation and other materials). I agree that photocopies of this Authorization may be used for the purposes stated above. I understand that information obtained by means of this Authorization will be used exclusively for the purposes stated above, and that the Information will be released to others only as reasonably appropriate to further such purposes, unless otherwise provided by law. This executed consent form will remain in effect until my assistance is denied or terminated. If I provide written notice to PHA to revoke my consent, this executed consent form will no longer be in effect.

Date: _____

Head of Household Signature

Spouse Signature

Co-Head Signature

Other Family Member over age 18 Signature

Other Family Member over age 18 Signature

Other Family Member over age 18 Signature

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within.

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NEW ADMISSION REQUIRED DOCUMENTS

Applicants must supply any information that PHA requires to determine eligibility for the Housing Choice Voucher Program. The following is a guide to assist clients with submitting acceptable documents to PHA.

Required Documents for Household Composition

What to Bring to PHA	Acceptable Documents
<ul style="list-style-type: none"> • Photo ID for all household members (18 years of age or older) • Proof of birth date for all household members • Social Security Number (SSN) for all household members • As applicable, proof of: <ul style="list-style-type: none"> ○ Disability status ○ Eligible non-citizen status for anyone not a U.S. citizen or national ○ Custody for minors ○ Foster placement 	<p>Photo ID</p> <ul style="list-style-type: none"> • Must be a valid, current, government issued identification. • As an accommodation for individuals with disabilities and elderly individuals, as well as for individuals with religious considerations, with prior PHA approval, PHA may accept other forms of identification to establish identity. <p>Verification of SSN and Date of Birth</p> <p>PHA may accept the following as verification of an applicant's Social Security number (SSN) or date of birth if the document includes the name of the individual and his/her SSN or date of birth:</p> <ul style="list-style-type: none"> • An original SSN card issued by the Social Security Administration (SSA); • A state-issued driver's license with a SSN; • Passport or birth certificate; • Identification card issued by a federal, state or local agency; medical insurance company or employer; • School, hospital, employment and/or medical records; • IRS Form 1099; • Benefit award letters from government agencies; • Retirement benefit letter; • Court record (real estate, tax notices, marriage/divorce, judgment/bankruptcy records). <p>Verification of Disability</p> <ul style="list-style-type: none"> • Proof of current receipt of SSI or SSP. • Letter from a knowledgeable provider (such as a doctor or social worker) verifying the family member meets HUD's definition of disability. <p>Verification of Eligible Non-Citizenship Status</p> <ul style="list-style-type: none"> • Permanent Resident Card, passport or other document with visa verifying eligible status. <p>Verification of Custody</p> <ul style="list-style-type: none"> • Official identification showing names of parent(s) and child, birth certificates or baptismal certificates, or affidavit of parentage. • Court-ordered assignment or verification from a social services agency. <p>Foster Children/Adults</p> <ul style="list-style-type: none"> • Letter or verification from the foster care agency. • Foster care agreement. • Department of Human Services verification.

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REQUIRED DOCUMENTS INCOME, BENEFITS OR EXPENSES

Applicants **must** provide verification of the following information for **all** members of the household. Verification documents must be dated within **180 days** of the date they are provided to PHA.

- **Income/Benefit/ Expense Received:** If anyone in your household receives income/benefits from the source listed, you must provide the documentation/information listed in the column *What to Bring to PHA*.
- **What to Bring to PHA:** Review the information in this column to identify the documents/information you are required to provide for the income/benefit received. For example, if you are employed, you must send the correct number of pay stubs for the frequency with which you are paid.
- **Where to Obtain Verification:** The information in this column provides resources to assist you in obtaining the documentation required by PHA.

