



REQUIRED DOCUMENTS CHECKLIST

North Coast Housing Connections (NCHC) is required to conduct an examination of family circumstances annually and during the application process for all participants and applicants. You must complete the enclosed packet for all household members. Those 18 years of age and older must submit income documentation and sign all forms. Please note that all documents must be dated within the last 60 days (no documents can be over 60 days old):

1. Income:

For every member of your household who is working, please provide the requested documentation:

- Name, address and telephone number of your employer.
- 2 most current consecutive paycheck stubs or a letter from your employer, on company letterhead, verifying pay rate and hours worked per pay period.
- Documentation of other types of income you expect to receive from employment such as tips, commissions, bonuses, profit sharing programs, etc.
- All self-employed persons should present their records showing the amount of money they have made during the past year.
- **A COPY OF YOUR MOST RECENT TAX RETURN FROM THE IRS. IF YOU DO NOT HAVE A COPY, YOU MUST CONTACT THE IRS TO RETRIEVE ONE OR PROVIDE A LETTER FROM THE IRS THAT YOU HAVE NOT FILED TAXES THIS PAST YEAR. (You can access the statement online at www.irs.gov).**

2. Benefit and Support Income:

- **Public Assistance:** Verification letter which states the amount of benefits paid or a 1-year print out showing the amount.
- **Social Security/SSI:** You can call 1-800-772-1213 to obtain a benefits verification statement or download a benefits verification letter at www.socialsecurity.gov/myaccount.
- **Court Ordered Support:** Provide documentation of any income provided via court order, or a 1-year printout of all support orders from the Office of Child Support.
- **Voluntary Support:** If you are receiving any regular contributions or gifts from organizations or persons not residing in your home, which are provided to your family on a regular basis, provide documentation of such support. www.jfs.ohio.gov/ocs.
- **Child Support/ Alimony Payments:** Provide documentation of the frequency and amount of child support and/or alimony payments. 216-443-5100 or 1-800-686-1556 <http://jfs.ohio.gov>.
- **Pensions:** Provide documentation of the frequency and amount of any pension income.

- Unemployment/Workmen Compensation: Provide documentation of the schedule/frequency and amount of unemployment compensation or workmen's compensation payments. 1-877-644-6562, <http://unemployment.ohio.gov>,

3. Assets:

- If you have bank accounts, or other financial platforms (i.e. cash app, chime, paypal, etc.) or investments (stocks, bonds) and/or other assets (i.e. real estate), you will need to provide documentation and copies of 2 most recent consecutive statements for all assets.

4. You and Your Household Members:

If any member of your household was not part of the family composition at the last recertification, the following information will be needed to complete the recertification:

- Social Security Card
- Birth certificate
- Proof of Citizenship
- Custody agreements
- Adoption Papers
- Photo ID for all Household members 18 years old or older
- For household members age 18 or over, who are full time students, provide verification of full time student status.

5. Expenses:

If the head of household is at least 62 years of age or disabled, provide documentation of Medicare, Medicaid, and/or Health insurance payments. You must also provide an itemized list of all expenses which were incurred during the year.

Failure to comply with requested documents and/or provide the required information will result in termination and/or denial of housing assistance. Withholding income, asset, or family composition information is fraud, and is punishable by law. Please contact your Housing Specialist, if you are disabled, need assistance, and/or if you have any questions.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Family Self-Sufficiency Program



**North Coast
Housing
Connections**

What is the Family Self-Sufficiency Program?

The Family Self-Sufficiency (FSS) Program is a five-year voluntary program that helps families become self-sufficient by establishing realistic attainable goals.

FSS combines case management, education, job training and ongoing community support through the Program Coordinating Committee (PCC) to assist families working toward self-sufficiency. **For details about the escrow account, contact Sharon Carrington at 216-661-2015 ext. 17 or email Sharon@ncoasthousing.org.**

Who can participate?

Those who are in the Housing Choice Voucher Program (Section 8) or Project-Based Voucher Program and are 18 years old or older may participate.

Requirements to Graduate

- Head of the FSS household must be employed, and everyone in the household must be free of TANF Welfare Benefits at the time of graduation.
- Other household members signing the Contract of Participation have accomplished all goals on their Individual Training Service Plan (ITSP).

