



HOUSING APPLICATION CHECKLIST

HAVE I:

- Written down every single person in the household
- Signed and initialed every single page that asks for a signature and/or initials
- Filled out every single line/page (if not applicable to me wrote "N/A")
- Provided necessary documentations such as:
 - 3 consecutive pay stubs (**If applicable**)
 - 3 consecutive months of bank statements (**If applicable**)
 - Child Custody court document
 - If not, then filled out a Child Affidavit of Residential Custody form for each child (LDCHA provides necessary form)
 - Copy of birth certificate or birth confirmation letter for entire household
 - Copy of Social Security Card for entire household
 - Copy of State ID (18 and over)
 - Noncitizen documentation such as:
 - Visa
 - Permanent Residency Card
- Provided public assistance documentations (**if applicable**) such as:
 - Copy of Child Support amount received
 - Unemployment Benefits letter
 - TANF, federal cash assistance, benefit letter
 - SNAP, food assistance, benefit letter
 - SS, SSI, SSDI benefit letter
 - Last two statements of Tribal Allotments
- Filled out 3 consecutive years of Residential History for all adult members
 - Provided contact information for verification in Residential History worksheet for all members



APPLICATION FOR HOUSING ASSISTANCE

Thank you for your interest in the Lawrence-Douglas County Housing Authority (LDCHA). This application can be used to request placement on our core waiting lists. Applicants may apply for multiple lists at once. All programs contain limited offerings of accessible units for persons with disabilities. Please check all that you wish to apply for.

GENERAL HOUSING - LDCHA rental public housing units or Housing Choice Voucher (Section 8) assistance to rent from private landlords. This is a combined waiting list for both programs; applicants will be offered the first available unit.

SENIOR AND ACCESSIBLE HOUSING - LDCHA rental units for residents at or exceeding 50 years of age.

BABCOCK PLACE: Studio, 1-bedroom, and 2-bedroom units. Must be at least age 50 to apply. Permanent option so long as eligibility continues, subject to program resources.

PETERSON ACRES: 1-bedroom units and 2-bedroom accessible units. Must be at least age 50 to apply. Permanent option so long as eligibility continues, subject to program resources.

CLINTON PLACE: One-bedroom subsidized apartments for adults at 62 years of age or persons with disabilities. Additional document package required for Clinton Place.

HOMELESS TRANSITIONAL HOUSING - 24 months of rental assistance for persons who are homeless. Requires an outside referral and certification of homelessness. Successful clients may transition to General Housing upon completion.

NEW HORIZONS- Families with children currently residing at Lawrence Community Shelter

DOMESTIC VIOLENCE- Survivors of domestic violence referred by dv program.

REENTRY- Individuals referred by Douglas County Reentry program

BERT NASH TRANSITIONAL HOUSING – 24 months of rental assistance for persons referred by the Bert Nash Community Support Services (CSS) program. Successful clients may transition to General Housing upon completion.

NEXT STEP TRANSITIONAL HOUSING – Up to 36 months of rental assistance for former foster youth referred by a coordinating child welfare agency. Successful clients may transition to General Housing upon completion.

HOMELESS VETERAN HOUSING – Special rental assistance program for homeless Veterans. Requires a referral from the U.S. Department of Veteran Affairs. Please contact a staff member who can put you in touch for a possible referral. This application is NOT used for the Veterans program.

Staff Use Only: Date & Timestamp: _____
Record ID # _____ Head of Household Last Name: _____

NOTE TO APPLICANT: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hotline at (800) 743-5323. Applicants are considered for housing without regard to race, sex, religion, color, national origin, age, ancestry, marital status, sexual orientation, gender identification, and/or disability. To help us comply with Federal, State and local record keeping and reporting requirements, please provide the information requested for each household member. This information is needed for statistical purposes. Thank you.

Additional Instructions:

- Leave no blank spaces. Print or type clearly (no cursive) with ink.
- Any text placed in non-designated areas will not be processed; attach additional pages when necessary. If a question does not apply to any member of your household, write N/A on the form.
- Double-check to make sure your application is complete, with all forms signed and dated. Attach copies of Social Security cards and birth certificates for all family members, including children. Include a copy of a valid driver's license or valid identification card for members of the household 18 years or older.
- Attach proof of income: three consecutive paycheck stubs, SSI/SSDI letter, child support/alimony, DCF cash assistance, SNAP ("food stamps") letter, family contributions, retirement income, unemployment income, Workers' Compensation, interest/dividend income, tribal allotments, student financial aid, IRAs, annuity and investments, money market accounts, and any other sources of revenue.
- Include three months of bank statements, including savings accounts.
- Attach Medical Verification of pregnancy from a healthcare provider, if applicable.
- *Debts Owed to Public Housing Form* to be signed by all adults in the home.
- Fill out the Residential History Worksheet for all adults listed on the application.
- Include any court custody documents or a notarized letter from parents stating the custody arrangement.
- Mail or deliver your completed forms to: 1600 Haskell Avenue, Lawrence, KS 66044.
- You are encouraged to keep a copy of your completed application for your own files; it will be good to have when updates are requested by LDCHA.
- Include all states that all household members have resided.

You will be mailed a letter verifying that your application has been processed; this does not mean you have been approved for LDCHA assistance. All information provided as part of your application will be verified. Withholding information or giving false, misleading, or incomplete information will be grounds for denial of housing through the LDCHA.

Incomplete or unsigned application will be destroyed. Illegible applications will be destroyed.

Persons with disabilities who need assistance completing this application may request reasonable accommodation under the LDCHA Reasonable Accommodation Policy. A reasonable accommodation request form can be obtained from the LDCHA offices at 1600 Haskell Avenue, 2125 Clinton Parkway, or 1700 Massachusetts Street in Lawrence, Kansas. Contact the Housing Authority at (785) 842-8110 if you need more information about applying for housing assistance.

The LDCHA bans smoking inside and outside within 25 feet of all LDCHA-owned units; this ban is strictly enforced and violations will lead to termination of housing.

PART 1 – HOUSEHOLD COMPOSITION

Head of Household (HOH):

Name: _____

Social Security Number: _____ - _____ - _____

Last/Surname: _____ First: _____ Middle Initial (M.I.): _____

Salutation (e.g. Mr.): _____ Any other names used: _____

Residential Address (where you live):

Street: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (where you want your mail sent, if different than above):

Street: _____

City: _____ State: _____ Zip Code: _____

Contact Information (Put in N/A for those fields not applicable to your situation):

Home Phone, including area code: _____

Work Phone, including area code: _____

Mobile Phone, including area code: _____

Email Address: _____

Additional Information:

Total Number of Household Members: _____

Head of Household's Date of Birth (MONTH-DAY-YEAR): _____

Veteran Status (Have you ever served in the U.S. military?): _____

Sex: Female Male **Marital Status:** _____

If self-identified sex or gender does not correspond to the above, please mark legal designation above and optionally explain here:

Race: White Black/African American American Indian/Alaskan Native Asian
 Native Hawaiian/Pacific Islander Mixed

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Citizenship Status: _____

If NOT a U.S. citizen, immigration status and Alien Registration Number: _____

If 62 or older as of 1/31/2010, and do not have a Social Security Number AND received HUD rental assistance at another location on 1/31/2010, please indicate: Yes No

Student Status: Not a Student Full-time Student Part-time Student

Place of Birth (City, State, Country): _____

Occupation: _____

Require wheelchair accessibility features: Yes No

Do you require other accessibility features: Yes No

Require live-in attendant care: Yes No

Attendant's Name (Last, M.I., First): _____

Spouse / Other Adult (18 Years of Age and Older):

Name: _____

Social Security Number: _____ - _____ - _____

Last/Surname: _____ First: _____ Middle Initial (M.I.): _____

Any other names used: _____

Relation to Head of Household: _____

Date of Birth (MONTH-DAY-YEAR): _____

Additional Information:

Veteran Status (Have you ever served in the U.S. military?): _____

Sex: Female Male Marital Status: _____

If self-identified sex or gender does not correspond to the above, please mark legal designation above and optionally explain here:

Race: White Black/African American American Indian/Alaskan Native Asian
 Native Hawaiian/Pacific Islander Mixed

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Citizenship Status: _____

If NOT a U.S. citizen, immigration status and Alien Registration Number:

Student Status: Not a Student Full-time Student Part-time Student

Place of Birth (City, State, Country): _____

Occupation: _____

Require wheelchair accessibility features: Yes No

Do you require other accessibility features: Yes No

Require live-in attendant care: Yes No

Attendant's Name (Last, M.I., First): _____

Additional Household Members, Including Children – (Attach Additional Pages If Needed):

1 - Name: _____

Social Security Number: _____ - _____ - _____

Last/Surname: _____ First: _____ Middle Initial: _____

Any other names used: _____

Relation to Head of Household: _____

Date of Birth (MONTH-DAY-YEAR): _____

Additional Information:

Veteran Status (Have you ever served in the U.S. military?): _____

Sex: Female Male Decline Self Identifies: _____

Marital Status: _____

Race: White Black/African American American Indian/Alaskan Native Asian
 Native Hawaiian/Pacific Islander Mixed

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Citizenship Status: _____

If NOT a U.S. citizen, immigration status and Alien Registration Number:

