

Emergency Housing Vouchers: Required Documents Reference Guide

TABLE OF CONTENTS

REFERRAL FORM	2	HUD HIERARCHY	16
SPECIAL PROGRAMS REFERRAL FORM	2	EMPLOYMENT.....	17
INSTRUCTIONS FOR REVIEWING THE NEW ADMISSIONS APPLICATION.....	3	SELF-EMPLOYMENT.....	19
OVERVIEW	3	TERMINATION OF EMPLOYMENT	21
APPLICATION PAGE 1: CONTACT AND ACCOMMODATIONS.....	2	SOCIAL SECURITY OR SUPPLEMENTAL SECURITY INCOME (SSI).....	22
APPLICATION PAGE 1: HOUSEHOLD INFORMATION.....	3	TANF OR SSP	24
APPLICATION PAGE 1: HOUSEHOLD INFORMATION (CONTINUED).....	4	UNEMPLOYMENT OR WORKER’S COMPENSATION	26
VERIFICATION OF HOUSEHOLD INFORMATION.....	5	VETERAN’S BENEFITS.....	27
APPLICATION PAGE 2: BACKGROUND QUESTIONS.....	6	CHILD SUPPORT/ALIMONY	28
APPLICATION PAGE 3: EMPLOYMENT INCOME	7	RETIREMENT BENEFITS, ANNUITIES, OR PENSIONS.....	30
APPLICATION PAGE 3: BENEFIT INCOME.....	8	REGULAR CONTRIBUTIONS, SUPPORT, GIFTS, OR PAYMENTS ON BEHALF OF A FAMILY MEMBER	31
APPLICATION PAGE 4: ADDITIONAL INCOME	9	TRUST FUNDS.....	32
APPLICATION PAGE 5: ZERO INCOME INDIVIDUAL FORM.....	10	ZERO INCOME HOUSEHOLD	33
APPLICATION PAGE 5: ASSET INFORMATION	11	ZERO INCOME INDIVIDUAL.....	34
APPLICATION PAGE 6: EXPENSE INFORMATION	12	ASSETS: \$50,000 OR LESS	35
APPLICATION PAGES 7 & 8: AUTHORIZATION FOR THE RELEASE OF INFORMATION	13	ASSETS: MORE THAN \$50,000	36
NON-COMPLIANCE.....	14	UNREIMBURSED MEDICAL INSURANCE PREMIUMS.....	37
REQUESTING ADDITIONAL INFORMATION.....	14	FULL-TIME STUDENT STATUS FOR ADULTS	38
REQUIRED VERIFICATION DOCUMENTS.....	15	OTHER PHA FORMS.....	39
INCOME ELIGIBILITY	15		

REFERRAL FORM

SPECIAL PROGRAMS REFERRAL FORM

When another agency refers applicants to PHA, they must use the Special Programs Referral Form.

Check the **referring agency** has:

1. Put the form on their company letterhead,
2. Entered the Applicant Name and Referral Date,
3. Entered the Special Program to which the Applicant is Referred,
4. Entered the name of the Referring Agency.

Check the **staff person who made the referral** has:

5. Printed and signed their name and provided a contact phone number

Check the **staff person receiving the form** has:

5. Date stamped the form
6. Printed and signed their name

1

<<PLACE ON AGENCY LETTERHEAD>>

Special Programs Referral Form

Instructions: Agencies are requested to complete this form in its entirety and submit it to the Philadelphia Housing Authority when referring applicants for admission to Special Programs within PHA's Housing Choice Voucher program. Referral date and time should be recorded as the date and time the referring agency made the applicant referral to the Philadelphia Housing Authority.

TO BE COMPLETED BY REFERRING AGENCY:

2

Applicant Name _____ Referral Date _____

3

Special Program to which Applicant is Referred _____

4

Referring Agency _____

5

Case Worker Name _____ Case Worker Signature _____ Telephone _____

By signing this form I acknowledge and certify that this applicant meets the eligibility requirements for the Special Program to which the applicant is referred as stated in the Memorandum of Agreement with the Philadelphia Housing Authority or in the regulatory requirements for the specific program.

For PHA Office Use Only

6

Date Stamp
(Date of Receipt from Referring Agency)

7

PHA Staff Name _____ PHA Staff Signature _____

INSTRUCTIONS FOR REVIEWING THE NEW ADMISSIONS APPLICATION

OVERVIEW

The instructions in this document are to assist staff when reviewing the *New Admissions Application* and conducting an eligibility interview. The goal of this guide is to:

- Ensure the family is eligible for participation in the HCV program, including that they:
 - Qualify as a family as defined by PHA;
 - Have income at or below specified income limits;
 - Qualify on the basis of citizenship or the eligible immigration status of family members;
 - Provide all required documents, including:
 - **VERIFICATION OF HOUSEHOLD INFORMATION**,
 - **REQUIRED VERIFICATION DOCUMENTS**, and
 - **OTHER PHA FORMS** as applicable; and
 - Consent to PHA's collection and use of family information.
- Ensure the Application has been completely and correctly filled out, signed, and dated;
- Note where any eligibility issues have been identified, and follow up as required;
- Compare the applicant reported information to the **REQUIRED VERIFICATION DOCUMENTS** section to determine whether all reported income, expenses, and deductions have been correctly reported and verified, and to request further documentation as needed; and
- Timely and accurately complete all processing steps for the application.

The screenshot shows the 'APPLICATION INSTRUCTIONS' section of the PHA Housing Choice Voucher Program New Admission Application-MTW form. It includes contact information for PHA, sections for 'HEAD OF HOUSEHOLD', 'ADDRESS', 'HEAD OF HOUSEHOLD CONTACT INFORMATION', and 'LANGUAGE'. The 'YOUR FAMILY' section features a table with columns for Name, Relationship to HOH, Gender, Date of Birth, Social Security Number, Race, Citizenship Status, Disabled, and Full-Time Student?. Below the table are questions about family size changes and a space to describe changes.