For more information, contact:

Sharon Carrington
FSS Administrator
1440 Rockside Road, Suite 306
Parma, Ohio 44134
216-661-2015, ext. 17
Sharon@ncoasthousing.org



FSS Program Benefits

- Assistance with identifying goals
- Access to community resources such as colleges, banking institutions, etc. to assist with completion of goals
- Earning escrow while working
- Eligible interim disbursements from the escrow account
- Access to NCHC's Security Deposit Assistance Program
- Access to NCHC's Home Purchase Downpayment Assistance Program





Homeownership Opportunity

North Coast Housing Connections (NCHC) has implemented a homeownership downpayment assistance program. The program is for any Family Self-Sufficiency (FSS) participant to obtain up to \$10,000 for downpayment and closing costs.

This is a limited program and will be discontinued when funds have been relinquished. Do not wait.



Program Guidelines:

(For current NCHC voucher holders and families coming from the NCHC waitlist)

- You **MUST** be a participant in the Housing Choice Voucher Program for NCHC and the Family Self-Sufficiency Program. Participation in the FSS Program is voluntary.
- You **MUST** establish homeownership as your final goal and successfully complete the FSS Program, which could take five years.
- You **MUST** have an escrow at the end of the FSS Contract of Participation. (You earn escrow as your income increases.)
- You **MUST** be able to secure a home loan through a qualified bank or mortgage lender.
- Once you purchase a home, you give up your participation in the Housing Choice Voucher Program.
- The maximum amount of \$10,000 is a **matched** amount between you and NCHC. This means if the downpayment, closing costs and other fees total \$20,000, NCHC will match \$10,000, and you will match \$10,000 for a total of \$20,000.

Enrolled Family Self-Sufficiency Participants:

- If your family is currently enrolled in the FSS Program, you must sign a new/updated Contract of Participation and add homeownership as the final goal if you wish to purchase a home on this program.
- If you are a current Housing Choice Voucher Program participant, you can enroll in the voluntary FSS Program for a period up to five years, establish your goals and begin working towards the goal of homeownership by adding money to your escrow account held for you by NCHC.

More Information about the Voluntary Family Self-Sufficiency Program:

- Call your NCHC caseworker at 216-661-2015.
- Tell your caseworker you want to sign up for the voluntary FSS Program.
- The caseworker will schedule an appointment. During the appointment, the caseworker will walk you through the steps to sign up for the program and assist with establishing your goals.

This is a fantastic opportunity for any Housing Choice Voucher Program participant to become self-sufficient and a homeowner.



North Coast Housing Connections

1440 Rockside Road, Suite 306, Parma, Ohio 44134
Phone (216) 661-2015 • Fax (216) 661-2021

NCHC Income Self Certification

Own Business/Self Employment

Participant Name [Print]: _____

Description of Business: _____

(i.e. DoorDash, Hair Salon, Child Care, In-Home Care, Carpentry, etc.)

CURRENT YEAR NET INCOME:

Month	Gross Income	Expenses	Net Income
January	\$ _____	\$ _____	\$ _____
February	\$ _____	\$ _____	\$ _____
March	\$ _____	\$ _____	\$ _____
April	\$ _____	\$ _____	\$ _____
May	\$ _____	\$ _____	\$ _____
June	\$ _____	\$ _____	\$ _____
July	\$ _____	\$ _____	\$ _____
August	\$ _____	\$ _____	\$ _____
September	\$ _____	\$ _____	\$ _____
October	\$ _____	\$ _____	\$ _____
November	\$ _____	\$ _____	\$ _____
December	\$ _____	\$ _____	\$ _____

I certify that the information provided above is true and correct. In the event monthly net income increases more than 10% in 2 consecutive months, I will provide the NCHC with an updated certification of business/self-employment income.