Student Status: Not a Student Full-time Student Part-time Student

Place of Birth (City, State, Country): _____

Occupation: _____

Require wheelchair accessibility features: Yes No

Do you require other accessibility features: Yes No

Require live-in attendant care: Yes No

Attendant's Name (Last, M.I., First): _____

2 - Name: _____

Social Security Number: _____ - _____ - _____

Last/Surname: _____ First: _____ Middle Initial: _____

Any other names used: _____

Relation to Head of Household: _____

Date of Birth (MONTH-DAY-YEAR): _____

Additional Information:

Veteran Status (Have you ever served in the U.S. military?): _____

Sex: Female Male Decline Self Identifies: _____

Marital Status: _____

Race: White Black/African American American Indian/Alaskan Native Asian
 Native Hawaiian/Pacific Islander Mixed

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Citizenship Status: _____

If NOT a U.S. citizen, immigration status and Alien Registration Number:

Student Status: Not a Student Full-time Student Part-time Student

Place of Birth (City, State, Country): _____

Occupation: _____

Require wheelchair accessibility features: Yes No

Do you require other accessibility features: Yes No

Require live-in attendant care: Yes No

Attendant's Name (Last, M.I., First): _____

3 - Name: _____

Social Security Number: _____ - _____ - _____

Last/Surname: _____ Middle Initial _____ First: _____

Any other names used: _____

Relation to Head of Household: _____

Date of Birth (MONTH-DAY-YEAR): _____

Additional Information:

Veteran Status (Have you ever served in the U.S. military?): _____

Sex: Female Male Decline Self Identifies: _____

Marital Status: _____

Race: White Black/African American American Indian/Alaskan Native Asian
 Native Hawaiian/Pacific Islander Mixed

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Citizenship Status: _____

If NOT a U.S. citizen, immigration status and Alien Registration Number:

Student Status: Not a Student Full-time Student Part-time Student

Place of Birth (City, State, Country): _____

Occupation: _____

Require wheelchair accessibility features: Yes No

Do you require other accessibility features: Yes No

Require live-in attendant care: Yes No

Attendant's Name (Last, M.I., First): _____

Do any minors (under 18 years of age) listed above have parents who will NOT reside in the household? Yes No

If yes, please list parents below:

1 - Minor Name:

Last/Surname: _____ Middle Initial: _____ First: _____

Parent Name:

Last/Surname: _____ Middle Initial: _____ First: _____

Residential Address:

Street: _____

City: _____ State: _____ Zip Code: _____

2 - Minor Name:

Last/Surname: _____ Middle Initial: _____ First: _____

Parent Name:

Last/Surname: _____ Middle Initial: _____ First: _____

Residential Address:

Street: _____

City: _____ State: _____ Zip Code: _____

3 - Minor Name:

Last/Surname: _____ Middle Initial: _____ First: _____

Parent Name:

Last/Surname: _____ Middle Initial: _____ First: _____

Residential Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Additional Household Information:

Will anyone else soon live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? Yes No

If yes, explain, including the expected date(s) of change:

Do you expect any upcoming departures of any current household members? Yes No

If yes, explain, including the expected date(s) of change:

Have any of the household members used a Social Security number other than listed above?

Yes No

If yes, explain:

PART 2- INCOME

For all people in the household, list each type of current income, the address of the source of the income, and the monthly gross amount before any deductions. Income is money from any source received in the form of checks, cash, or credit toward an account. Attach additional pages if needed.

SOURCE / TYPE OF INCOME	MEMBER PAID	NAME & ADDRESS OF SOURCE (STREET/CITY/STATE)	GROSS MONTHLY AMOUNT
Employment Income			
Unemployment Benefits			
Worker's Compensation			
Child Support/Alimony (Include Case #)			
SNAP ("Food Stamp") Benefits			
DCF Cash Assistance			
Social Security/SSI-SSDI			
Pension / Annuity / VA Benefits			
Cash Contributions			
Interest/Dividend Income			
Tribal Allotments/Payments			
Student Financial Aid			
Other			
Other			

Initial: _____

- Do not write or type in non-designated areas. -

Wages: List all employment income for all household members, including children:

Employer 1:

Household Member Employed: _____
Employer's Name: _____ Employer's Phone: () _____
Address of Employer: _____
City: _____ State: _____ Zip: _____
Occupation/title: _____ Years Employed: _____
Monthly Gross Pay: \$ _____

Employer 2:

Household Member Employed: _____
Employer's Name: _____ Employer's Phone: () _____
Address of Employer: _____
City: _____ State: _____ Zip: _____
Occupation/title: _____ Years Employed: _____
Monthly Gross Pay: \$ _____

Employer 3:

Household Member Employed: _____
Employer's Name: _____ Employer's Phone: () _____
Address of Employer: _____
City: _____ State: _____ Zip: _____
Occupation/title: _____ Years Employed: _____
Monthly Gross Pay: \$ _____

Attach additional pages if needed.

ANSWER THE FOLLOWING QUESTIONS ABOUT ALL MEMBERS OF THE HOUSEHOLD, INCLUDING CHILDREN:

Is any member of the household:

- Yes No Working full-time or part-time? If yes, list all employers on wages page.
- Yes No Expecting to work for any period of time during the next year?
- Yes No Working for someone who pays cash? If yes, list all sources on wages page.
- Yes No Expecting a leave of absence from work due to lay-off, medical, maternity, military or any other type of leave? If yes, please provide written verification.
- Yes No Now receiving or expecting to receive unemployment benefits? If yes, provide a printout of benefit
- Yes No Now receiving or expecting to receive child support? If yes, provide printout of amounts received.
- Yes No Entitled to child support but not currently receiving?
- Yes No Now receiving or expecting to receive alimony/spousal support? If yes, provide copy of amounts received.
- Yes No Entitled to receive alimony or spousal support but not currently receiving?
- Yes No Now receiving or expecting to receive cash benefits from DCF? If yes, provide copy of benefit letter.
- Yes No Now receiving or expecting to receive SNAP ("food stamps") from DCF? If yes, provide copy of benefit letter.
- Yes No Now receiving or expecting to receive any benefits from the Social Security Administration including SS, SSI, or SSDI. If yes, provide copy of the most recent benefit letter. (Include all pages sent.)
- Yes No Now receiving or expecting to receive income from pension or annuity? If yes, provide copy of benefit letter.
- Yes No Now receiving or expecting to receive regular contributions from organizations or from individuals not living in the unit? If yes, provide notarized statement of amounts received.
- Yes No Now receiving or expecting to receive tribal allotments? If yes, provide a copy of the last two allotment statements.
- Yes No Now receiving or expecting to receive income from assets, including interest or dividends on checking accounts, certificates of deposit, savings accounts, stocks, bonds or mutual funds? If yes, provide the most recent copies of statements.
- Yes No Own a home or have owned a home in the last three years? If yes, provide copy of tax return, or settlement if property sold.
- Yes No Does any household member own rental property or receive income from rental property?
- Yes No Is any member of your household age 18 or over a full-time student? If yes, provide proof.

Initial: _____

- Do not write or type in non-designated areas. -

PART 3 – ASSETS

*This section applies to all adult (age 18 and older) household members.
Please attach additional pages if needed.*

Describe and give the current value to all assets.

Checking Account

_____ \$ _____
Account Holder, Name of Bank Balance

Checking Account

_____ \$ _____
Account Holder, Name of Bank Balance

Savings Account

_____ \$ _____
Account Holder, Name of Bank Balance

Savings Account

_____ \$ _____
Account Holder, Name of Bank Balance

Stocks/Bonds/Trusts

_____ \$ _____
Holder, Name, Number & Maturity Date Value

Stocks/Bonds/Trusts

_____ \$ _____
Holder, Name, Number & Maturity Date Value

Other Assets

_____ \$ _____
Holder, Description Value

Has any household member disposed of, sold, bartered, or given away, any asset or other property for less than fair market value during the past two years? Fair market value is an estimate of what a knowledgeable, willing, and unpressured buyer would probably pay a knowledgeable, willing, and unpressured seller in the market. This includes cash, real estate, and all other types of assets. Yes No

Please be sure to complete Appendix A included in this packet.

Only if no income is reported for the entire household, initial here to certify that you receive absolutely zero income:

Warning: Section 1001 of title 18 of the United States codes makes it a criminal offense to make willful, false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction. Under Federal Regulations the Lawrence-Douglas County Housing Authority is charged with determination and verification of complete household income for all persons receiving or applying for housing assistance. Failure to supply requested income information that is true, accurate and complete is grounds for denial and/or termination of housing assistance and may lead to a debt for overpayment of housing assistance and to prosecution for criminal fraud against the Housing Authority.

Initial: _____

PART 4 – GENERAL HISTORY

Failure to disclose all previous assisted housing and/or criminal history for any household member will result in denial of eligibility.

Previous Assisted Housing

Has ANY household member ever lived in any type of federally-subsidized housing? Yes No

Have you also lived in other subsidized locations? Yes No If yes, please list below:

Street: _____

City: _____ State: _____ Zip Code: _____

Housing Authority/Agency's Name: _____

Date moved in (Month-Day-Year): _____ Date moved out (Month-Day-Year): _____

Does ANY household member owe a debt to this or any housing program? Yes No

If yes, have arrangements been made to pay the debt back? Yes No

If yes, provide documentation of arrangements and progress.