**PHA HOUSING CHOICE VOUCHER PROGRAM
NEW ADMISSION APPLICATION-MTW**

APPLICATION INSTRUCTIONS

If you have any questions or need assistance in completing the application, please contact PHA via email at hcv.eligibility@pha.phila.gov or by phone at (215) 684-4300. You may also visit the PHA Website for more information at: www.pha.phila.gov/housing/housing-choice-voucher

HEAD OF HOUSEHOLD

FIRST AND LAST NAME: _____

ADDRESS

ADDRESS: _____ APARTMENT # (if applicable): _____

CITY/STATE: _____ ZIP: _____

HEAD OF HOUSEHOLD CONTACT INFORMATION

PHONE: _____ EMAIL: _____

LANGUAGE

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

**1
YOUR FAMILY**


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

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

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

Briefly describe change: _____

Page 1 of 7 HCV New Admission Application 03/2020

	
APPLICATION INSTRUCTIONS	
If you have any questions or need assistance in completing the application, please contact PHA via email at hcveligibilty@pha.phila.gov or by phone at (215) 684-4300. You may also visit the PHA Website for more information at: www.pha.phila.gov/housing/housing-choice-voucher	
HEAD OF HOUSEHOLD	
FIRST AND LAST NAME:	
ADDRESS	
ADDRESS:	APARTMENT # (if applicable):
CITY/STATE:	ZIP:
HEAD OF HOUSEHOLD CONTACT INFORMATION	
PHONE:	EMAIL:
LANGUAGE	
What language do you prefer for communication with PHA? If not English, please specify in the next box.	Preferred Language:

Enter information in Elite.

- As applicable:
- Enter the family's **preferred language** in Elite.
 - Follow PHA's Language Assistance Plan (LAP).

APPLICATION PAGE 1: HOUSEHOLD INFORMATION

1

YOUR FAMILY

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

Name <small>List Head of Household (HOH) First</small>	Relationship to HOH	Gender	Date of Birth <small>MM/DD/YYYY</small>	Social Security Number	Race	Citizenship Status <small>refer to Declaration of Citizenship Form for more information</small>	Disabled <small>Y/N</small>	Full-Time Student? <small>Y/N</small>
1	2		3	4				

Enter this information in Elite.
Double-check your entries using the **VERIFICATION OF HOUSEHOLD INFORMATION** provided.

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

5 Briefly describe change: _____

1. Ensure everyone's **name** is entered and matches their name on their Social Security number verification document.

In determining the subsidy standard for each household, consider:

2. Each person's **relationship to the HOH**,
3. Each person's **gender**,
4. Where there are minors, each person's **age**.
 - When entering each person's **date of birth**, ensure the date matches the verification provided; and
5. Whether there is an **expected change in family size**.

1 YOUR FAMILY								
List all persons who will live with you in the unit. If there are more than (10) ten household members, please list them on a separate sheet of paper. Every individual and family admitted to the HCV program must meet all program eligibility requirements. This includes any individual approved to join a household after the family has been admitted to the program. Families must provide any information needed by PHA to confirm eligibility and determine the level of the family's rental assistance.								
Name List Head of Household (HOH) First	Relationship to HOH	Gender	Date of Birth MM/DD/YYYY	Social Security Number	Race	Citizenship Status refer to Declaration of Citizenship Form for more information	Disabled Y/N	Full-Time Student? Y/N
	Head			6		7	8	9
Do you expect a change in your family size? If yes, when? _____								
Briefly describe change: _____								

6. Ensure the **Social Security number** entered into Elite for each person matches the verification provided.

7. Ensure each person's **citizenship status** is correctly entered in Elite. Also:

- Ensure each family member has completed, signed, and dated a **DECLARATION OF CITIZENSHIP STATUS FORM** (parents/guardians must sign for minors);
- For any family member claiming status as an eligible non-citizen:
 - Follow the guidance under **VERIFICATION OF HOUSEHOLD INFORMATION**; and
 - Ensure their Alien Registration number is entered into Elite.

8. If anyone reports they are **disabled**:

- Ensure PHA has obtained verification of their disabled status;
- Upon receipt or confirmation of verification of disability, ensure Elite reflects that they are disabled.

9. If any adult (other than the head, co-head, or spouse) reports they are a **full-time student**:

- Ensure PHA has current verification of their full-time student status in the participant file (see **FULL-TIME STUDENT STATUS FOR ADULTS**);
- Upon receipt or confirmation of verification of their status, ensure Elite reflects that they are a full-time student.

VERIFICATION OF HOUSEHOLD INFORMATION

Obtain the following **permanent documents** for each household member (except where noted):

Required Verification	Description of Requirements/Acceptable Documents
1. Proof of Age	<ul style="list-style-type: none"> • Birth certificate • Passport • Driver's license • Social Security letter
2. Photo ID (adults only)	<ul style="list-style-type: none"> • Clear, valid government-issued photo ID (i.e., driver's license, passport)
3. Social Security Number	<ul style="list-style-type: none"> • An original Social Security card issued by the Social Security Administration • Any of the following, provided they show the full Social Security number: <ul style="list-style-type: none"> ○ Social Security benefit letter, ○ Welfare agency documents, ○ Military papers, ○ Unemployment insurance documents.
4. DECLARATION OF CITIZENSHIP STATUS FORM	<ul style="list-style-type: none"> • Each adult must complete, sign and date the form • For minors, their parent/guardian must complete, sign and date the form on their behalf • For any family member who claims status as an eligible non-citizen who is under the age of 62: <ul style="list-style-type: none"> ○ Obtain a copy of their Permanent Resident card or other allowable verification of their eligible non-citizen status, AND ○ Run SAVE verification for the household member. • For any family member claiming status as an eligible non-citizen who is 62 or older, obtain verification of their age (do NOT run SAVE).
5. APPLICATION PAGES 7 & 8: AUTHORIZATION FOR THE RELEASE OF INFORMATION	<ul style="list-style-type: none"> • Each adult must complete, sign and date the form

2

YOUR BACKGROUND QUESTIONS

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

Are you or any member of your household subject to a lifetime state sex offender registration program in any state? [] Yes [] No

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

Name _____ State _____

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

If yes, list the household member name below:

Name of household member: _____

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

If yes, list the household member name below:

Name of household member: _____

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

If yes, list the household member name below:

Name of household member: _____

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

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

If yes, please describe the accommodation needed:

For each question, ensure the family checked "yes" or "no".