I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection. **WARNING:** Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U. S. C. 287, 1001, 1010, 1012; 31 U. S. C. 3279,3802)

Signature Business Owner/Self Employed Date



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VERIFICATION INFORMATION SHEET

1. Head of Household Name: _____
2. Current Address: _____
3. City, State & Zip Code: _____
4. Home Telephone #: _____ 5. Cell Phone #: _____ Email: _____
6. Including the Head of Household, please list first and last names of all household members:

_____	_____
_____	_____
_____	_____
_____	_____

7. Do you have any active bank accounts or credit union accounts for yourself and/or any member of your household?

____ YES ____ NO (If yes, please provide a current statement for each account)

Family Member Name	Bank Name <i>(Please mark if it is a checking or savings)</i>	Balance \$ <i>(Does it earn interest?)</i>	Type of account
		\$ _____ <input type="checkbox"/> YES, % rate? _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
		\$ _____ <input type="checkbox"/> YES, % rate? _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

8. Do you, or does any member of your household have any stocks, bonds, mutual funds or IRA's?

____ YES ____ NO

If yes, who is the provider? _____

9. Do you, or does any member of your household own any real estate?

____ YES ____ NO

10. Have you or any member of your household disposed of any real estate in the past two (2) years?

____ YES ____ NO

10a. Do you have ANY assets with a value of more than \$5000?

____ YES ____ NO

11. Are you or is any member of your household age 18+ currently working?

____ YES (If yes, please complete below) ____ NO

Family Member Name	Employer Name/Address/Phone/Fax	Date Employment Started	Amount \$	Frequency
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

12. Are you, or is any member of your household receiving Food Stamps?

____ YES ____ NO

If yes, who and what is the monthly amount of Food Stamps?

13. Are you, or is any member of your household receiving cash assistance from ODJFS?

____ YES ____ NO

If yes, who and what is the monthly amount of cash assistance?

14. Are you, or is any member of your household receiving Child Support?

____ YES ____ NO If yes, who and what is the monthly amount? Enter information in chart below.

(**MUST** PROVIDE 1 YEAR PRINT OUT FOR EACH CHILD, or **LETTER FROM CHILD SUPPORT** STATING NO ORDER IS IN PLACE)

Family Member Name	Child Support Case Number	Amount \$	Frequency
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			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

15. Are you, or is any member of your household receiving Social Security or SSI benefits?

_____ YES _____ NO

If yes, who is receiving payments and what is the monthly amount? _____

16. Are you, or is any member of your household receiving a Pension?

_____ YES (If yes, please complete below) _____ NO

Pension Provider Name: _____

Address: _____

City, State & Zip Code: _____

Telephone #: _____

17. Are you, or is any member of your household receiving Alimony?

_____ YES _____ NO

If yes, who is receiving Alimony and what is the monthly amount? _____

18. Are you, or is any member of your household receiving Unemployment?

_____ YES _____ NO

If yes, who is receiving Unemployment and what is the weekly amount? _____

19. Are you, or is any member of your household receiving Workers Compensation benefits?

_____ YES _____ NO

If yes, who is receiving Workers Comp and what is the weekly amount? _____

20. Are you, or is any member of your household receiving financial assistance from family and/or friends?

_____ YES _____ NO

If yes, who is receiving assistance and what is the monthly assistance amount? _____

(MUST SUBMIT A NOTARIZED LETTER FROM FAMILY MEMBER WITH AMOUNT AND FREQUENCY OF PAYMENT)

21. Are you, or is any member of your household age 18+ paying for Child Care?

(Only answer yes if the Head of Household, Spouse or Co-Head is working, attending school full time, OR enrolled in a job training program or actively seeking employment)

_____ YES (If yes, please complete below) _____ NO

Child Care Provider Name: _____

Telephone #: _____

22. Are you, or is any member of your household paying for Medical Insurance?

(Only answer yes if the Head of Household, Spouse or Co-Head is elderly or disabled)

_____ YES (If yes, please complete below) _____ NO

Insurance Provider Name: _____

Telephone #: _____

23. Are you, or is any member of your household paying for or have paid for prescriptions in the past 12 months?

(Only answer yes if the Head of Household, Spouse or Co-Head is elderly or disabled)

_____ YES _____ NO

Pharmacy Name: _____

Address: _____

City, State & Zip Code: _____

Telephone #: _____

24. Are you, or is any member of your household paying for or have paid for doctor co-pays in the past 12 months?

(Only answer yes if the Head of Household, Spouse or Co-Head is elderly or disabled)

_____ YES _____ NO

If yes, please list names and addresses of all doctors: _____

25. Are you, or is any member of your household age 18+ attending school full time?

_____ YES _____ NO (IF YES, MUST PROVIDE VERIFICATION)

School Name: _____

Telephone #: _____

26. Is Anyone in your Household age 18 + claiming Zero Income?

_____ YES (If yes, please complete below) _____ NO

If yes, who is claiming zero income and Why? _____

27. Has anyone in your household been registered as a sexual offender?

_____ YES _____ NO If yes, who and when did the registration occur? _____

By signing below, I hereby certify that information I have completed above is complete and truthful.