Other Subsidized Location(s): _____

Criminal History

1. Has ANY household member ever been arrested, even if not charged with a crime?
 Yes No

2. Is ANY household member required to register with any state or other jurisdiction as a sex offender?
 Yes No List name city and state _____

3. Has ANY household member been convicted of manufacture or sale of methamphetamine?
 Yes No

If you answered yes to any of the above questions, explain below by giving the question number, member, date, charges, and court where charges were filed.

(Example: #1, HOH, 12/01/1998, DUI, Lawrence, KS)

Probation/Parole officer name and phone #: _____

PART 5 - CERTIFICATION

I/we certify that the information given to the Lawrence-Douglas Housing Authority on this Application is accurate and complete to the best of my/our knowledge. I/we understand that false statements or information is punishable under Federal Law and is grounds for denial of eligibility, termination of housing assistance, and termination of tenancy. Under of penalty of perjury, I/we do hereby certify to the information provided in this Personal Declaration. I certify the assisted rental unit will be my principal residence and I will not have duplicate federal housing assistance at any time.

Signature of Head of Household: _____ Date: _____

Signatures of ALL Other Adult Members: _____ Date: _____

_____ Date: _____

How Did You Hear About LDCHA? _____

All correspondence will be sent to the applicant Head of Household at the mailing address provided unless a written authorization signed by the applicant is submitted to the LDCHA allowing communication with another person or agency on behalf of the applicant.

NOTE TO APPLICANT: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hotline at (800) 424-8590.

APPENDIX A: CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

This form must be signed by the applicant.

- I hereby certify that during the two-year period preceding the effective date of my examination of eligibility **I have not** disposed of any assets(s) for less than fair market value.

- I hereby certify that during the two-year period preceding the effective date of my examination of eligibility **I have** disposed of the assets(s) for less than fair market value. *If checked, fill out the information below.*

The asset(s) I/we disposed of: _____

The value of the asset(s) disposed of: _____

The amount(s) received for the asset(s) I/we disposed of: _____

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 its jurisdiction. Under penalty of perjury I/we do hereby certify to the information provided in this Certification of Assets Disposed for Less than Fair Market Value.

Signature of Applicant

Date (Month-Day-Year)

APPENDIX B: DECLARATION OF IMMIGRATION STATUS

The Lawrence-Douglas County Housing Authority must verify citizenship or immigration status for each household member.

In **Column A** of the chart below list all persons who live or will live in the assisted rental unit, starting with the Head of Household.

In **Column B** list the city, state, and country where each individual was born.

In **Column C** list each individual's immigration status. A list of eligible immigration criteria follows the chart; a more expanded legal description can be found on the next page of the application. Please utilize these status codes in Column C. **All noncitizens must provide a copy of immigration documents** with the Application for Housing Assistance. Applicants claiming eligible immigration status must sign a verification consent form on the next page of the application packet and the LDCHA will request DHS verification of the claimed status.

All household members age 18 and over must sign this form. The Head of Household's signature will be used as declaration for children in the household.

<u>COLUMN A</u>	<u>COLUMN B</u>	<u>COLUMN C</u>
HOUSEHOLD MEMBER (LAST/SURNAME, M.I. & FIRST)	PLACE OF BIRTH (CITY, STATE, COUNTRY)	IMMIGRATION STATUS

Noncitizen Documentation Requirements:

<i>Status</i>	<i>Documentation</i>
A1. A noncitizen claiming eligible immigration status who was 62 years of age and receiving assistance on the effective date: 9/6/96.	Proof of age.
All other non-citizens claiming eligible immigration status. Categories of eligible immigration status: B1. A non-citizen lawfully admitted for permanent residence as an immigrant (includes special agricultural workers granted lawful temporary resident status).	Proof of age, AND <input type="checkbox"/> Form I-551 Alien Registration Receipt Card (for permanent resident aliens) <input type="checkbox"/> Form I-94 Arrival-Departure Record annotated with one of the following: - "Admitted as a Refugee Pursuant to Section 207" - "Section 208" or "Asylum"

<p>B2. A non-citizen who entered the United States before 1/1/72 (or such later date as enacted by law); and</p> <ul style="list-style-type: none"> - 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. <p>B3. A non-citizen who is lawfully present in the United States as a result of:</p> <ul style="list-style-type: none"> - Refugee status (section 207); or - The granting of asylum (which has not been terminated (section 208); or - The granting of conditional entry (section 203 (a)(7) prior to 4/1/80 because of persecution of fear on account of race, religion, or political opinion, or because of being uprooted by catastrophic national calamity. <p>B4. A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergency reasons or reasons deemed strictly in the public interest (section 221(d)(5)) (e.g., parole status).</p> <p>B5. A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation (section 243 (h)) (threat to life or freedom).</p> <p>B6. A non-citizen lawfully admitted for temporary or permanent residence (245A) (amnesty granted).</p>	<ul style="list-style-type: none"> - "Section 243(h)" or "Deportation stayed by Attorney General" - "Paroled Pursuant to Section 221 (d)(5) of the INA" <input type="checkbox"/> Form I-94 Arrival-Departure Record with no annotation accompanied by: <ul style="list-style-type: none"> - A final court decision granting asylum (but only if no appeal is taken); - A letter from an INS/USCIS asylum officer granting asylum (if application is filed on or after 10/1/90) or from an INS district director granting asylum (application filed before 10/1/90); - A court decision granting withholding of deportation; or - A letter from an asylum officer granting withholding or deportation (if application filed on or after 10/1/90). <input type="checkbox"/> Form I-688 Temporary Resident Card annotated "Section 245A" or Section 210". <input type="checkbox"/> Form I-688B Employment Authorization Card annotate "Provision of Law 274a. 12(11)" or "Provision of Law 274a.12". <input type="checkbox"/> A receipt issued by the INS/USCIS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified; or <input type="checkbox"/> Other acceptable evidence. If other documents are determined by the USCIS to constitute acceptable evidence of
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I the undersigned do hereby certify, under penalty of perjury that, to the best of my knowledge, the members of my household are citizens of the United States or have the immigration status listed above.

Signature of Head of Household

Date (Month-Day-Year)

- Do not write or type in non-designated areas. -

Detailed Section 214 Eligible Immigration Status Descriptions:

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, or 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 not more than five years, or both.

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

A1. Eligible Immigration status and 62 years of age or older. For noncitizens 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 19, 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.

B1. Immigrant status under __101(a)(15) or 101 (a)(20) of INA. A noncitizen 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 noncitizen admitted under 210 or 201A of the INA (8 U.S.C. 1160 and 1161), [special agricultural worker status], who has been granted lawful temporary residence status.

B2. Permanent residence under 249 of INA. A noncitizen 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].

B3. Refugee, asylum, or conditional entry status under __207, 208 or 203 of INA. A noncitizen 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 status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

B4. Parole status under 212(d)(5) of INA. A noncitizen 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].

B5. Threat to life or freedom under 243(h) of INA. A noncitizen 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].

B6. Amnesty under 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under __245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

- Do not write or type in non-designated areas. -

IMMIGRATION STATUS VERIFICATION CONSENT FORM

*This form is to be completed by each noncitizen family member who declared eligible immigration status.
United States citizens do NOT need to complete this form.*

INSTRUCTIONS: Make as many copies as needed. Complete a separate form for each member. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT:

I, _____ hereby consent to the following:
(Last/Surname, M.I., First)

The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and

1. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

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

Signature: _____ Date: _____

Check here if adult signed for a child:

APPENDIX C: RESIDENTIAL HISTORY

Please complete a separate history form for all adult household members. Start with your current address.

ADULT #1 NAME (Last/Surname, M.I., First): _____

Residential History Worksheet

List where you lived or stayed for the past 3 years. Do not leave out any places you stayed or leave any time during the past 3 years unaccounted for. Contact information for all landlords and people you stayed with must be provided.

1. **Landlord's Name / Address** **Your Address** **Dates**

From: _____
To: _____

Phone: _____

Owned Rented With family / friends Shelter

Name and relationship to you of person you lived / stayed with: _____

Phone number for this person: _____

2. **Landlord's Name / Address** **Your Address** **Dates**

From: _____
To: _____

Phone: _____

Owned Rented With family / friends

Name and relationship to you of person you lived / stayed with: _____

Phone number for this person: _____

3. **Landlord's Name / Address** **Your Address** **Dates**

From: _____
To: _____

Phone: _____

Owned Rented With family / friends Shelter

Name and relationship to you of person you lived / stayed with: _____

Phone number for this person: _____

4. **Landlord's Name / Address** **Your Address** **Dates**

From: _____
To: _____

Phone: _____

Owned Rented With family / friends Shelter

Name and relationship to you of person you lived / stayed with: _____

Phone number for this person: _____

5. **Landlord's Name / Address** **Your Address** **Dates**

From: _____
To: _____

Phone: _____

Owned Rented With family / friends Shelter

Name and relationship to you of person you lived / stayed with: _____

Phone number for this person: _____

ADULT #2 NAME (Last/Surname, M.I., First): _____

Residential History Worksheet

List where you lived or stayed for the past 3 years. Do not leave out any places you stayed or leave any time during the past 3 years unaccounted for. Contact information for all landlords and people you stayed with must be provided.