Income/ Benefit/Expense Received	What to Bring to PHA	Where to Obtain Verification
Employment Income (including Military Pay)	<ul style="list-style-type: none"> • Consecutive (in a row) paystubs dated within the past 180 days for all adult family members except where identified below: <ul style="list-style-type: none"> ○ 4 pay stubs for weekly pay (ex. pay stubs dated 1/06/23; 1/13/23; 1/20/23 and 1/27/23), ○ 2 pay stubs for bi-weekly pay (ex. pay stubs that are in a row 2/10/23 and 2/24/23), or ○ 2 pay stubs for monthly pay (ex. February 2023 and March 2023). • W-2 forms and tax returns for seasonal employment. • Original letters from the employer which must include: <ul style="list-style-type: none"> ○ Dates of employment ○ Income information to accurately calculate income including salary and/or hours worked per week • Documentation of other income you expect to receive from employment such as tips, commissions, bonuses, etc. 	<ul style="list-style-type: none"> • Pay stubs in your possession • Printout from employer online payroll records • The Work Number www.theworknumber.com; many employers provide your pay schedule on this website. • Your employer
Self-Employment or Income from a Business	<ul style="list-style-type: none"> • Prior year's tax return (including Schedule C) • Business financial statements 	<ul style="list-style-type: none"> • Tax returns provided by the family member
Social Security or Supplemental Security Income (SSI)	<ul style="list-style-type: none"> • Benefit letter from the Social Security Administration (SSA). • The benefit letter must be dated within 180 days from the date it is provided to PHA. 	<ul style="list-style-type: none"> • Call the Social Security Administration at 1-800-772-1213 or log onto the SSA's website www.ssa.gov. (Click the <i>Learn about your account</i> button under <i>my Social Security account</i>).

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Income/ Benefit/Expense Received	What to Bring to PHA	Where to Obtain Verification
Public Assistance (TANF or Welfare)	<ul style="list-style-type: none"> Benefit letter from the Department of Human Services (DHS). 	<ul style="list-style-type: none"> My COMPASS website www.compass.state.pa.us, or The DHS Helpline at 1-800-692-7462 (TTY/TTD at 1-800-451-5886)
State Supplement Program (SSP) <i>This is the state-paid portion of your SSI benefit.</i>	<ul style="list-style-type: none"> Benefit letter from the Department of Human Services (DHS). 	<ul style="list-style-type: none"> My COMPASS website www.compass.state.pa.us, or The DHS Helpline at 1-800-692-7462 (TTY/TTD at 1-800-451-5886)
Unemployment or Worker's Compensation	<ul style="list-style-type: none"> Provide documentation of unemployment compensation i.e., unemployment benefit letter or statement from the PA Department of Labor and Industry. Worker's compensation benefit letter 	<ul style="list-style-type: none"> To obtain a benefit letter, access the online database: https://benefits.uc.pa.gov/vosnet/loginintro.aspx?blnStartHere=True&plang=E <ul style="list-style-type: none"> You will need your Keystone ID and Password to log in; or You may scroll down to create a user account in order to obtain the information.
Veteran's Benefits	<ul style="list-style-type: none"> Benefit letter from the U.S Department of Veteran's Affairs (VA) stating benefits. 	<ul style="list-style-type: none"> Access the online system via https://www.benefits.va.gov/pension
Court-Ordered Child Support/ Alimony	<ul style="list-style-type: none"> Transaction Log from the Pennsylvania Child Support website. 	<ul style="list-style-type: none"> Access your transaction log via: https://www.humanservices.state.pa.us/cs/ws/ You will need your username and password to log in.
Non-Court Ordered Child Support/ Alimony	<ul style="list-style-type: none"> Documentation of child support and/or alimony payments. Examples include (but are not limited to): <ul style="list-style-type: none"> Copies of checks/money orders from parent providing payments (4 for weekly, 2 for bi-weekly, or 2 for monthly); Signed and dated letter from the person who is providing the child support or alimony payments. 	<ul style="list-style-type: none"> Person who is providing the child support or alimony payments.
Retirement Benefits, Annuities, or Pensions	<ul style="list-style-type: none"> Provide benefit letter or statement indicating amount and frequency of payments. 	<ul style="list-style-type: none"> Human Resources department of company providing the benefits.
Regular Contributions, Support or Gifts	<ul style="list-style-type: none"> If any family member regularly receives any contributions, gifts, or payments on their behalf by organizations or persons outside of the household, copies of checks or evidence of payment, such as a signed and dated letter from the person who is providing the contributions, support or gifts. 	<ul style="list-style-type: none"> Person who is providing the contributions, support or gifts.
Trust Funds	<ul style="list-style-type: none"> Account statements or financial statements 	<ul style="list-style-type: none"> Agency who is holding the funds, i.e.,