If the family checked "yes" to any background question:

- Ensure they provided any additional information required, and
- Contact your Team Lead for review.

For the last question, if the family is requesting a **reasonable accommodation**, provide the family with the *Reasonable Accommodation Request Form*. Follow reasonable accommodation verification procedures.

Remember to **redact any identifying medical information** provided by the family prior to placing the form in the family's file.

**3
YOUR HOUSEHOLD INCOME**

You must list below or provide verification of income and benefit information for all members of your household. All verification documents dated within **60 days** when returning this application to PHA.

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

CURRENT EMPLOYMENT INFORMATION

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

For each job reported, if any section has been left blank, have the family enter the missing information.

Compare employment income reported here to the verification provided by the family.

If the family has not reported each current job, but they have provided verification documents for the job, have the family add the information to the Application.

In reviewing **verification provided by the family**, consider:

- Has income from each job been verified per **REQUIRED VERIFICATION DOCUMENTS**?
- Is the verification provided sufficient (i.e., correct number of current, consecutive pay stubs for the frequency of pay)?
- Does the verification indicate any income discrepancies that need to be resolved (i.e., annualized pay from pay stubs is less than the amount earned YTD on the most recent pay stub)? If so, request further verification.

APPLICATION PAGE 3: BENEFIT INCOME

Social Security or Supplemental Security Income (SSI):			
Household Member	Type of Income	How much do you receive each month?	
Public Assistance (TANF or Welfare) or State Supplement Program (SSP), the State paid portion of the SSI benefit			
Household Member	Type of Income	How much do you receive?	How often do you receive it?
Unemployment or Worker's Compensation			
Household Member	Type of Income	How much do you receive?	How often do you receive it?
Veteran's Benefits			
Household Member	Type of Income	How much do you receive?	How often do you receive it?

For each income source reported, if any section has been left blank, have the family enter the missing information.

Has each income source been correctly verified per the **REQUIRED VERIFICATION DOCUMENTS?**

If a family is receiving **public assistance** and it is verified through CIS, check the CIS printout to see if the family is also receiving any **child support income** (see next page).

- Reminders:**
- For each family member receiving SSI and/or SSP, ensure they are coded as disabled in Elite.
 - If a family member is receiving SSI, check to see if they are receiving **SSP** as well.
 - Receipt of disability payments from the VA is **not** sufficient verification of disability for purposes of a deduction. If the family member reports being disabled, third-party verification of their disability may be needed.

APPLICATION PAGE 4: ADDITIONAL INCOME

Court-Ordered Child Support/Alimony			
Household Member	Type of Income	How much do you receive?	How often do you receive it?
Non-Court Ordered Child Support/Alimony (Voluntary)			
Household Member	Type of Income	How much do you receive?	How often do you receive it?
Retirement Benefits, Annuities, or Pensions			
Household Member	Type of Income	How much do you receive?	How often do you receive it?
Regular Contributions, Support, Gifts, or Payments Made on Your Behalf (i.e., person who does not live with you pays your cell phone bill or buys you groceries)			
Household Member	Type of Income	How much do you receive?	How often do you receive it?
Trust Funds			
Household Member	Type of Income	How much do you receive?	How often do you receive it?
Other Income not listed above			
Household Member	Type of Income	How much do you receive?	How often do you receive it?

For each income source reported, if any section has been left blank, have the family enter the missing information.

If the family has not reported each current income source (i.e., per the CIS printout), have the family add the information to the Application.

Has each income source been correctly verified per the **REQUIRED VERIFICATION DOCUMENTS**?

For a family reporting **regular contributions**, remember to follow the verification hierarchy: self-certification cannot be used unless higher forms of verification have been attempted (and documented) first. See **REGULAR CONTRIBUTIONS, SUPPORT, GIFTS, OR PAYMENTS ON BEHALF OF A FAMILY MEMBER**.

APPLICATION PAGE 5: ZERO INCOME INDIVIDUAL FORM

Zero Income Individual Form

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

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

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

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

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

If the household reports at least some income, but contains **one or more adults who have zero income**, they must print and sign their name, and date the applicable section of the application. Follow requirements under **ZERO INCOME INDIVIDUAL**.

If the entire household (including any sole-member household) reports **zero income**, each adult must print and sign their name, and date the applicable section of the application.

Also ensure that:

- The head of household completes the **Financial Hardship Worksheet** (one form per household); check that:
 - Each question on the form is answered,
 - If any question is answered as “yes”, that verification has been requested from the family,
 - The head of household signs and dates the form; and
- All requirements under **ZERO INCOME HOUSEHOLD** are followed.



FINANCIAL HARDSHIP WORKSHEET

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

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Head of Household Name _____ Client ID Number _____

1. At the present time, do you or any member have income from any source? Yes No
If you answered yes, you must list the income source and amount: _____
2. When was the last time you had any source of income? _____
3. What was the source of that income? _____
4. Do you receive cash assistance to pay for your utility bills? Yes No
If you answered yes, you must indicate the source, amount received and the frequency. _____
5. Do you receive cash assistance to pay for groceries, cable, phone, car or any other expenses? Yes No
If you answered yes, you must indicate the amount received and the frequency? _____
6. How will you pay for rent and utilities? _____
7. How will you pay for food and clothing? _____
8. How will you pay for medical expenses? _____
9. How will you pay for your transportation expenses? _____

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

Tenant Signature _____ Date _____

**4
YOUR ASSETS**

Complete the table below:
 If the Face Value of your Combined Assets is \$50,000 or Less complete the Self-Certification of Assets below.
 If the Face Value of your Combined Assets is **greater than \$50,000** review the *Required Documents to Verify Assets* in your New Admission packet, and provide the documents listed there as described.