X _____

X _____

Head of Household Signature

Date

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTERS IN ITS JURISDICTION.



North Coast Housing Connections

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Phone (216) 661-2015 • Fax (216) 661-2021

WRITTEN PERMISSION TO DISCLOSE CHILD SUPPORT PAYMENTS

By signing below, I hereby grant the County of Cuyahoga, Ohio, on behalf of its Office of Child Support Services, permission to disclose the following information to North Coast Housing Connections (NCHC): a history of child support payments that I have received from the obligor through the County's Office of Child Support Services (OCSS) (referred to herein as the "Information"). I understand that the purpose of this disclosure is to allow NCHC to verify my income as it relates to the child support payments that I have received from the obligor through the OCSS.

This authorization shall become effective on the signature date and shall continue as long as I use a voucher for housing costs as provided by NCHC.

Further, I hereby release and hold the County and NCHC, and their respective departments, divisions, officers, officials, directors, board members, employees, and agents, harmless from and against all claims, damages, losses, liens, causes of action, suits, judgments and expenses (including attorneys' fees and other costs of defense), of any nature, kind or description, resulting from or related to the disclosure of the Information.

Social Security Number

Print Name of Individual or Individual's Legal Guardian

Signature

Date



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Declaration of Zero Income Status Questionnaire

If you are declaring zero income, you must complete this entire form by answering all the questions. You must also submit a copy of your most recent IRS tax return or a statement from the IRS showing you did not submit any tax returns. (You may access the statement online at www.irs.gov).

I, _____, (print name) confirm that I am not currently receiving any income from any source, including but not limited to:

- | | |
|---------------------|-----------------------|
| Employment | Unemployment Benefits |
| Self-employment | Workers' Compensation |
| Social Security | Child Support |
| SSI | Alimony |
| Pension | Family Assistance |
| Disability Benefits | Cash Welfare |
| VA Pension | |

I understand that as a condition of continued participation in the North Coast Housing Connections (NCHC) Housing Choice Voucher Program, **I am required to report all changes in household income in writing within 30 days.**

I understand any misrepresentation of income and /or household composition may result in termination of my participation in the Housing Choice Voucher Program.

Applicant/Participant Signature

Date

I offer the following statement for additional information or clarification:

Applicant/Participant Signature

Date

Zero Income Questionnaire

Applicant/Participant Name: _____ Date: _____

Please describe briefly how your household is meeting basic daily/monthly needs. Fill in ALL the blanks on this form. DO NOT leave any blanks. **If it does not apply, write N/A in the space.** Please answer questions honestly.

* Note: Cash assistance/contributions may or may not affect your monthly rent amount.

The goal of this form is to obtain information about all cash and non-cash contributions (or unreported/underreported income) that the family may be receiving. With this information, NCHC staff can compute the annual value of contributions to add to the family income.

List how your household will pay for the following:

1. RENT

Do you pay rent? _____ If so, monthly amount: \$ _____

Provide source or who contributes funds to pay rent (name, address, phone):

2. FOOD

Do you or does anyone in your household receive food stamps (SNAP)? _____

If so, monthly amount: \$ _____

Provide source or who contributes funds to buy grocery items, if no food stamps (name, address, phone):

3. CABLE, INTERNET & UTILITIES

Do you have cable or satellite TV? _____ If so, monthly amount: \$ _____

Do you have Internet service? _____ If so, monthly amount: \$ _____

Do you have video streaming service (Netflix, Hulu, etc.)? _____ If so, monthly amount: \$ _____

Do you have electric, gas, water, sewer or other utility expenses (propane, fuel oil)? If so, monthly amount:

\$ _____

Provide source or who contributes funds to pay cable, Internet or utilities (name, address, phone):

4. PERSONAL HYGIENE

How much does your household spend on personal hygiene products (soaps, deodorant, hair products, makeup)?