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Income/ Benefit/Expense Received	What to Bring to PHA	Where to Obtain Verification
	completed by a financial institution or broker.	bank or other financial institution.
<p>Zero Income Individual</p> <p><i>A zero income individual is one who does not receive any income, contributions, and/or benefits on his/her own behalf or on behalf of another individual in the family.</i></p>	<ul style="list-style-type: none"> Each adult in the family who is zero income is required to complete the Self-Certification of Zero Income section of the New Admission Application. 	<ul style="list-style-type: none"> Zero income family member.
Zero Income Family*	<ul style="list-style-type: none"> If no family member receives any income, complete the Financial Hardship Worksheet provided at your appointment. You may be required to provide information regarding your means of basic subsistence, such as food, utilities, transportation, clothing, etc. If there are children in the family and both parent/legal guardians do not live in the household, provide verification from Family Court that child support is not paid. Verification of termination of earned income, unemployment benefits and/or other unearned income or benefits, if applicable. Zero income households must report changes in income or benefits, within 30 calendar days of the change. 	<ul style="list-style-type: none"> All adults in the zero income family.
Asset: Face Value of Combined Assets is \$50,000 or Less	<ul style="list-style-type: none"> Complete the Self-Certification of Assets section of the New Admission Application; additional verification is not required. 	<ul style="list-style-type: none"> Not required.
Assets: Face Value of Combined Assets is Greater than \$50,000	<ul style="list-style-type: none"> Complete the Self-Certification of Assets section of the New Admission Application; also provide verification of each asset, including (but not limited to): <ul style="list-style-type: none"> IRA, pension, stock or investment account statements Life insurance policy statement (only whole life insurance is an asset) Checking and/or savings account: original bank statements or online bank statement Real estate: most recent mortgage statement 	<ul style="list-style-type: none"> Financial institution where the asset is held. Mortgage statement from the bank holding the mortgage.
Unreimbursed Medical Insurance Premiums: <i>Only if</i>	<ul style="list-style-type: none"> Benefit letter showing deduction of health insurance premiums and/or insurance bills indicating 	<ul style="list-style-type: none"> Company providing the insurance

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Income/ Benefit/Expense Received	What to Bring to PHA	Where to Obtain Verification
<i>the head of household, co-head and/or spouse is elderly (at least 55 years of age) or has a disability</i>	premiums paid.	
Full-Time Student Status for Adults (18 years old or older) Other Than the Head of Household, Spouse, or Co-Head	<ul style="list-style-type: none"> School records, transcripts, or letter from the school administration verifying full-time student status. 	<ul style="list-style-type: none"> School administration office

* A **zero income family** is one where no family member receives **any** income, contributions and/or benefits on his/her own behalf or on behalf of another individual in the family. This includes, but is not limited to:

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- Employment income
- Unemployment or Worker's Compensation
- Public Assistance (TANF)
- Social Security, SSI, SSP
- Child Support
- Alimony
- Pension or Annuity
- Veteran's Benefits
- Gifts or contributions (i.e., assistance in paying for utilities, groceries or any other household expenses)
- Military Pay
- Government Grants
- Trust Funds



DECLARATION OF CITIZENSHIP STATUS
Section 214 of the Housing and Community Development Act of 1980
Effective June 19, 1995

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to Philadelphia Housing Authority. There must be one form completed for each member in the household. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

See next page for footnotes and instructions.

I, _____, certify, under penalty of perjury¹, that, to the best of my knowledge,
(Family Member Name—Please Print)

I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age²; or
- ☐ I have eligible immigration status as checked below (see reverse of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- ☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)³; or
- ☐ Permanent residence under §249 of INA⁴; or
- ☐ Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or
- ☐ Parole status under §§212(d)(5) of the INA⁶; or
- ☐ Threat to life or freedom under §243(h) of the INA⁷; or
- ☐ Amnesty under §245A of the INA⁸

(Signature of Family Member)

(Date)

- ☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____

Date: _____

Instructions to Housing Authority

Following verification of status claimed by persons declaring eligible immigration status (other than non-citizens age 62 or older and receiving assistance on June 19, 1995) HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form

On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the Child.

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 18, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §(101)(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
4. **Refugee, asylum or conditional entry status under §§207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U. S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum stand*]; or as a result of being granted conditional entry under 203(a)(7) of the INA (8 U.S.C. 1153 (a) (78) 0 before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under §212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212 (d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
6. **Threat of life or freedom under §243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].
7. **Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

PHILADELPHIA HOUSING AUTHORITY

Notice of Rights under the Violence Against Women Act

To all Clients 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.¹ This notice explains your rights under VAWA. Your housing provider must provide a copy of this notice when you are admitted as a tenant, when you receive an eviction or termination notice, or when you are denied as an applicant. A HUD-approved self 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 exercise your rights under VAWA. VAWA protections can be requested at any time.