Self-Certification of Assets

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

For each asset reported, if any section has been left blank, have the family enter the missing information.

If the family has not reported each asset (i.e., pay stubs show direct deposit but family does not report a bank account), have the family add the information to the Application.

If the family's total assets are **\$50,000 or less**, no verification is needed. See **ASSETS: \$50,000 OR LESS**.

If the family's total assets are **more than \$50,000**, each asset must be verified. See **ASSETS: MORE THAN \$50,000**.

5 YOUR EXPENSES

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

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

If the **head, co-head, and/or spouse is disabled and/or aged 55 or older**: for each medical insurance premium reported, if any section has been left blank, have the family enter the missing information.

If the family has not reported a medical expense, but verification from the family indicates otherwise (i.e., SSA letter shows Medicare premium payments paid by the individual but the family has not reported it), have the family add the information to the Application.

If the head, co-head, and/or spouse is **not** disabled and/or aged 55 or older, no verification of any reported medical insurance premium is required.

Has each medical insurance premium been correctly verified? See **UNREIMBURSED MEDICAL INSURANCE PREMIUMS**.

- Reminders:**
- Check the SSA benefit letter to verify if the Medicare insurance premium is being paid by any family member receiving SSA income.
 - Check the pay stubs of any employed family member to verify regular payments for health, dental, or vision insurance through their employer.

APPLICATION PAGES 7 & 8: AUTHORIZATION FOR THE RELEASE OF INFORMATION

7
AUTHORIZATION FOR THE RELEASE OF INFORMATION

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

- Determine initial toward rent and ut and that these ben
- Administer and er
- Analyze utility co
- Comply with HUD
- Assist in managin the accuracy of th

Who Must Sign the
 Each member of your from new adult memb for or receive assista

- Section 8 Tenant I
- Section 8 Project I

Failure To Sign the
 Your failure to sign th eligibility or terminat requested by PHA, in Security Numbers of eligibility. Failure to termination of assista

Information That M
 Information requests:

- Social Security Nu
- Credit History and
- Employment, Inco
- Tax Return Inform
- Family Compositi
- Status
- Federal, State, Tri
- Disability, Handic
- Accommodation
- Handicapped Assi

Those That May Rel
 Any individual, gover Information while thi

- Banks and Other F
- Courts
- Credit Bureaus
- Employers (Part a
- Landlords
- Law Enforcement
- Schools and Colle
- State Employment
- U.S. Social Secur

Page 7 of 8

Pages 7 and 8 are PHA's version of the Authorization for the Release of Information. This replaces the Form HUD-9886 for all MTW households.

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

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

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

Authority:
 Pursuant to Title 24, Part 5 of HUD's Code of Federal Regulations, the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 20004), the Housing and Community Development Act of 1987 (42 U.S.C. 3543), the Fair Housing Act (42 U.S.C. 3601-19), Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993, each member of the family of an assistance applicant or participant who is at least 18 years of age, and each family head and spouse regardless of age, shall sign a consent form authorizing HUD and/or PHA to request information to determine initial eligibility, eligibility for continued assistance and level of assistance.

Uses of Information to be Obtained:
 HUD and PHA are required to protect the information obtained in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released, except as permitted or required by law. PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

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

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

Consent:
 I authorize the release of any information as described above, about me and my family, at all times while this Authorization remains in effect to PHA, HUD, and/or their agents (including documentation and other materials). I agree that photocopies of this Authorization may be used for the purposes stated above. I understand that information obtained by means of this Authorization will be used exclusively for the purposes stated above, and that the information will be released to others only as reasonably appropriate to further such purposes, unless otherwise provided by law. This authorization will expire 40 months after the date of execution.

I/We understand that if any of the information I/ve have reported on this application changes, prior to lease up in the HCV program, I/ve must report it to PHA within 30 days.

Date: _____

Head of Household Signature	Spouse Signature
Co-Head Signature	Other Family Member over age 18 Signature
Other Family Member over age 18 Signature	Other Family Member over age 18 Signature
Other Family Member over age 18 Signature	Other Family Member over age 18 Signature

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

Page 8 of 8
HCV New Admission Application
03/2020

Ensure the bottom of page 8 is dated.
 Ensure each adult in the household has signed at the bottom of page 8.

Date: _____

Head of Household Signature	Spouse Signature
Co-Head Signature	Other Family Member over age 18 Signature
Other Family Member over age 18 Signature	Other Family Member over age 18 Signature
Other Family Member over age 18 Signature	Other Family Member over age 18 Signature

NON-COMPLIANCE

REQUESTING ADDITIONAL INFORMATION

- Additional information may be needed from the family, including:
 - Answers to all questions on the form (i.e., the family left a question blank or only partially provided information);
 - Providing appropriate verification (i.e., obtaining a sufficient number of consecutive pay stubs).
- If the Application is incomplete, have the head of household complete the appropriate sections.
- If additional information is needed from the family, or if all adult household members are not present at the interview:
 - Reschedule the family for a new appointment; and
 - Inform the family as to what additional documents are needed.