If so, monthly amount: \$ _____

Provide source or who contributes funds to pay cable, Internet or utilities (name, address, phone):

5. PHONE

Do you or does anyone in your household have a home and/or cell phone? _____

If so, monthly amount: \$ _____

Provide source or who contributes funds to pay phone bills (name, address, phone):

6. VEHICLE

Does anyone in the household have a vehicle? _____ If so, is there a car loan payment? _____

Monthly car loan payment amount: \$ _____

Average spent on gas/maintenance/repairs per month: \$ _____

Do you pay for auto insurance? _____ Monthly payment amount: \$ _____

Do you pay registration? _____ Amount: \$ _____

Provide source or who contributes funds for any of these items listed above (name, address, phone):

7. LAUNDRY & CLEANING SUPPLIES

Do you use a laundromat or onsite laundry facility? _____ Monthly amount: \$ _____

Please list the average amount you or anyone in your household spends on household goods and cleaning supplies per month (toilet paper, paper towels, trash bags, laundry soap, etc.) _____

Provide source or who contributes funds for laundry/cleaning supplies (name, address, phone):

8. CLOTHING, SHOES, ETC.

Please list the approximate amount you or anyone in your household spends on clothing, shoes, accessories, etc.

Monthly amount \$ _____

Provide source or who contributes funds to pay for these items (name, address, phone):

9. ENTERTAINMENT

Do you or does anyone in your household go to movies, eat out and/or participate in sports, recreational or entertainment activities, etc.? _____

If so, monthly amount: \$ _____

Provide source or who contributes funds to pay for these expenses (name, address, phone):

10. PETS

Are there any pets in the household? _____

If so, monthly amount spent for pet food, veterinarian bills, pet toys, etc.: \$ _____

Provide source or who contributes funds to pay for these expenses (name, address, phone):

11. OTHER EXPENSES NOT LISTED ABOVE (i.e., credit cards, medical costs, loans, etc.)

Are there any other expenses for this household? _____

Please list any other expenses: \$ _____

Provide source or who contributes funds to pay for these expenses (name, address, phone):

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or representative of the U.S. government. HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above.

Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

I, _____, (print name) certify that I have answered all the questions fully and truthfully to the best of my knowledge. I understand that NCHC will attempt to verify some or all my statements. I understand that NCHC will count as annual income the amount(s) that I stated on this form. I understand my reporting requirements and the "Penalties for Misusing this Consent" statement above.

Applicant/Participant Name: _____ Date: _____

Head of Household Signature: _____ Date: _____



**Acknowledgment of Reporting Requirements for the North Coast Housing
Connections Housing Choice Voucher Program**

I understand that as a condition of participation and continued participation in the North Coast Housing Connections (NCHC) Housing Choice Voucher Program, **I am required to report all changes in household income, in writing, within thirty calendar days.**

Income to be reported includes, but is not limited to, the following:

- Employment (Wages, Salary, Tips, Commissions)
- Child Support (Received)
- Alimony (Received)
- Social Security (SSA), Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI)
- OWF Cash Assistance/TANF
- Self-Employment (Net income from services or business activities)
- Digital/Peer-to-Peer Income (e.g. income received through platforms such as eBay, Facebook Marketplace, Amazon Flex, Etsy, or other gig-economy services)
- Monetary gifts from friends or family to help with household expenses

I am also required to submit all banking information. Banking information includes but is not limited to the following: *Must show name and current balance or if the account is closed*

- Checking and/or savings financial institutions
- Credit Unions
- Cash App
- Venmo
- Zelle
- Chime
- Direct Express
- Prepaid Accounts

Changes in Family Composition

I understand I must also report if any person moves into or out of my unit. I must obtain prior written approval from NCHC and the landlord before adding any new member to the household (except by birth, adoption, or court-awarded custody).

I understand that any misrepresentation of income, assets, or household composition or any failure to report changes within the thirty-calendar day window constitutes a violation of program obligations. This may result in repayment of overpaid housing assistance, termination of participation in the Housing Choice Voucher Program, and/or referral for prosecution under Federal and State law.

By signing below, I acknowledge that I have read, understand, and agree to abide by these reporting requirements.

Head of Household Signature

Date

Other Adult Member Signature

Date

Other Adult Member Signature

Date



Family Obligations

The following describes the responsibilities of a Housing Choice Voucher program participant with North Coast Housing Connections (NCHC). If you or your family members fail to meet these responsibilities, you may be terminated from the Housing Choice Voucher Program (HCVP) and may be denied HCVP rental assistance in the future.