1. **Landlord's Name / Address** **Your Address** **Dates**

From: _____
To: _____
Phone: _____
 Owned Rented With family / friends Shelter
Name and relationship to you of person you lived / stayed with: _____
Phone number for this person: _____

2. **Landlord's Name / Address** **Your Address** **Dates**

From: _____
To: _____
Phone: _____
 Owned Rented With family / friends
Name and relationship to you of person you lived / stayed with: _____
Phone number for this person: _____

3. **Landlord's Name / Address** **Your Address** **Dates**

From: _____
To: _____
Phone: _____
 Owned Rented With family / friends Shelter
Name and relationship to you of person you lived / stayed with: _____
Phone number for this person: _____

4. **Landlord's Name / Address** **Your Address** **Dates**

From: _____
To: _____
Phone: _____
 Owned Rented With family / friends Shelter
Name and relationship to you of person you lived / stayed with: _____
Phone number for this person: _____

5. **Landlord's Name / Address** **Your Address** **Dates**

From: _____
To: _____
Phone: _____
 Owned Rented With family / friends Shelter
Name and relationship to you of person you lived / stayed with: _____
Phone number for this person: _____

APPENDIX D: LAWRENCE-DOUGLAS COUNTY HOUSING AUTHORITY
AUTHORIZATION FOR RELEASE OF INFORMATION

All adults (age 18 years and older) must read and sign this form. Make copies if necessary.

PURPOSE:

The Lawrence-Douglas County Housing Authority (LDCHA), hereinafter referred to as "housing authority", may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION:

I/we authorize the mutual release of any information, including documentation and other materials, necessary to verify eligibility for or participation under any housing assistance program administered by the housing authority.

I/we authorize the housing authority to obtain information about me or my family that is pertinent to the determination of my eligibility for or participation in assisted housing programs, my level of benefits and verification of the true circumstances concerning myself and all members of my household.

I/we agree that photocopies of this authorization may be used for the purpose stated herein.

INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses	Employment, Income, Pensions and Assets
Handicapped Assistance Expenses	Employment Services
Credit History	Residences and Rental History
Identity and Marital Status	Federal, State, Tribal or Local Benefits
Criminal History and Activity	Community Support Assistance
Law Enforcement Records	Medical Expenses
Probationary Records	Welfare Services
Family Composition	Educational, Vocational and Training services
Social Security Numbers	Social Services

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE:

Banks and Other Financial Institutions	Providers of:
Local/State/Federal Courts	Alimony
Local/State/Federal Law Enforcement Agencies	Child Care
Credit Bureaus	Child Support
Employers, Past and Present	Credit
Schools and Colleges	Disability and/or Handicapped Assistance
Landlords	Medical Care/Services
Local Community Social Service Agencies	Pensions/Annuities
Utility Companies	Mental Health Services
State Welfare Agencies	Substance Abuse Treatment

CONDITIONS:

I/we agree that permission to release information for the purposes stated above will remain in effect as long as I/we remain an applicant or otherwise participate in LDCHA housing programs or reside in a LDCHA rental unit. I/we understand that failure to sign this authorization upon request may be grounds for housing assistance to be denied, delayed, or terminated. Though this release can be revoked through a written request, failure to provide ongoing access to necessary information may prevent or halt housing assistance. All HUD privacy practices apply.

I/we voluntarily waive all right of recourse and release each such person from liability for communicating information with LDCHA to the extent allowed by law. There is the potential for any outside agency under this release to disclose information beyond LDCHA's immediate control and protections.

Print Name: _____
S.S. Number: _____
Date of Birth: _____
Address: _____
Signature: _____
Date: _____

Print Name: _____
S.S. Number: _____
Date of Birth: _____
Address: _____
Signature: _____
Date: _____



GENERAL AND SENIOR HOUSING

Eligibility Fact Sheet

Eligible Applicants for Lawrence-Douglas County Housing Authority Waiting List Must:

Have a gross annual income below the Douglas Co. Kansas low-income guideline for a family of their size.

Gross annual income includes all sources of cash income for each person that will live in the assisted unit.

Be a family. A family is defined as:

a single person; or

Two or more persons living together with an identified head of household who is legally and morally responsible for the group and is actually looked to and held accountable for family needs; or

A group of two or more elderly or disabled persons living together; or

One or more elderly or disabled persons living together with one or more live in aides.

Full time college students under age 24 are not eligible unless they are married, have children, or are a member of an other wise eligible household.

Be a citizen of the United States or have INS documentation of eligible immigration status.

Birth certificates, Social Security or Alien Identification, and photo identification cards must be submitted for each family member.

Have no family members who have been evicted or had their federal housing assistance terminated for illegal drug activity in the past 3 years.

Have no family members who have been evicted by a federal housing program or had their federal housing assistance terminated for program or lease violations in the past 3 years.

Have no family member who has been convicted of a sexual or violent crime against a child or no family member required to register on a state's sexual offender list.

Have no family members who have been convicted of manufacture or sales of methamphetamine.

Have no family member with a history of violent or drug related criminal activity in the past 5 years.

Have 3 years of good residential history.

This means that information from residential references does not reflect a pattern of property damage, willful disregard for the safety and well being of others, disregard of the peaceful enjoyment of neighbors, and/or inability to comply with contractual obligations.

Not intentionally falsify an application.

This means all applications must include consistent complete and accurate information. Falsifying information on an application is considered fraud.

Not owe a debt to any housing authority.

Debts for prior housing assistance must be paid in full before an application will be accepted.

Not commit fraud against a housing authority, now or in the past.



HOME TRANSITIONAL HOUSING

Eligibility Fact Sheet

Eligible Applicants for Lawrence-Douglas County Housing Authority Transitional Housing Program Waiting Lists Must:

Have a gross annual income below 60% of the Douglas Co. Kansas median family income for a family of their size.

Gross annual income includes all sources of cash income for each person that will live in the assisted unit.

Be a family. A family is defined as:

a single person; or

Two or more persons living together with an identified head of household who is legally and morally responsible for the group and is actually looked to and held accountable for family needs; or

A group of two or more elderly or disabled persons living together; or

One or more elderly or disabled persons living together with one or more live in aides.

Full time college students under age 24 are not eligible unless they are married, have children, or are a member of an other wise eligible household.

Be a citizen of the United States or have INS documentation of eligible immigration status.

Birth certificates, Social Security or Alien Identification, and photo identification cards must be submitted for each family member.

Have no family members who have been evicted or had their federal housing assistance terminated for illegal drug activity in the past 3 years.

Have no family members who have been evicted by a federal housing program or had their federal housing assistance terminated for program or lease violations in the past 3 years.

Have no family member who has been convicted of a sexual or violent crime against a child or no family member required to register on a state's sexual offender list.

Have no family members who have been convicted of manufacture or sales of methamphetamine.

Have no family member with a history of violent or drug related criminal activity in the past 5 years.

Have 3 years of good residential history.

This means that information from residential references does not reflect a pattern of property damage, willful disregard for the safety and well being of others, disregard of the peaceful enjoyment of neighbors, and/or inability to comply with contractual obligations.

This criteria will be set aside if the family is under a Transitional Housing Service Agreement.

Not intentionally falsify an application.

This means all applications must include consistent complete and accurate information. Falsifying information on an application is considered fraud.

Not owe a debt to any housing authority:

Debts for prior housing assistance must be paid in full before an application will be accepted.

Not commit fraud against a housing authority, now or in the past.

HOME OWNERSHIP

The Lawrence-Douglas County Housing Authority (LDCHA) Moving To Work (MTW) program provides for families with higher incomes to begin plans for buying their own home or, as their income reaches a level sufficient to meet market rate rental prices, leave the housing assistance programs.



Preparation for Home Ownership

Families that pay the MTW Maximum rent for 24 months OR have a gross annual income equal to or greater than 50% of area median income are invited to join the home ownership program. Under the MTW Home Ownership Program you can:

Decide if home ownership is your goal and plan the best way to get there while your rent is frozen at the MTW Maximum rent for up to three years.

Work with a home ownership counselor to develop resources for buying a home.

Participate in home buyer training.

Qualify for up to \$3,000 in matching funds for use toward a down payment, closing costs or other home purchase expenses.



MTW For Higher Incomes Renters

Families that do not want to purchase a home may stay in the MTW program until their income reaches 80% of area median. Families with annual income over 80% of median income are no longer considered low-income. They will pay the contract rent – full rent charged by the landlord – for their unit. Their housing assistance will end when they have paid the full contract rent for their unit for six (6) months.