REQUIRED VERIFICATION DOCUMENTS

INCOME ELIGIBILITY

Follow the **HUD HIERARCHY** to verify the household's income, assets, and deductions. Compare the household's gross annual income (NOT their adjusted income) to the income limits for the household's size. Determine which income category the family qualifies for, and send your determination to the Leasing Coordinator or Team Leader for review and approval:

- **Extremely low income:** a family whose income does not exceed 30% of AMI per the Income Limits handout each year, adjusted for family size;
- **Very low income:** a family whose annual income does not exceed 50% of AMI, adjusted for family size;
- **Low income:** a family whose annual income does not exceed 80% of AMI (except as noted below), adjusted for family size **AND** meets at least one of the following:
 - Family currently resides in a PHA public housing development, but is being displaced due to modernization, rehabilitation, RAD conversion or other reasons due to no fault of the family;
 - Family resides in an "expiring use" development;
 - Family resides in a housing development which is eligible for the receipt of Enhanced Vouchers according to applicable law, and may be eligible for the Section 8 program provided that the household gross income does not exceed 95% of area median income.
 - Family is "continuously assisted" under the 1937 Housing Act; that is, they are already receiving assistance under any 1937 Housing Act program at the time the family is admitted to the HCV program;
 - Family qualifies for voucher assistance as a non-purchasing household living in HOPE 1 (public housing homeownership) or HOPE 2 (multi-family housing homeownership) developments, or other HUD-assisted multi-family homeownership programs covered by 24 CFR 248.173; or
 - Family is displaced as a result of the prepayment of a mortgage or voluntary termination of a mortgage insurance contract on eligible low-income housing as defined in 24 CFR 248.101.

If you are unclear whether a family is income eligible for the HCV program, check with your Team Lead.

Income limits by household size are updated each spring, usually in March/April. Use the **current year's income limits** in determining income eligibility for the household.

HUD HIERARCHY

The *Required Verification Documents* guide shows staff the types of verification that may be used. Select verification for your calculations based on the HUD verification hierarchy, using the highest form of verification available, as shown in the table below. The pages that follow outline the verification hierarchy for each type of income the family may report. **All verifications must be dated within 60 days.**

Level	Verification Type	Verification Description	Notes
1.	Enterprise Income Verification (EIV)	HUD's EIV Income Report	This is unavailable at admission; however, this (and the Income Validation Tool , or IVT) must be run within 120 days of submission of the new admission 50058 to PIC. At that time, use this to: <ul style="list-style-type: none"> • Check for unreported or underreported employment, unemployment, and/or Social Security Administration (SSA) income; • Verify all SSA income (Social Security, Dual Entitlement, and SSI), unless it is disputed by the family; • Verify Medicare insurance payments (for individuals that receive Social Security).
2.	Upfront Income Verification (UIV)	Databases such as The Work Number where staff can verify income for a participant directly	Use this to verify income such as employment or child support (where a database may be accessed directly by staff) for each family member.
3.	Third-Party Verification Document	Verification document prepared by the third party and brought in by the family	Examples include paystubs and benefit letters Use this if UIV is unavailable.
4.	Third-Party Verification Form	Verification provided directly to staff by a third party	Example; Third party employment verification forms Use this if UIV and/or third-party documentation is unavailable.
5.	Oral Verification	Phone verification to a third party to obtain or clarify information	Complete oral verification form Use this when no response is received to requests for higher forms of verification or when clarification is needed.
6.	Self-Certification	Statement signed and dated by the family certifying income by amount and frequency	Use this (where allowable) when higher forms of verification are unavailable.

Verification – Employment

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> • Use EIV employment data (within 120 days of lease up) to: <ul style="list-style-type: none"> ○ Validate tenant-reported sources of income – DO NOT USE TO CALCULATE ○ Check for unreported/underreported employment income.
2.	Other UIV Technique	<ul style="list-style-type: none"> • Online pay stubs • Employment databases such as The Work Number (https://www.theworknumber.com/).
3.	Written Third-Party Document	<ul style="list-style-type: none"> • When available use current, consecutive pay stubs: <ul style="list-style-type: none"> ○ 4 pay stubs for weekly pay; ○ 2 pay stubs for bi-weekly or semi-monthly (twice per month) pay; and ○ 2 pay stubs for monthly pay. • If more than the minimum required pay stubs are provided, use only the minimum number required and the most current, consecutive pay stubs provided. • Other acceptable verification: <ul style="list-style-type: none"> ○ Earnings statements indicating gross pay and frequency of pay; ○ W-2 forms; ○ Original letter from the employer including the dates of employment and income information to accurately calculate income.
4.	Written Third-Party Form	<ul style="list-style-type: none"> • Use if written third-party verification is unsuccessful or if further clarification is needed regarding the income. • Send the third-party verification form to the employer.
5.	Oral Third-Party	<ul style="list-style-type: none"> • Use to clarify information provided in writing by third party or as independent verification when written third-party verification is not received in a timely fashion. • Complete the oral verification form and attach the applicable third-party form with answers obtained during the oral verification.
6.	Self-Certification	<ul style="list-style-type: none"> • Use only if higher forms of verification are not available.

EMPLOYMENT

Calculation – Employment

- Use gross income, not net.
- Where applicable, income must be converted to annual amounts by multiplying:
 - Hourly wages by the average number of hours worked per week x 52 weeks (i.e., 2080 hours for a 40-hour work week);
 - Weekly wages by 52;
 - Bi-weekly amounts by 26;
 - Semi-monthly amounts by 24;
 - Monthly amounts by 12.
- When verification documents use a range of hours and/or rates, calculate the **average** number of hours and/or rates from available documentation and use these averages to calculate annual income.
- When pay stubs include overtime, be sure to calculate income using the overtime as applicable.
- **MTW Policy:** For adult full-time students who are not the head, co-head or spouse, exclude all of their **earned** income.
- Exclude employment income for minors, except for an emancipated minor who is the head, co-head, or spouse.

Reminders:

Compare reported income on the Application to the verification provided.