1. The family must supply any information that NCHC or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status (as provided by 24 CFR 982.551). "Information" includes any requested certification, release or other documentation.
2. The family must supply any information requested by NCHC or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
3. The family must disclose and verify Social Security Numbers (as provided by 24 CFR 5.216) and must sign and submit consent forms for obtaining information in accordance with 24 CFR 5.230.
4. All information supplied by the family must be true and complete.
5. The family is responsible for a Housing Quality Standard breach caused by the family as described in 982.404(b). Following are three types of breaches:
 - Failure to pay for any utilities for which family is responsible per the lease signed by the owner and the family.
 - Failure to maintain appliances for which the family is responsible per the lease signed by the owner and the family.
 - Failure to correct/have corrected/rectify tenant caused damages beyond "normal wear and tear."
6. The family must allow NCHC to inspect the unit at reasonable times and after reasonable notice.
7. The family may not commit any serious or repeated violation of the lease.
8. The family must notify the owner, at the same time, notify NCHC before the family moves out of the unit or terminates the lease upon notice to the owner.
9. The family must promptly give NCHC a copy of any owner eviction notice.
10. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
11. The composition of the assisted family residing in the unit must be approved by the NCHC. The family must promptly inform the NCHC of the birth, adoption or court-awarded custody of a child. The family must request, in writing, NCHC approval to add any other family member as an occupant of the unit.
12. The family must promptly notify the NCHC if any family member no longer resides in the unit.
13. If NCHC has given approval, a foster child or a live-in aide may reside in the unit. If the family does not request approval or NCHC approval is denied, the family will not allow a foster child or live in aide to reside with the assisted family.
14. Members of the household may engage in legal profit making activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family.
15. The family must not sublease or sublet the unit.
16. The family must not assign the lease or transfer the unit.
17. The family must supply any information or certification requested by NCHC to verify that the family is living in the unit or relating to family absence from the unit, including any NCHC requested information



North Coast Housing Connections

1440 Rockside Road, Suite 306, Parma, Ohio 44134

Phone (216) 661-2015 • Fax (216) 661-2021

or certification on the purposes of family absences. The family must cooperate with NCHC for this purpose.

- 18. The family must promptly notify NCHC in writing of absence from the unit.
- 19. The family must not own or have any interest in the unit.
- 20. (A) The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the Federal housing program.

(B) The house members may not engage in drug-related criminal activity, violent criminal activity, and other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises, or is subject to lifetime sex offender registration. The members of the household must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. An assisted family, or members of the family, may not receive HCVP tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) Federal, State or local housing assistance program.

(C) Any adult not included on the 50058 who has been in the unit more than fifteen (15) consecutive days, or a total of sixty (60) days in a 12-month period, will be considered to be living in the unit as an unauthorized household member.

(D) Program participants must report all changes in income to the NCHC between annual re-exams. Household members reporting zero income who subsequently obtain income will be required to report the change in income within 10 calendar days and complete the interim certification process.

You must report (within 30 calendar days) in writing of ANY changes in your family size and/or income. Income includes all employment earnings, welfare, social security, disability, lump sum payments, lottery winnings, child support, unemployment or workers compensation, pensions, net income from business, regular contributions or gifts, etc. FAILURE TO REPORT CHANGES MAY RESULT IN BACK PAYMENTS OF RENT AND POSSIBLE TERMINATION OF HOUSING ASSISTANCE.

I have read and been given the opportunity to discuss HUD's revised family obligation. I understand that NCHC is authorized to cancel housing assistance to my family for failure to comply with the above mentioned Family Obligations.

X _____
Head of Household

X _____
Other Adult

X _____
Other Adult

X _____
Other Adult

X _____
Date

X _____
Date

X _____
Date

X _____
Date



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Release of Information

By my signature below, I hereby authorize North Coast Housing Connections (NCHC) to verify all information I have provided to the housing authority relating to my application or continued assistance in NCHC housing programs.

I understand and agree that this authorization and/or the information obtained with this authorization may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also authorize NCHC to share information with and obtain information from other Federal, State or Local agencies, individual(s) or professionals as deemed necessary in the provision of assisted housing and in administering and enforcing program rules and policies in accordance with HUD Regulations.