INCOME GUIDELINES FOR DOUGLAS COUNTY KANSAS

<u>FAMILY SIZE</u>	<u>MEDIAN INCOME</u>	<u>30% OF MEDIAN</u>	<u>50% OF MEDIAN</u>	<u>80% OF MEDIAN</u>
1	\$47,950	\$14,950	\$24,850	\$39,800
2	\$54,800	\$17,050	\$28,400	\$45,450
3	\$61,650	\$20,420	\$31,950	\$51,150
4	\$68,500	\$24,600	\$35,500	\$56,800
5	\$74,000	\$28,780	\$38,350	\$61,350
6	\$79,500	\$32,960	\$41,200	\$65,900
7	\$85,000	\$37,140	\$44,050	\$70,450
8	\$90,500	\$41,320	\$46,900	\$75,000

EFFECTIVE 04/27/2017 as published by HUD

THE LAWRENCE-DOUGLAS COUNTY HOUSING AUTHORITY

MOVING TO WORK PROGRAM

The Lawrence-Douglas County Housing Authority's Moving to Work (MTW) Demonstration, in operation since 1999, is a special program approved by Congress that allows high performing housing authorities to set different rules for providing housing assistance. The Lawrence program provides greater housing benefits for working families by combining annual fixed rents in an affordable range and allowances that reflect the real financial circumstances of working households. All non-elderly (under age 62) non-disabled adults who get housing through the Lawrence-Douglas County Housing Authority (LDCHA) participate in the MTW program. Households not required to participate in the MTW Program may choose to participate when they are admitted to LDCHA General Housing Programs AND at each annual recertification.

RENT STRUCTURE

MTW rents are based on the value of the rental unit and total household income. Under the MTW formula, households renting from the LDCHA pay a rent that is either the unit size Minimum Rent, 30% of adjusted household income, or the unit size Maximum Rent. Households renting from private landlords also pay either the unit size Minimum Rent, 30% of adjusted household income, or the unit size Maximum Rent unless the unit costs more than the MTW Payment Standard. In that case, the difference between the total rent and the MTW Payment Standard is added to the household's rent.

The MTW rent structure is based on the following minimum, maximum, and Payment Standards:

Bedroom Size	Minimum Rent	Maximum Rent	Payment Standard
1 Bedroom	\$ 185	\$ 435	\$ 704
2 Bedroom	\$ 215	\$ 500	\$ 930
3 Bedroom	\$ 255	\$ 575	\$ 1353
4 Bedroom	\$ 275	\$ 665	\$ 1638
5 Bedroom	\$ 315	\$ 690	\$ 1884

These amounts are reviewed each year and are subject to change.

ANNUAL RENTS AND REPORTING

Households not in the MTW program have a rent based on total household income. They must report and have their rent recalculated every time their income changes. Households in the MTW rent structure have an annual rent and are not required to report changes in income between scheduled examination dates unless the LDCHA took action to enforce the work requirement at the household's last scheduled examination. Households not meeting the work requirement must report all income changes till their next scheduled examination. Changes in who lives in the rental unit must be reported by all households as soon as they take place and may cause a change in rent. People that lose employment income through no fault of their own may take advantage of hardship provisions. Rents are recalculated when there is a change in household members or for approved hardship rent reductions.

INCOME AND ALLOWANCES

All sources of income not excluded by federal statute will be counted in determining the MTW rent and housing subsidy. Annual allowances for dependents in the home, tenant-paid utility expenses, and an elderly or disabled head of household or spouse will be applied to all MTW households. Households with employment income from 35 or more hours per week of employment will get annual allowances from income of 10% of their employment income and a \$2000 per year deduction for medical expenses. Deductions from income will be made for dependent care paid while a household member works or goes to school and for support payments for dependents not living in the home.

WORK, REQUIREMENT AND COMMUNITY SERVICE

Under MTW, adults between 18 and 62 years of age, must work at least 15 hours per week or participate in the Lawrence-Douglas County Housing Authority's Family Self-Sufficiency-Community Service Works Program for 20 hours per week. Adults who are already working, going to school (high school, GED class, vo. tech., and college) or in a job-training program, meet the MTW work requirement and the public housing community service requirement. Information about school attendance and employment training programs is collected at the annual recertification.

Job search, skills enhancement, employment training, and other services are available to all LDCHA tenants and Section 8 voucher holders through the Resident Services office at 1600 Haskell, Apt. 187, phone 785-842-1533.

LAWRENCE-DOUGLAS COUNTY HOUSING AUTHORITY INCOME GUIDELINES

INCOME GUIDELINES FOR ADMISSION					
<u>FAMILY SIZE</u>	<u>MEDIAN INCOME</u>	<u>30% OF MEDIAN</u>	<u>50% OF MEDIAN</u>	<u>80% OF MEDIAN</u>	
1	\$47,950	\$14,950	\$24,850	\$39,800	
2	\$54,800	\$17,050	\$28,400	\$45,450	
3	\$61,650	\$20,420	\$31,950	\$51,150	HOME TBRA 30%
4	\$68,500	\$24,600	\$35,500	\$56,800	\$22,400
5	\$74,000	\$28,780	\$38,350	\$61,350	\$24,200
6	\$79,500	\$32,960	\$41,200	\$65,900	\$26,000
7	\$85,000	\$37,140	\$44,050	\$70,450	\$27,800
8	\$90,500	\$41,320	\$46,900	\$75,000	\$29,600

EFFECTIVE 04/14/2017 as published by HUD

LDCHA Resource Page

Visit us on the web at WWW.Ldcha.org for more information about the housing authority. The following is a list of other community resources.

ADULT LEARNING CENTER 832-5980, GED classes and assessments, basic skills for employment and help with setting your educational goals.

ALCOHOLICS ANONYMOUS 842-0110 Assistance through mutual support and fellowship for those who desire to stop drinking and/or maintain sobriety.

BALLARD COMMUNITY CENTER 842-0729 Child care, emergency food, utility assistance and other assistance.

BERT NASH MENTAL HEALTH CENTER 843-9192 Homeless Outreach Specialist to assist people with mental illness in locating housing or transitional housing, free and confidential mental health crisis line, Outpatient mental health services for children, adolescents and adults; therapy, psychological testing, screening, attendant care, crisis intervention, evaluations, referrals and educational program

BOYS AND GIRLS CLUB OF LAWRENCE 841-5672 Programs and activities in six Core Service Areas: Character and Leadership Development, Education and Career Development, Health and Life Skills, the Arts, Sports, Fitness and Recreation.

CATHOLIC COMMUNITY SERVICES, INC. 841-8307 Counseling: marital, family, individual (children and adults) on a sliding payment scale.

GOTTONWOOD, INC. 842-0550 A community based, non-profit organization with the mission of helping people with disabilities shape their own future. They provide residential services, work services, employment services/job link, support services, retirement services and life enrichment services.

DCCGA 841-4138 Outpatient Intervention, assessment and treatment for individuals and families where the abuse of alcohol and other drugs has become a problem; Individual and group options are available. Court evaluations for DUI, criminal charges and child custody disputes. Support groups for recovering individuals and their families are offered.

DOUGLAS CO. CHILD DEVELOPMENT ASSOCIATION 842-9679 Referral services for providers, offers training for childcare providers and information about scholarships that are available for parents going back to school.

DOUGLAS CO. DENTAL CLINIC 312-7770 Patients must live in Douglas County and earn less than twice the poverty level. The clinic charges \$15 per visit and other costs are on a sliding scale.

DOUGLAS COUNTY AIDS PROJECT 843-0040 Advocacy for those with HIV/AIDS in applying for benefits and programs, transportation, assistance with living needs and social interaction, emotional support, financial assistance for medical needs, case management, referrals, information and education.

DOUGLAS COUNTY SENIOR SERVICES- 785-865-6925 Transportation for seniors, Life long learning classes

EARLY CHILDHOOD EDUCATION 832-5962, ext.24 Lawrence Public Schools offer three programs: Parents as Teachers, Even Start Family Literacy and Readiness Preschool. Call for details about each program.

EGKAN 841-3357 Assistance with rent and utilities, home weatherization, food pantry, clothing, seasonal gift baskets, and referrals to other services and assistance sources in the county.

EDUCATIONAL OPPORTUNITY CENTER 1-888-320-4097 Free assistance and information to adults who seek to enter or continue in an educational program beyond high school or the GED.

FAMILY PROMISE 785-764-9506 Provides emergency housing for families with children through an interfaith network of congregations.

FIRST STEP HOUSE 843-9262 A residential licensed drug treatment center providing reintegration services for women recovering from chemical dependency. Call for admissions details.

FULL CITIZENSHIP 749-0603 Helps individuals with disabilities and their families to work toward a successful transition to independent life through job readiness training, job placement, post employment services and intensive case management.

HASKELL INDIAN HEALTH CENTER 843-3750 2446 General Clinic; mental health, chemical abuse, and social services. Special clinics; well baby clinic, immunizations, vision screenings, diabetic clinic and eye appointments.

HEADQUARTERS 841-2345 24 hour hotline. Answers to questions about personal concerns, information about helping services, and referral and assistance contacting those services. Individuals needing help but who are unsure where to begin are encouraged to contact the center.

HEALTH CARE ACCESS 841-5760 A primary care clinic. Referrals to dentists and assistance with purchase of medication may also be available.

HEALTHY FAMILIES Child Abuse prevention program designed to get families off to a healthy start

HEARTHSTONE 749-5409 A residential center providing reintegration services for men recovering from chemical dependency. Call for admissions details.

HEARTLAND COMMUNITY CLINIC 832-1845 Free discounted medical care, spiritual encouragement and social agency referrals to those in need without regard to socio-economic status, race, gender, age, religion, nationality or disability.

HEARTLAND WORKS 840-9675 Training and employment assistance.

HOUSING AND CREDIT COUNSELING INC. 749-4224 A private, non-profit community service agency for people who need help with money problems.