What if I need this information in a language other than English?

If you speak or read in a language other than English, your housing provider must provide you with language assistance regarding your VAWA protections. To read this transfer request form in Spanish or another language, please contact your property manager. You can also read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4.

What do the words in this notice mean?

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of VAWA violence/abuse, regardless of actual or perceived sexual orientation, gender identity, sex, or marital status.
- *Affiliated individual* means the tenant's spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant's household; or anyone for whom the tenant acts as a parent/guardian.
- *Covered housing program* includes PHA's public housing program, the tenant-based voucher program, the projected-based voucher program and other HUD housing programs.
- *Housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, state or local government, public agency, or a nonprofit or for-profit organization as the lessor.

Protections for Applicants

PHA may not deny an applicant if an applicant or proposed household member is or has been the victim of domestic violence, dating violence, stalking or sexual assault and the proposed reason for denying the applicant is directly related to domestic violence, dating violence, stalking or sexual assault, if the applicant otherwise qualifies for assistance or admission. For example, if you have a poor credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing assistance covered by VAWA.

¹ 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.

Protections for Clients

You cannot lose housing assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. Incidents of actual or threatened domestic violence, dating violence, sexual assault or stalking will not be construed as serious or repeated violations of the lease by the victim of such violence or as good cause for terminating the victim's tenancy. You also cannot be evicted or removed from housing assistance because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated individual.

Removing the Abuser or Perpetrator from the Household Composition

PHA may terminate the assistance of an individual who has engaged in criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking.

If PHA chooses to terminate the assistance of the perpetrator, PHA may do so without terminating assistance to, or otherwise penalizing, the victim of such violence who is also a client or lawful occupant. If the terminated perpetrator was the sole client to have established eligibility for assistance under the program, PHA must give the remaining client(s) thirty (30) calendar days from the date of the perpetrator's termination in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, to find alternative housing. In order to remove the abuser from the household composition, PHA 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

PHA may permit you to move to another unit before your initial lease term has concluded or in between regular recertifications for safety reasons related to VAWA violence/abuse. In order to approve a request for a move, PHA may ask you to submit a written request or fill out a form where you certify that you meet the criteria for a transfer under VAWA. The criteria are:

- 1) **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If PHA does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, PHA may ask you for such documentation. In response, you may submit the Certification of Domestic Violence, Dating Violence, Sexual Assault, Or Stalking, and Alternate Documentation form, or any one of the other types of documentation listed on that Form; and
- 2) **You expressly request the emergency public safety transfer;** and
- 3) **You reasonably believe you are threatened with imminent harm including trauma 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. If you are a victim of sexual assault and you reasonably believe you are threatened with imminent harm including trauma from further violence if you remain in your unit, you may be eligible for a transfer.

You can request an emergency transfer under VAWA even if you are not lease compliant, for example, if you owe rent.

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

PHA 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 PHA must be in writing, and PHA will give you at least fourteen (14) business days (Saturdays, Sundays, and Federal

NOTICE OF OCCUPANCY RIGHTS UNDER U.S. Department of Housing and Urban Development
THE VIOLENCE AGAINST WOMEN ACT

OMB Approval No. 2577-0286

Expires 1/31/2028

holidays do not count) from the day you receive the request to provide the documentation. PHA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You may provide **ONE** of the following to PHA as documentation:

- A completed HUD-approved VAWA 5382 certification form given to you by PHA with this notice, where your signature confirms that you were the victim of an incident of domestic violence, dating violence, sexual assault, or stalking as defined in this notice; or
- 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, but are not limited to, police reports, protective orders, and restraining orders; or
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim services provider, social worker, legal assistance provider, pastoral counselor, medical professional or a mental health professional from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, with the professional 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; or
- Any other document that PHA has agreed to accept.

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

If you fail or refuse to provide one of these documents within fourteen (14) business days after PHA has requested it, PHA does not have to provide you with the protections contained in this notice. If PHA receives conflicting evidence from another individual that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed, PHA 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, PHA does not have to provide you with the protections contained in this notice.

Confidentiality

PHA must keep strictly 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. PHA will keep strictly 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.