Previous Landlords
Courts
Post Offices
Current Landlords
Schools & Colleges
Law Enforcement Agencies

Utility Companies
Banks & Financial Institutions
Creditors & Credit Bureaus
Welfare Agencies, Social Service Offices
Veterans' Affairs & Offices

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my initial eligibility for and continued participation in the Housing Choice Voucher Program that NCHC administers and that I am participating in.

I agree that a photocopy of this authorization may be used for the above stated purposes. The original of this authorization is on file with NCHC.

This Release of Information is valid for a period of fifteen (15) months form the date of my signature.

X _____
Head of Household
X _____
Applicant/Participant
X _____
Applicant/Participant
X _____
Applicant/Participant

X _____
Date
X _____
Date
X _____
Date
X _____

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

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

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

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

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

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household’s income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



Consent for Release of Criminal Background Check

I understand and give North Coast Housing Connections (NCHC) permission to retrieve my criminal background record activities as part of their initial and subsequent annual certification processing for the Housing Choice Voucher Program (HCVP). Additionally, I understand that NCHC has discretion to collect this information at any time that they have reason to believe that any household member has engaged in violent criminal and/or drug related activities or other activities that must be considered when determining initial and ongoing eligibility in the HCVP.

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my initial eligibility for and continued participation in the HCVP that NCHC administers and that I am participating in.

I agree that a photocopy of this authorization may be used for the above stated purposes. The original of this authorization is on file with NCHC.

This Release of Information is valid for a period of fifteen (15) months from the date of my signature.

My signature below confirms that I am certifying my consent for the release of information to NCHC.

X _____
Head of Household

X _____
Date

X _____
Applicant/Participant

X _____
Date

X _____
Applicant/Participant

X _____
Date

X _____
Applicant/Participant

X _____
Date

INFORMED CONSENT FORM

I/We authorize the State Workforce Agency¹, which is also the state unemployment insurance agency, to access and release information about my/our employment² and wages³ (Wage Information) from my/our Unemployment Insurance records to Verify4, which will send the information to North Coast Housing Connections, the entity from which I am (we are) seeking housing as an applicant or as a participant recertifying my income. This authorization is for this applicant/participant screening purpose only and shall continue to be in effect for the term of the housing subsidy and is solely for the purpose of confirming my/our wage and employment history. I/We understand that my/our refusal to consent to this particular Verify4 service shall not be the basis for the denial of the housing or my continued assistance and that my/our decision to disclose is voluntary and not required by law. However, refusal to sign this Informed Consent Form does not prohibit North Coast Housing Connections from verifying my/our income and employment through other means as is required by the US Department of Housing and Urban Development (HUD).

_____ Name of Primary Applicant	_____ Date	_____ Name of Co-Applicant or Spouse	_____ Date
_____ Other Household Member	_____ Date	_____ Other Household Member	_____ Date
_____ Other Household Member	_____ Date	_____ Other Household Member	_____ Date

¹ The State Workforce Agency in Ohio is the Ohio Department of Job and Family Services (ODJFS).

² Employment History is the portion of the state workforce agency's records that identifies the individual by name and social security number, and shows where that individual worked (including the name and address of the employer) and for what period of time the individual worked there (the number of weeks during the quarter that the employer reported paying the individual wages).

³ Wage History is the portion of the state workforce agency's records that shows the wages or remuneration that the employer reported paying to an individual during a particular calendar quarter.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

DECLARATION OF CITIZENSHIP

February 9, 2024

PLEASE COMPLETE THIS FORM AND RETURN TO:

North Coast Housing
Connections
1440 Rockside Rd., Suite 306
Parma, OH 44134

Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.



Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant’s entitlement to the document has been verified.

Please call at to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family’s rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.





NOTICE OF MINIMUM RENT

Minimum rent refers to the minimum total tenant payment (TTP) and includes the combined amount a family pays toward rent and/or utilities when it is applied.

“Subject to minimum rent” means the minimum rent was the greatest figure in the calculation of the greatest of 30% of monthly-adjusted income, 10% of monthly income or minimum rent.

The Housing Choice Voucher Program (HCVP) will notify all families subject to minimum rents of their right to request a minimum rent hardship exemption.