ACME, LLC				Net Pay/Direct Deposit Advice:			\$353.14
Employee #	Employee Name	Location	Advice Date	Period Start	Period End	Advice #	
79263	Angela Ciccarelli	4015	10/09/2020	09/29/2020	10/05/2020	784633	
Earnings		Rate	Hours	Current	YTD	Deductions	
Base Pay		16.53	38	628.14	10896.88	Current	
						YTD	
						Soc Secur 43.12 756.80	
						Medicare 2.42 146.30	
						Fed Inc Tx 43.61 764.15	
						401k 58.54 988.10	
						State Tx 45.31 713.03	
						Fmly Health 82.00 1922.32	
						Net Pay 353.14 5507.00	
Gross Pay				628.14	10896.88	Totals 661.20 10896.88	
ACME, LLC • 1 Box Way • Philadelphia, PA 19133 • (215) 555-1234						Advice Date	Advice Number
						10/09/2020	00784633
Deposit*****No Dollars and 00 Cents*****							
To the account of: Angela Ciccarelli							
Bank of Philadelphia Philadelphia, PA							
DIRECT DEPOSIT ADVICE *** NON-NEGOTIABLE							

SELF-EMPLOYMENT

Verification – Self-Employment

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> Not applicable.
2.	Other UIV Technique	<ul style="list-style-type: none"> Not applicable.
3.	Written Third-Party Document	<ul style="list-style-type: none"> The family member's prior year's federal tax return, including all schedules and attachments, including (as applicable) but not limited to: <ul style="list-style-type: none"> Schedule 1 for Additional Income and Adjustments to Income Schedule C for Profit or Loss from Business; Schedule E for income or loss from rental real estate, royalties, partnerships, S corporations, estates, trusts, and residual interests in REMICs Schedule F for Profit or Loss from Farming; or Business financial statements For self-employed persons working less than one full calendar year: 4 consecutive weekly income statements and 4 weeks of expenses, plus any non-weekly expenses (ex.: Uber, Lyft, DoorDash)
4.	Written Third-Party Form	<ul style="list-style-type: none"> Not applicable.
5.	Oral Third-Party	<ul style="list-style-type: none"> Not applicable.
6.	Self-Certification	<ul style="list-style-type: none"> Use only if higher forms of verification are not available.

Form 1040 (2018) U.S. Individual Income Tax Return. Taxpayer: [Name], SSN: [SSN], Filing Status: [Status]. Total Income: [Amount]. Taxable Income: [Amount]. Total Tax: [Amount].

SCHEDULE 1 (Form 1040) Additional Income and Adjustments to Income. Total Income: \$23,880. Includes interest, dividends, and other income.

SCHEDULE C (Form 1040) Profit or Loss from Business. Net Profit: \$23,880. Includes business expenses and depreciation.

UBER Payment Statement. TOTAL PAYOUT: \$884.46. Period Ending: Tuesday, October 2, 2019 12:00 PM EDT. Includes trip earnings, cancellations, and other payments.

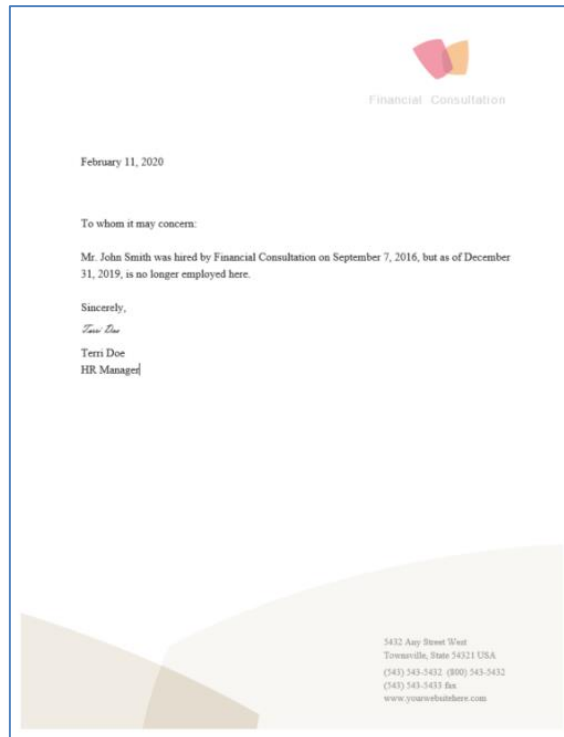
Calculation – Self Employment

- Generally, use the net profit on Schedule C or Schedule E (use the Total line on the appropriate Part) as the annual income from a business.
 - If the net income from a business is negative, enter the business income as \$0; a negative amount will not be used to offset other family income.
- If weekly statements are used:
 - Annualize the gross weekly amount;
 - Annualize any weekly, monthly, and/or annual expenses;
 - Determine the net income by subtracting annualized expenses from the annualized gross amount.
- If the family member claims expenses for any of the following, consult with your supervisor for guidance:
 - Expenditures for business expansion;
 - Amortization of capital indebtedness; and/or
 - Depreciation.

TERMINATION OF EMPLOYMENT

Verification – Termination

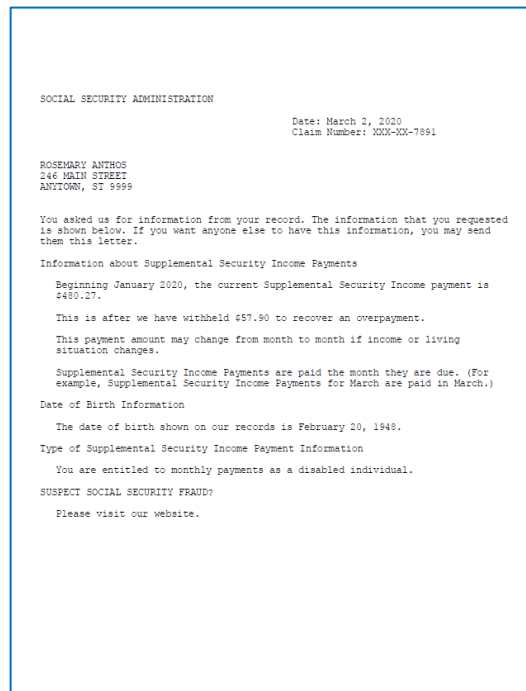
Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> • Not applicable.
2.	Other UIV Technique	<ul style="list-style-type: none"> • Employment databases such as The Work Number (https://www.theworknumber.com/).
3.	Written Third-Party Document	<ul style="list-style-type: none"> • Letter of termination from the employer stating the date of termination.
4.	Written Third-Party Form	<ul style="list-style-type: none"> • Use if written third-party verification is unsuccessful or if further clarification is needed regarding the termination. • Send the third-party verification form to the employer.
5.	Oral Third-Party	<ul style="list-style-type: none"> • Use to clarify information provided in writing by third party or as independent verification when written third-party verification is not received in a timely fashion. • Complete the oral verification form and attach the applicable third-party form with answers obtained during the oral verification.
6.	Self-Certification	<ul style="list-style-type: none"> • Use only if higher forms of verification are not available.