INDEPENDENCE, INC. 841-0333 Services for those with disabilities, including: advocacy, information and referrals, independent living skills training, peer counseling, benefits assistance, assistance technology, computer training, personal care attendant management, accessible housing program, community education, resource library and home and community based waiver services.

JUBILEE CAFE 843-8202 Provides breakfast in the parish hall of Trinity Episcopal Church. Volunteers take orders from the day's menu and serve participants. Tues. & Fri. 7-8:15 am

L.I.N.I.C. FIRST CHRISTIAN CHURCH 331-3663 Free, hot lunch. Tue, Thurs. Sat. and Sun. 1:30-2:30 pm

LAWRENCE CONTINUING EDUCATION 832-5997 Classes including but not limited to, computer and foreign languages, swimming and private pilot ground school for those wishing to continue their education.

LAWRENCE COMMUNITY SHELTER 785-832-8864 Provides shelter and case management for homeless adults and families.

LAWRENCE DIPLOMA COMPLETION PROGRAM 785-830-9119 Assists persons 18 & Older in obtaining a high school diploma

LAWRENCE WORKFORCE CENTER 840-9676 Office Training and Assessment Program, and Job Success program, intake interviews and assessments, computer, customer services and employment skills training, and employment assistance.

LAWRENCE-DOUGLAS CO. HEALTH DEPARTMENT 843-0721 Family planning clinic (including exams, birth control and pregnancy tests), diagnosis and treatment of sexually transmitted diseases, HIV antibody testing, HIV/AIDS education and counseling, vaccines, Well Baby clinics and special health screenings for the elderly.

LEGAL AID OF DOUGLAS COUNTY 864-5564 Free legal services to Douglas County residents who qualify, including: domestic relations (divorce, child custody), landlord/tenant relations, juvenile and misdemeanors.

MOTHER TO MOTHER 841-0638 Builds teams of moms who support each other by sharing goals, values and ideas about parenting and promoting growth in children. They also offer a support group for dads entitled, "Dad's Time."

NARCOTICS ANONYMOUS 749-6631 Hot line support and referral services for individuals and families dealing with drug addiction.

PARENT INFO LINE 841-2345 Operated through the Headquarters Counseling Center. They provide information and referrals to area agencies dealing with children and parenting issues.

PENN HOUSE 842-0440 Services for low-income families including: clothing, emergency medical and food needs, utilities, household and furniture items and a stress support group.

Revised 4/07/04

SALVATION ARMY 843-4188 Crisis intervention services, emergency food, clothing, referral and advocacy. A light meal is served and shower and laundry facilities are available. A Feeding Program provides well-balanced nutritional meals to homeless and low income individuals and families. The Vision USA program provides assistance with eye exams and glasses, as well as limited assistance with prescription medication.

SOCIAL SERVICE LEAGUE 785-843-5414 Second hand clothing and household items at reasonable prices. Free clothing with voucher from any social service agency. Free eye exams and glasses for qualifying children. Free clothing for interviews.

DCS (SRS) 832-3700 Adult and Child In Need of Care services, and Adult and Child Protective Services, income assistance, food stamps and medical cards, child support enforcement, job training and assistance, and income eligible child care.

SUCCESS BY SIX 785-842-8719 Free, home-visitation program that helps with family life management for families with children age 0 through 5 years; therapeutic and case management services, parenting support

THE LEO CENTER 832-1848 A collective of service providers, including the Heartland Medical Clinic, the Lawrence Association of Evangelicals Food Pantry, Marriage and Family Counselors (for Christ centered therapy), and Continuing Education classes including, parenting, job readiness, vocational training and Christian 12-Step programs.

TINY K 785-843-3059 Provides support and resources for Douglas County children & families, with a special emphasis on young children, birth to three years of age, who have special needs.

TRINITY RESPITE CARE, INC. 842-3159 Respite and attendant care to individuals with disabilities and older adults.

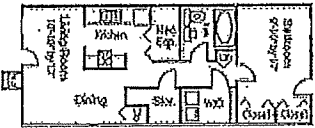
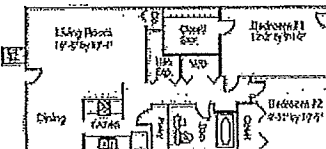
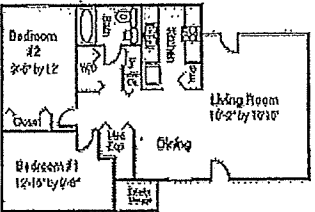
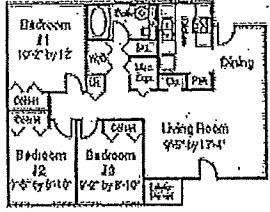
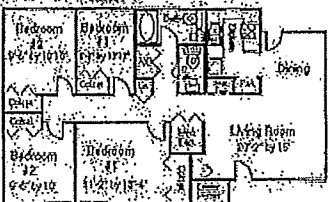
WILLOW DOMESTIC ABUSE CENTER 843-3333 an emergency shelter for women and their children who are in abusive situations. The location is confidential, so an advocate meets with clients and transports them to the shelter. Once at the shelter, clients may participate in counseling and support groups for both them and their children. There is a thirty day limit on shelter stay, but extensions may be requested.

WOMEN INFANTS AND CHILDREN (WIC) 843-0721 Food, nutritional and health assistance to pregnant women and children under 5.

Scattered Sites

Single family, duplex, and triplex rentals throughout the City of Lawrence. Sizes range from 1-bedroom to 5-bedroom units. All units have central air, washer-dryer hook ups, stove, and refrigerator, and 24-hour maintenance service. Below is a sampling of floor plans for these properties.

Floor Plans

<p>Lawrence-Douglas County Housing Authority Typical 1 Bedroom Unit at a Scattered Site</p> 	<p>Lawrence-Douglas County Housing Authority Typical 2 Bedroom Unit at a Scattered Site</p> 
<p>One Bedroom</p>	<p>Two Bedroom (type A)</p>
<p>Lawrence-Douglas County Housing Authority Typical 2 Bedroom Unit at a Single Dwelling Scattered Site</p> 	<p>Lawrence-Douglas County Housing Authority Typical 3 Bedroom Unit at a Single Dwelling Scattered Site</p> 
<p>Two Bedroom (type B)</p>	<p>Three Bedroom</p>
<p>Lawrence-Douglas County Housing Authority Typical 4 Bedroom Unit at a Single Dwelling Scattered Site</p> 	
<p>Four Bedroom</p>	

LDCHA Rental Units

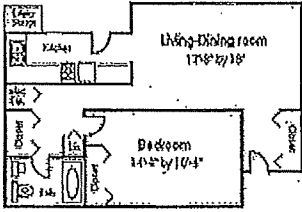
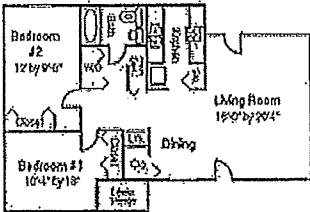
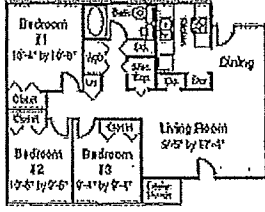
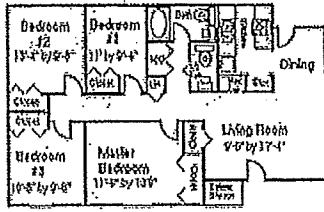
Family Rental Units

Edgewood Homes

130-unit garden apartment complex at 1600 Haskell Ave., Lawrence, KS

Sizes range from 1-bedroom to 4-bedroom units. Gas and water are paid. You pay only electricity. 4-bedroom units have 1-1/2 bathrooms. All units have central air, stove, refrigerator, storage space, off-street parking, 24-hour maintenance service, on-site management and a day care center. Washer/dryer hook-ups in some units. Laundry facility on premises. On city bus route.

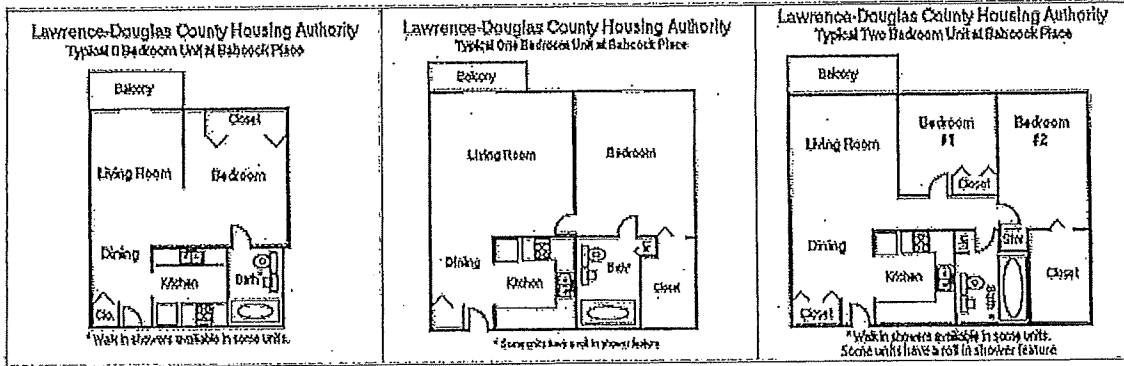
Floor Plans

<p>Lawrence-Douglas County Housing Authority Typical One Bedroom Unit at Edgewood Homes</p> 	<p>Lawrence-Douglas County Housing Authority Typical Two Bedroom Unit at Edgewood Homes</p> 
<p>One Bedroom</p>	<p>Two Bedroom</p>
<p>Lawrence-Douglas County Housing Authority Typical Three Bedroom Unit at Edgewood Homes</p> 	<p>Lawrence-Douglas County Housing Authority Typical Four Bedroom Unit at Edgewood Homes</p> 
<p>Three Bedroom</p>	<p>Four Bedroom</p>