PHA must not enter your information into any shared database, including your regular tenant file, or disclose your information to any other entity or individual. Employees of your housing provider will not access this information unless they are authorized to access your information to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual. PHA, however, may disclose the information provided if:

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

PHA's emergency transfer plan provides further information on emergency transfers, including what your housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator. PHA will make a copy of its emergency transfer plan available to you if you ask to see it.

Reasons a Client Eligible for VAWA Protections 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, PHA cannot hold clients who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to clients 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 or your assistance terminated, if PHA can demonstrate that not terminating your assistance would present a real physical danger that:

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

If PHA can demonstrate the above, PHA should only terminate your assistance if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not limit your housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA violence/abuse. Additionally, VAWA does not limit your housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. 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.

Can I request a reasonable accommodation?

If you have a disability, your housing provider must provide reasonable accommodations that may be necessary to allow you to equally benefit from VAWA protections. You may request a reasonable accommodation at any time, even for the first time during an eviction. If your reasonable accommodation is denied because it is not reasonable, your housing provider will engage in the interactive process with you to identify possible alternative accommodations.

Non-Compliance with the Requirements of This Notice

You may report PHA's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the Philadelphia Regional Office of FHEO, U.S. Department of Housing and Urban Development, The Strawbridge Building, 801 Market Street, 12th Floor, Philadelphia, Pennsylvania 19107, (215) 861-7646, or via email to ComplaintsOffice03@hud.gov.

For Additional Information

For questions regarding VAWA, please contact your service representative at PHA.

Clients who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, Women Against Abuse's 24-hour domestic violence hotline at 1-866-723-3014 or a local domestic violence shelter for assistance in creating a safety plan. For persons with hearing impairments, the Women Against Abuse's hotline can be accessed by calling 215-456-1529 (TTY).

Clients who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Clients 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>.

Client Signature

Date



2013 RIDGE AVE
PHILADELPHIA, PA 19121
215.684.4000
PHA.PHILA.GOV

INTERDEPENDENT RELATIONSHIP/DOMESTIC PARTNERSHIP

A family may include two or more individuals who are not related by blood, marriage, adoption, or other operation of law. Philadelphia Housing Authority (PHA) recognizes that a variety of relationships exist, which are not necessarily relationships of ancestry or marriage. Each family must identify the individuals to be included in the family composition and must update this information if the family's composition changes. The term family prohibits the exclusion of otherwise qualified persons who may identify as Lesbian, Gay, Bi- or Transsexual (LGBT) individuals who have an LGBT relationship or who may be perceived as such. Applicants and participants of PHAs Housing Choice Voucher (HCV) Program who claim to have an interdependent relationship or domestic partnership and wish to add the partner to their family composition must provide a certification and verification of their claimed status. Please note that adult members, who are spouses or domestic partners, or in an interdependent relationship will be required to share a bedroom.

Head of Household Name: _____ Applicant/Participant ID No.: _____

Names of individuals who claim to have an interdependent relationship or domestic partnership:

Name of Household Member in Interdependent Relationship/Domestic Partnership (may be the head of household):

Name of Other Household Member in the Interdependent Relationship:

General Conditions: To claim an interdependent relationship or domestic partnership, individuals must certify that each individual's income and other resources will be available to meet the needs of the family and that the family otherwise comprises a "housekeeping unit," meaning the individuals share expenses, household chores, household shopping responsibilities, and other common household activities." An interdependent relationship or domestic partnership may exist regardless of the actual or perceived sexual orientation, gender identity, or marital status. If you are an individual certifying as having an interdependent relationship or domestic partnership with another PHA HCV participant, the items outlined below are examples of indicators to confirm the existence of an interdependent relationship or domestic partnership:

- Joint bank accounts
- Shared apartment lease or mortgage
- Joint credit card(s)
- Health care proxy for one another
- Joint utility bills
- Joint car lease or car title

We, the undersigned, certify that the information given to the PHA is accurate and complete to the best of our knowledge and belief. We understand that false statements or information are punishable by Federal Law. We also understand that false statements or information are grounds for termination of housing assistance. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.

Signature of Relationship Member #1

Date

Signature of Relationship Member #2

Date

PHA Staff Signature

Date

Approved ☐ Denied ☐

Team Lead Signature

Date

Reason for denial: _____

WARNING! Title 18, Section 1001 of the United States Code, states that a person which knowingly and willingly makes false fraudulent statements to any department or agency of the United States Governments is guilty of a felony.