MINIMUM RENT HARDSHIP EXEMPTION REQUESTS

A family may request an exception to the minimum rent based on financial hardship. Two types of exemptions may be granted:

TEMPORARY HARDSHIP:

The qualifying financial hardship is temporary in nature. A minimum rent will not be imposed for a period of up to 90 days from the first day of the month following the family’s request for exemption. At the end of the temporary suspension period, the minimum rent will be imposed **RETROACTIVELY** to the time of suspension. The family will be offered a reasonable **repayment agreement**.

LONG-TERM HARDSHIP:

The financial hardship is long-term and falls under one of the qualifying hardship criteria. The family will be exempt from the minimum rent requirements for as long as the hardship continues. The exemption from minimum rent shall apply from the first day of the month following the family’s request for exemption.

Requests must be made on the application form included with this notice and forwarded to NCHC’s manager.

HARDSHIP EXEMPTION CRITERIA

A family’s circumstances must fall under one of the following HUD hardship criteria:

- ☞ The family has lost eligibility or is awaiting an eligibility determination for federal, state, or local financial assistance.
- ☞ The family would be evicted as a result of the imposition of the minimum rent requirement.
- ☞ The income of the family has decreased because of changed circumstances, including: loss of employment, death in the family, and other circumstances as determined by the HCVP or HUD.



North Coast Housing Connections

1440 Rockside Road, Suite 306, Parma, Ohio 44134
Phone (216) 661-2015 • Fax (216) 661-2021

APPLICATION FOR FINANCIAL HARDSHIP EXEMPTION

DATE: _____

HEAD OF HOUSEHOLD NAME: _____

I am applying for an exemption to the minimum rent requirement due to the following financial hardship:
(check one)

- The family has lost eligibility or is awaiting an eligibility determination for federal, state or local financial assistance;
- The family would be evicted as a result of the imposition of the minimum rent requirement; or
- The income of the family has decreased because of changed circumstances, including loss of employment, death in the family, and other circumstances as determined by the NCHC or HUD.

Date Hardship Began: _____

Date Hardship Expected To End: _____

Please describe the circumstances and source of the financial hardship:

Please list all 3rd party sources that can certify the above noted financial hardship exemption. **If possible, please attach supporting documentation pertaining to the financial hardship exemption.**

	NAME	ADDRESS	TELEPHONE # (area code)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I hereby understand that any misrepresentation of information or failure to disclose information on this application may disqualify me from participation in the program, and may be grounds for denial of assistance or termination of assistance. I certify that all information contained on this application is true and complete to the best of my knowledge.

SIGNATURE

DATE

APPROVED

NOT APPROVED

Effective Date: _____

Termination Date: _____

Long term: _____ Short term: _____

RPA Required? _____

Signature/Title of Official

Date

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

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

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

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

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

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

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

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

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

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

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

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

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

10. Location of incident(s): _____

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

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

Signature _____ Signed on (Date) _____

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

North Coast Housing Connections¹

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Housing Choice Voucher Program** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **the Housing Choice Voucher Program** you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

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

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

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

If you are receiving assistance under **the Housing Choice Voucher Program**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **the Housing Choice Voucher Program** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

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

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

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

Moving to Another Unit

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

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

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

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

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

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

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

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

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

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

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

Confidentiality

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

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

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

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

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

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

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

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

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

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

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

For Additional Information

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**.

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

For questions regarding VAWA, please contact **[insert name of program or rental assistance contact information able to answer questions on VAWA]**.

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

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

For help regarding sexual assault, you may contact **[Insert contact information for relevant organizations]**

Victims of stalking seeking help may contact **[Insert contact information for relevant organizations]**.

Attachment: Certification form HUD-5382 **[form approved for this program to be included]**



North Coast Housing Connections

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Phone (216) 661-2015 • Fax (216) 661-2021

Violence Against Women Act (VAWA):

Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

By signing below, I confirm that I have received a copy of the VAWA Notice of Occupancy Rights and a Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking form.

Participant/Applicant/Resident

Signature _____ Date _____

Print Name _____



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Statement of Conformity with the Violence Against Women Act

It is the intention of North Coast Housing Connections to fully comply with the provisions of the Violence Against Women's Act (VAWA). We are fully committed to implementing the provisions of VAWA.