Senior Rental Units

Babcock Place

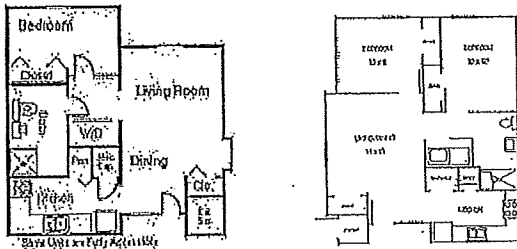
Located at 1700 Massachusetts, just south of downtown Lawrence, Babcock Place is specifically engineered to cater to the elderly. Studio, 1, and 2-bedroom apartments are available. All utility service is included. All units have central air, stove and refrigerator, 24-hour maintenance, and emergency call services. Laundry facilities on premises. Transportation services available. Located adjacent to grocery store and on city bus line.



Peterson Acres I and II

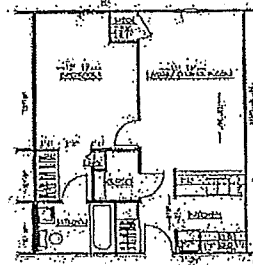
Located on Peterson Rd. in north western Lawrence, these duplex apartments cater to seniors. The two-bedroom units are fully handicapped accessible. All units have central air, stove and refrigerator, and 24-hour maintenance. Located on city bus line.

Lawrence-Douglas County Housing Authority
Typical Unit and Peterson Acres II



Clinton Place

Clinton Place was acquired by LDCHA in late 2006, and has since been renovated from roof to parking lot. Clinton Place's 1-bedroom apartments are designed to enable independent living for seniors. The building features recreational facilities, and is located close to shopping and restaurants. All units have central air, stove and refrigerator, 24-hour maintenance, off-street parking, on-site management. Laundry facilities on premises.



Located on Clinton Parkway just off Iowa St. in Lawrence.

**LAWRENCE-DOUGLAS COUNTY HOUSING AUTHORITY
LOCAL RENTAL INFORMATION SHEET**

Companies listed may or may not have units ready to rent at this time. This list is not intended to guarantee that the landlords listed below will rent a unit on the program, nor is it a complete list of local rental properties/and or Managers. It is a list of owners and companies expressing an interest in affordable housing.

09-2017

APARTMENTS

Hampton Apartments, LLC
Campus View Apartments
2350 Ridge Ct. #20
785-843-6177

Delaware Street Commons
1222 Delaware St.
Lawrence, KS 66044
785-550-0163

Laurel Glen Apartments
1401 E. 24th Street
Lawrence, KS 66046
785-838-9559

Asset Management-Sunflower Apts
P. O. Box 3226
Lawrence, KS 66046
785-856-1237

Poehlor Loft Apartments
619 E. 8th St.
Lawrence, KS 66044
785-856-5657

Rohan Ridge
4641 W. 6th Street
Lawrence, KS 66049
785-842-9199

Fox Run Apartments
4500 Overland Dr.
Lawrence, KS 66049
785-843-4040

The Oaks
2357 Ridge Court
Lawrence, KS 66047
785-830-0888

Country Club on 6th
2500 W. 6th St.
Lawrence, KS 66049
785-843-7333

Redbud Lane Apartments
2523 Redbud Lane
Lawrence, KS 66047
785-842-2510

Gazebo Apartments
2434 W. 24th Terrace, Apt. A-4
Lawrence, KS 66047
785-856-0376

East Eighty Properties, LLC
950 Monterey Way
Lawrence, KS 66049
(1 and 2 bedroom apartments)
785-424-0375

SENIOR RESIDENCES

Pine Crest I, II, & III
924 Walnut St.
Eudora, KS 66025
785-542-1020

Bethel Estates
2140 E. 25th Terrace
Lawrence, KS 66046
785-424-7819

Signal Ridge Apts
807 Deer Ridge Ct.
Baldwin City, KS 66006
785-594-3794

Wyndam Place
2551 Crossgate Dr.
Lawrence, KS 66047
785-749-4646

PROJECT BASED HOUSING ASSISTANCE UNITS

(Vouchers can not be used at these units. Subsidy is tied to the unit)

Prairie Ridge (SENIOR or DISABLED)
2424 Melrose Lane
Lawrence, KS 66047
785-841-8660

Vermont Towers (SENIOR ONLY)
1101 Vermont
Lawrence, KS 66044
785-841-6026

RENTAL MANAGEMENT COMPANIES

A & S Rental Solutions
785-841-5454

Hatfield Property Management
785-856-2320

Cimarron Holdings, LLC
1615 Willow Cove
Lawrence, KS 66044
785-842-0243

Destination Properties
3500 Lexington AVE
DESOTO, KS 66018
913-583-1515

Ashbury Townhomes
925 E. 14
Lawrence, KS 66044
785-842-1322

Harwood & Associates
678 E. 1900th Rd.
Baldwin City, KS 66006
785-766-2343

Tenants to Homeowners
2518 Ridge Court, Suite 103
Lawrence, KS 66044
785-842-5494

Cedar Holding
2411 Cedarwood Ave.
Lawrence, KS 66046
785-504-5319

Neosho Ventures
neoshoventuresllc@gmail.com

Stonehouse Rentals
Lawrence, KS
785-691-6206 or
785-691-6216

Terrapin, LLC
3900 Monterey Pl.
Lawrence, KS 66049
785-550-4149

Salb Construction (NO 1 or 2 bedrooms)
P.O. Box 3366
Lawrence, KS 66044
785-843-9523

AC Management
Jo Polk - Manager
1815 West 24th Street
Lawrence, KS 66046
785-842-4461

Peng Management
785-766-7631

Grand, LLC
3406 Aldrich Street
Lawrence, KS 66047
785-865-2505

Kenie Properties
913-307-0399 or
913-203-7678

Pinetree Townhomes
149 Pinecone
Lawrence, KS 66044
785-842-2545

Rental Solutions/John Landgrege
(NO 1 bedrooms)
785-838-8479

Antioch Investors/Barnes Homes
785-842-2772

Watts Rental Properties
785-865-8951

PRIVATE LANDLORDS

Ellen Miller
785-843-5105

Gary / Gail Hill
785-766-9889

Bonita Yoder
785-550-4944

Chris Morris
785-550-7727

Carol March
785-841-4449

James Dunn
785-843-5272

Lynn Hui
785-218-3283

Jackie Polk
785-760-4945

Marcie Wainright
785-766-8915

Deanna Dibble
785-393-9359

Julie Schoemehl
816-729-7513

Daniel Border
913-709-4590

Baha Safadi
785-842-8428

Rakia Lang
785-842-3911

John Worthington
785-393-0860

Brad Howard
785-766-7042

Terry Pantecost
785-842-4691

Longhurst Trust
785-760-4629

Russel Livingston
785-979-2007

Karen McKinney
785-331-8194

Rebecca Bates
785-764-0553

Christy Fanta
785-393-8257

John Price
785-843-0370

Donna Thomas
785-841-2903

Taylor and Clark
785-727-9484

Jim Bailey
785-841-4677

Monty Hobbs
785-979-3599

Brett Groene
785-832-8220

Rod Laing
785-423-6215

Greg Polk
785-766-4611

Ron Rushing
785-766-2380

Jeffery Lang
785-842-3911

McCoullough Family Trust
785-423-2660

Dale Thelen
913-593-8088

Jeff
785-979-7075

WEBSITE

kshousingsearch.org



RESIDENT RIGHTS & RESPONSIBILITIES



OFFICE OF MULTIFAMILY HOUSING PROGRAMS

This brochure applies to assisted housing programs administered by the Department of Housing and Urban Development (HUD), Office of Multifamily Housing Programs. This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program or the Housing Choice Voucher Program.

AS A RESIDENT, YOU HAVE RIGHTS AND RESPONSIBILITIES THAT HELP MAKE YOUR HUD-ASSISTED HOUSING A BETTER HOME FOR YOU AND YOUR FAMILY.

This brochure is being distributed to you because the United States Department of Housing and Urban Development (HUD), which regulates the property in which you live, has provided some form of assistance or subsidy for your apartment. The brochure briefly lists some of the most important rights and responsibilities to help you get the most out of your home.

As part of its dedication to maintaining the best possible living environment for all residents, your local HUD office encourages and supports the following:

- Property management agents and property owners communicating with residents on any relevant issues or concerns
- Property managers and property owners giving prompt consideration to all valid resident complaints and resolving them as quickly as possible
- Your right to file complaints with management, owners, or government agencies without retaliation, harassment or intimidation
- Your right to organize and participate in certain decisions regarding the well-being of the property and your home
- Your right to appeal a decision made by the local HUD office to the Office of Asset Management and Portfolio Oversight at HUD Headquarters

Along with the owner/management agent, you play an important role in making your apartment, the grounds, and other common areas a better place to live.