INCOME VERIFICATION

Child Support Income



To:
Philadelphia Family Court
34 S. 11th Street
Philadelphia, PA 19107

The Philadelphia Housing Authority is required to verify the incomes, expenses, and other information of applicants/participants for eligibility and continued occupancy. Please assist us by filling out the following form and promptly returning it.

Client Name:		Client Number:	
Client SSN:		Unit Number:	
Address:			
	City	State	Zip Code

The client has authorized us to request the following information. Please refer to the attached authorization forms.

TO BE COMPLETED BY CHILD SUPPORT PROVIDER

1. Number of children for whom child support is paid:			
2. Name of children for whom child support is paid:			
3. Amount of child support paid:	\$	Per:	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year (Check One)

I certify that the above information is true and correct:

Name:	Address:		
Telephone:			
Signature:	Date:		

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within.

For PHA Use Only:	
Date of Request:	

BACKGROUND AND INSTRUCTION

To protect families from exposure to lead from paint, dust, and soil, Congress passed the Residential Lead Based Paint Hazard Reduction Act of 1992, also known as Title X. Section 1018 of this law directed Housing and Urban Development (HUD) and Environmental Protection Agency (EPA) to require the disclosure of known information on lead-based paint and lead-based paint hazards before the sale or lease of most housing built before 1978.

Please note: Children with too much lead in their bodies may not look or feel sick. A simple blood test is an effective method to know if your child is being or has been exposed to lead. Therefore, please complete this form that notifies the Philadelphia Housing Authority (PHA) of your child's lead status. In addition, this information will enable PHA to suggest steps you should take if your child is suspected to have been exposed to lead based paint.

- (1) Does your household have children **UNDER 6 YEARS OF AGE** (check one) ___Yes___No. If yes, complete 2 and 3.
- (2) Have children **UNDER 6 YEARS OF AGE** ever been tested for lead? (check one) ___Yes___No
If yes, list the children's names, the date tested and the results:

Name	Date Tested	Lead Level

- (3) Do any of the children in your household currently show any of the following symptoms? (check one) ___Yes___No
- Loss of appetite
 - Irritability
 - Vomiting
 - Slowdown on playful activity
 - Slowness in development

Note: If you suspect that children in your household have been exposed to lead based paint, contact your local Board of Health to have the child tested.

I hereby certify that the above information is correct and that I have been given a copy of an EPA-approved information pamphlet on identifying and controlling lead-based paint hazards ("Protect Your Family From Lead In Your Home" pamphlet, currently available at <http://www2.epa.gov/lead/protect-your-family-lead-your-home-real-estate-disclosure>.) This pamphlet contains information regarding lead based paint, poisoning hazards, symptoms and precautions.

Head of Household (HOH) (Print Name)

Head of Household (HOH) Signature

Date

For Office Use Only:

Test Results Provided

Test Results Not Provided

Comments:

FINANCIAL HARDSHIP WORKSHEET

The Philadelphia Housing Authority (PHA) requires that a Financial Hardship Worksheet be completed at any time a family requests a financial hardship from minimum rent and at each certification when a family claims zero income. The information on the Worksheet will assist PHA in making a determination for a qualifying financial hardship as well as assisting PHA in processing a zero income certification.

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Head of Household Name _____

Client ID Number _____

1. At the present time, do you or any member have income from any source? ☐ Yes ☐ No

If you answered yes, you must list the income source and amount: _____

2. When was the last time you had any source of income? _____

3. What was the source of that income? _____

4. Do you receive cash assistance to pay for your utility bills? ☐ Yes ☐ No

If you answered yes, you must indicate the source, amount received and the frequency.

5. Do you receive cash assistance to pay for groceries, cable, phone, car or any other expenses?

☐ Yes ☐ No

If you answered yes, you must indicate the amount received and the frequency?

6. How will you pay for rent and utilities? _____

7. How will you pay for food and clothing? _____

8. How will you pay for medical expenses? _____

9. How will you pay for your transportation expenses? _____

I certify that the above information is accurate and complete. Further I certify that I am presently unemployed and do not receive any income from sources such as unemployment, public assistance (TANF), alimony, child support, Social Security, pension or annuity, military pay, disability, assets, veteran's benefits, government grants, savings accounts, trust funds, gifts, contributions from individuals outside of the household etc. I understand that false statements or information are punishable by Federal Law. I also understand that false statements or information are grounds for termination of housing assistance with the Philadelphia Housing Authority.

Tenant Signature _____

Date _____