SOCIAL SECURITY OR SUPPLEMENTAL SECURITY INCOME (SSI)

Verification – SSA Income

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> Not applicable. However, within 120 days of lease up, check for unreported/underreported SSA income
2.	Other UIV Technique	<ul style="list-style-type: none"> Not applicable.
3.	Written Third-Party Document	<ul style="list-style-type: none"> Benefit letter (dated within 60 days) from the Social Security Administration (SSA). The client can request a “Proof of Income Letter” by: <ul style="list-style-type: none"> Calling the Social Security Administration at 1-800-772-1213 or Logging onto the Social Security Administration’s website www.ssa.gov. (Click on “My Social Security”).
4.	Written Third-Party Form	<ul style="list-style-type: none"> Not applicable.
5.	Oral Third-Party	<ul style="list-style-type: none"> Not applicable.
6.	Self-Certification	<ul style="list-style-type: none"> Self-certification may NOT be used to verify SS/SSI benefits.



Calculation – SSA Income

- Calculate **Social Security Administration** (Social Security, SSI, Dual Entitlement) income as follows:
 - Use the full monthly (not rounded down) benefit before any deductions;
 - Annualize the full monthly benefit by multiplying by 12.
- **Cost of Living Adjustment**
 - Each year during the month of October, SSA announces the Cost of Living Adjustment (COLA) for SS and SSI benefits (see <http://www.ssa.gov/OACT/COLA/latestCOLA.html>);
 - Effective the day after SSA has announced the COLA, factor in the COLA when determining SS and SSI annual income for all new admissions which have not yet been completed and will be effective January 1st or later of the upcoming year.
- **Overpayments**
 - An overpayment occurs when the Social Security Administration (SSA) pays an individual more than s/he should have been paid; in such a case, use the reduced benefit amount after deducting **only** the amount of the overpayment to calculate income
- **Dual Entitlement**
 - If both spouses work and are eligible for individual Social Security pensions, one spouse can still file for a spousal or widow/er benefit even though he or she is not dependent on the other spouse. This is known as dual entitlement.
 - Dual entitlement benefits are identified under Social Security Benefits on EIV.
 - Include dual entitlement benefits in income unless they are identified as “Benefits Not Paid”.

Verification – TANF or SSP

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> • Not applicable.
2.	Other UIV Technique	<ul style="list-style-type: none"> • If the family’s case number is known: <ul style="list-style-type: none"> ○ Log into the website (https://www.dpwtxns.state.pa.us) and access the CQCBNF inquiry screen, which displays the cash benefits from the State of PA including TANF, General Assistance, and State Supplemental Program. ○ Print all pages from the report. Ensure the time and date is displayed clearly on the printed reports. ○ If the Current Stat indicates “Closed” DO NOT count this income. Otherwise, annualize the monthly amount. ○ Place the printed report in the tenant file.
3.	Written Third-Party Document	<ul style="list-style-type: none"> • Benefit letter from the Department of Human Services (DHS). • Clients obtain benefit letters through: <ul style="list-style-type: none"> ○ “My COMPASS” website www.compass.state.pa.us or ○ The DHS Helpline at 1-800-692-7462 (TTY/TTD at 1-800-451-5886)
4.	Written Third-Party Form	<ul style="list-style-type: none"> • Not applicable.
5.	Oral Third-Party	<ul style="list-style-type: none"> • Not applicable.
6.	Self-Certification	<ul style="list-style-type: none"> • Self-certification may NOT be used to verify public assistance benefits, SSP, and/or unemployment

Calculation – TANF or SSP

- Calculate **Temporary Assistance for Needy Families (TANF)** income as follows:
 - When calculating income, include all public assistance payments received by or on behalf of any family member.
 - Use the monthly amount identified from DPW for public assistance and annualize.
- **Imputed Welfare Income**
 - Include imputed welfare when a welfare agency imposes a sanction that reduces a family’s welfare income because the family commits fraud or fails to comply with economic self-sufficiency or work activities requirements.
 - The imputed income is the amount the family would have received if the family had not been sanctioned.
 - Identify imputed welfare, if any, using the submitted documentation.
 - If the income is sanctioned due to noncompliance, include the income and annualize.
- Calculate **State Supplementary Payment (SSP)**:
 - Use the full monthly (not rounded down) benefit before any deductions;
 - Annualize the full monthly benefit by multiplying by 12;
 - Do **not** apply the SSA COLA to SSP.

Page 1 of 2

My COMPASS Account Benefit Details

01/05/2014 1:24:03 PM

Name: [Redacted] School District: Philadelphia City

Address: [Redacted] Language: English County: [Redacted]

Phone Number: [Redacted] County: Philadelphia County Case Status: Open
 Office: Liberty District

Household Member Information					
Name	Sex	Date of Birth	Citizen Status	Marital Status	
[Redacted]	Female	[Redacted]	US Citizen	Single/Never Married	
[Redacted]	Female	[Redacted]	US Citizen	Single/Never Married	

Medical Preferences
 Current Medical Preference
 Mail Manual

Food Stamps					
Program	Status	Members	Benefit	Next Payment Due	Renewal Date
SNAP (Food Stamps) Benefit	Open 01/02/13	[Redacted]	\$ 347.00 monthly	01/02/14	01/12/15

Cash					
Program	Status	Members	Benefit	Next Payment Due	Renewal Date
TANF	Open 06/20/13	[Redacted]	\$ 222.00 monthly	03/02/14	06/20/15

Healthcare						
Program	Status	Members	Benefit	Managed Care (Physical)	Managed Care (Behavioral)	Renewal Date
Medical Assistance	Open 06/20/13	[Redacted]	Package #2	HP SE	CommunityBH	06/20/15
Medical Assistance	Open 06/20/13	[Redacted]	Package #1	HP SE	CommunityBH	06/20/15