YOUR RIGHTS

As a resident of a HUD-assisted multifamily housing property, you should be aware of your rights.

Rights: *Involving Your Apartment*

- The right to live in decent, safe, and sanitary housing that is free from deteriorating paint and environmental hazards, including lead-based paint hazards.
- The right to receive a lead disclosure form disclosing the landlord's knowledge of any lead-based paint or lead-based paint hazards, available records and reports, and a lead hazard information pamphlet before you are obligated under your lease.
- The right to have repairs performed in a timely manner, upon request.
- The right to be given reasonable notice, in writing, of any non-emergency inspection or other entry into your apartment.
- The right to protection from eviction except for specific causes stated in your lease.
- The right to request that your rent be recalculated if your income decreases.
- The right to access your tenant file.

Rights: *Involving Resident Organizations*

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to provide leaflets and post materials in common areas informing other residents of their rights and opportunities to involve themselves in their property.
- The right to be recognized by property owners/management company as having a voice in residential community affairs.
- The right to use appropriate common space or meeting facilities to organize (this may be subject to a reasonable, HUD-approved fee).
- The right to meet without representatives or employees of the owner/management company present.



Rights: Involving Nondiscrimination

The right, under the Fair Housing Act of 1968 and other civil rights laws, to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, sex, disability, familial status (having children under 18) or national origin (ethnicity or language). Residents with disabilities are also reserved the right to reasonable accommodations. In some cases, the prohibition against age discrimination under the Age Discrimination Act of 1975 may also apply.

In addition, residents have the right, under HUD's Equal Access Rule, to equal access to HUD programs without regard to a person's actual or perceived sexual orientation, gender identity, or marital status.

YOUR RESPONSIBILITIES

As a resident of a HUD-assisted multifamily housing property, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you, the owner, and the management company have entered into a legal, enforceable contract. You are responsible for complying with your lease, house rules, and local laws governing your property. If you have any questions about your lease or do not have a copy of it, contact your property management company or the local HUD office. You should be aware of the following responsibilities:

Responsibilities: To Your Property Owner or Management Company

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on time each month.
- Providing accurate information to the owner/management agent's company at the certification or recertification interview to determine your total tenant payment, and consenting to the release of information by a third party to allow for verification.
- Reporting changes in the family's income or composition to the owner/management company in a timely manner.

Responsibilities: To the Property and Your Fellow Residents

- Complying with rules and guidelines that govern your lease.
- Conducting yourself in a manner that will not disturb your neighbors.



- Not engaging in criminal activity in your apartment, common areas or grounds.
- Keeping your apartment reasonably clean, with exits and entrances free of debris, clutter or fire hazards and not littering the grounds or common areas.
- Disposing of garbage and waste in the proper manner.
- Maintaining your apartment and common areas in the same general physical condition as when you moved in.
- Reporting any apparent environmental hazards to the management company (such as peeling paint (which is a hazard if it is a lead-based paint) and any defects in building systems, fixtures, appliances, or other parts of the apartment, the grounds, or related facilities.

YOUR RIGHT TO BE INVOLVED

In Decisions Affecting Your Home

As a resident in HUD-assisted multifamily housing, you play an important role in decisions that affect your community. Different HUD programs provide for specific resident rights. You have the right to know under which HUD program your building is assisted. To find out if your apartment building is covered under any of the following programs, contact your management company, Section 8 Contract Administrator, or the HUD office nearest you. If your building was funded or currently receives assistance under HUD's Rental Assistance Demonstration (RAD), Section 236 (including the Rental Assistance Program (RAP), Section 221(d) (3)/below market interest rate (BMIR), Section 202 Direct Loan, Rent Supplement, Section 202/811 Capital Advance programs, 811 (Project Rental Assistance), or is assisted under any applicable project-based Section 8 program (except for the Section 8 Moderate Rehabilitation program), you have the right to be notified of or, in some instances, to comment on the following:

- Nonrenewal of a project based Section 8 contract at the end of its term
- An increase in the maximum permissible rent
- Conversion of a project from project-paid utilities to tenant-paid utilities
- A proposed reduction in tenant utility allowance
- Conversion of residential apartments in a multifamily housing property to nonresidential use or to condominiums, or the transfer of the housing property to a cooperative housing mortgagor corporation or association



- Transfer of the project-based Section 8 contract in your property to one or more buildings at other locations
- Partial release of mortgage security
- Capital improvements that represent a substantial addition to the property
- Prepayment of mortgage (if prior HUD approval is required before owner can prepay)
- Other actions identified by the Uniform Relocation Act that could ultimately lead to involuntary, temporary or permanent relocation of residents
- If you live in a building that is owned by HUD and is being sold, you have the right to be notified of and comment on HUD's plans for disposing of the building.

ELIGIBILITY FOR ENHANCED VOUCHERS

If your apartment is assisted under a project-based Section 8 contract that is ending, and if the owner decides not to renew it, the owner is required by law to notify you in writing of that decision at least one year before the contract expires. Under these circumstances, you may be eligible for an Enhanced Voucher (EV), which would give you the right to remain in an apartment at your property, provided that you are in compliance with your lease and the property remains as rental housing. HUD will select a local Public Housing Agency (PHA) to provide an EV for eligible families who decide to remain at the property and to administer this assistance.

If you decide to remain at your property using an EV, a higher payment standard will be used to determine the amount of Section 8 assistance that is paid on your behalf, if the gross rent for the apartment is more than the PHA's payment standard. However, the PHA must determine that the rent the owner charges for your apartment is reasonable, and you must continue paying at least the amount of rent that you were previously paying.

If you are eligible for an EV, you can instead choose to move out of the property and use the voucher to rent an apartment anywhere in the United States where the owner will accept the voucher and the rents are in an allowable range, subject to approval. If you move out, however, the voucher is no longer "enhanced," and the amount of Section 8 assistance that is paid on your behalf will be based on the PHA's normally applicable payment standard.



ADDITIONAL ASSISTANCE

For additional help or information, you may contact:

- Your property owner or the management company
- The Account Executive for your property in HUD's Multifamily Regional Center or Satellite Office. Refer to on-line resources for contact information
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns
- HUD's Office of Fair Housing and Equal Opportunity at 1-800-669-9777, if you believe you have been discriminated against
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement
- HUD's Housing Counseling Service locator at 1-800-569-4287 for the housing counseling agency in your community
- The HUD-EPA National Lead Information Center 1-800-424-LEAD
- Your local government tenant/landlord affairs office, legal services office, or tenant organizations to obtain information on additional rights under local and state law

If appealing a local HUD Office decision, you may contact the Director of the Office of Asset Management and Portfolio Oversight in Washington, DC at 202-708-3730.

Persons who are deaf or hard of hearing or have speech disabilities may reach the numbers above through the Federal Relay (FedRelay) teletype (TTY) number, 800-877-8339, or by other methods shown at www.gsa.gov/fedrelay.

ON-LINE RESOURCES:

- Department of Housing and Urban Development website: www.hud.gov
- The local HUD Field Offices: <http://www.hud.gov/local> *Note: To locate your local field office, select: Contact My Local Office (under the I Want To section)*



U.S. Department of Housing and Urban Development
Office of Multifamily Housing Programs
Washington, DC 20410-0002 Official Business
Penalty for Private Use \$300



This brochure about your rights and responsibilities as a resident of HUD assisted multifamily housing is available in 13 alternate languages in addition to English and Braille. To determine if your language is available, please contact HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 or visit <http://www.hud.gov/offices/fheo/lep.xml>

FACT SHEET

For HUD ASSISTED RESIDENTS

Project-Based Section 8

“HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

Project-Based Section 8 Rent Formula:

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
 - 10% of the family's monthly income
 - Welfare rent or welfare payment from agency to assist family in paying housing costs.
- OR
- \$25.00 Minimum Rent

Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to

family assets, see Exclusions from Annual Income, below Welfare assistance

- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
 - Foreclosure
 - Bankruptcy
 - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and

benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes

- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Legislation:

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

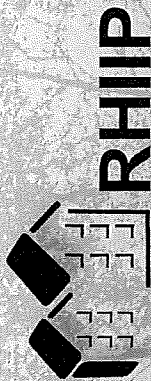
- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

"Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

- The Social Security Administration:
- Social Security (SS) benefits
 - Supplemental Security Income (SSI) benefits
 - Dual Entitlementment SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

- Property owners and managers are able to use the EIV system to determine if you:
- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

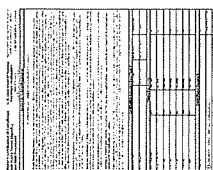
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - *Child support*
 - *AFDC payments*
 - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent is Determined" which includes a listing of what is included or excluded from income.



What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

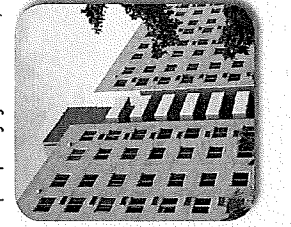
What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in;



and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.

Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhlp/eiv/eivhome.cfm.



JULY 2009