Select Plan for Women

UNEMPLOYMENT OR WORKER'S COMPENSATION

Verification – Unemployment or Worker's Compensation

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> • Not applicable. However, use to validate unemployment benefits – DO NOT USE TO CALCULATE within 120 days of lease up. <ul style="list-style-type: none"> ○ Verification of termination of unemployment benefits is required if the last reported benefit date on the EIV report is within 3 quarters or less from the date the EIV report was run.
2.	Other UIV Technique	<ul style="list-style-type: none"> • Not applicable.
3.	Written Third-Party Document	<ul style="list-style-type: none"> • Worker's compensation benefit letter. • Unemployment letter or statement from the PA Department of Labor and Industry. • To obtain a benefit letter, the family may access the online database: https://www.paclaims.state.pa.us/uccc/LoginBenefitStatus.asp <ul style="list-style-type: none"> ○ The family member will need their Social Security number and PIN to log in; ○ If the family member has not registered for online access to the PA Department of Labor and Industry, registration is available at: https://www.paclaims.state.pa.us.
4.	Written Third-Party Form	<ul style="list-style-type: none"> • Not applicable.
5.	Oral Third-Party	<ul style="list-style-type: none"> • Not applicable.
6.	Self-Certification	<ul style="list-style-type: none"> • Self-certification may NOT be used to verify unemployment benefits.

Calculation – Unemployment or Worker's Compensation

- Calculate **unemployment** income as follows:
 - Annualize the weekly benefit rate to calculate total yearly unemployment income.
 - If there are dependent benefits, include these benefits in the calculation of annual unemployment income.
- Calculate **worker's compensation** as follows:
 - Worker's compensation received as a lump sum payment is considered an asset and is included as asset income.
 - For worker's compensation that is received as payment in lieu of earnings and is **not** a lump sum payment: use the monthly premium and multiple the monthly premium times 12 to annualize.

PHILADELPHIA UC SERVICE CENTER PHILADELPHIA, PA 19114-1008 DEPARTMENT OF PENNSYLVANIA DIVISION OF UNEMPLOYMENT COMPENSATION DATE MAILED: AUG 09, 2010

PHONE NO.: 215-566-6980 FAX NO.: 215-566-6981 OFFICE USE ONLY

NOTICE OF FINANCIAL DETERMINATION

THIS FINANCIAL DETERMINATION ALONE DOES NOT ENTITLE YOU TO BENEFITS. A REVIEW OF YOUR EMPLOYMENT HISTORY AND PRESENT STATUS MUST ALSO BE MADE TO DETERMINE WHETHER YOU MEET ALL OF THE ELIGIBILITY REQUIREMENTS SPECIFIED IN THE LAW.

as of 08/01/10 UC CODE: 3 WAC: 0625 REC: 75 WIA: 0 WIA: 5122 WIA: 2-NS WIA: 0 WIA: 208 WIA: 2 CONTACT: 02925

Dear [REDACTED]:

You recently filed an application for unemployment compensation benefits with the Bureau of UC Benefits and Allowances. This financial determination reviews your most recent quarter earnings to determine your financial eligibility to be based on the wages you were paid and the most recent year's earnings. Your benefit year begins on the first four of the last completed calendar quarter prior to filing your claim which is from APR 01, 2009 to MAR 31, 2010.

Our records show that during your base year, wages were reported by the following employers:

Employer	Employment Start	End	Wages	Benefit Year	Wages	Benefit Year	Wages	Benefit Year	Wages	Benefit Year	Wages
MAIN LINE	03/10/09		4,081	4,878	4,989	5,882	17,824				
			Totals	4,081	4,878	4,989	5,882	17,824	91		

Your weekly benefit rate (WBR) is determined to be \$392 based on a comparison of your highest quarter wages and your total base year wages to the total of full and part-time earnings. Your highest quarter earnings to the nearest dollar on the 3rd quarter of 2009 when you were paid wages of \$4,878. Your total base year wages were \$17,824.

Your benefit year provides you with a 52-week period beginning with the date of your application for unemployment compensation benefits. During this period you may be entitled to benefits for those weeks when you are unemployed and meet the eligibility requirements of the Pennsylvania Unemployment Compensation (UC) Law. Your benefit year begins APR 01, 2010 and ends MAR 31, 2011.

The maximum number of full weeks of benefits you may be eligible to receive is determined by the number of full weeks you are entitled to receive. Since you have 91 full weeks of full-time earnings, you are eligible for 91 full weeks of benefits during your benefit year. Your maximum benefit entitlement during the benefit year is determined by multiplying your weekly benefit rate by the maximum number of full weeks available to you. Your maximum benefit entitlement is \$35,128.

If your work hours are reduced due to lack of work, you may qualify for partial benefits. The partial benefit amount is based on your reduced earnings. If you are receiving a partial benefit, you may be eligible for a partial benefit. You are not eligible for a partial benefit if you are receiving a partial benefit during any week that you are filing for benefits regardless of whether the amount is above or below your weekly benefit rate. For further information about the PDC, see the website link.

Also, you will receive an additional \$4 dependent allowance for each week claimed during your benefit year. This allowance is for dependent(s) for whom you are the primary caregiver. For more information, see the website link. Your benefit year is 2010.

* The Law contains eligibility provisions that apply when the balance in the Unemployment Compensation Trust Fund is low. The balance in the Fund has declined to a level where benefit payments for weeks ending on or after January 2, 2010, must be reduced by 2.5 percent.

Right of Appeal - The last day to timely appeal this determination is AUG 20, 2010. If you disagree with this determination, you may appeal. If you need to file an appeal, you must do so on or before the date shown above. For appeal information and instructions, see enclosed Form UC-47, APPEAL INSTRUCTIONS.

UC-47 REV 10/09 6044 1 CONTINUED ON REVERSE SIDE

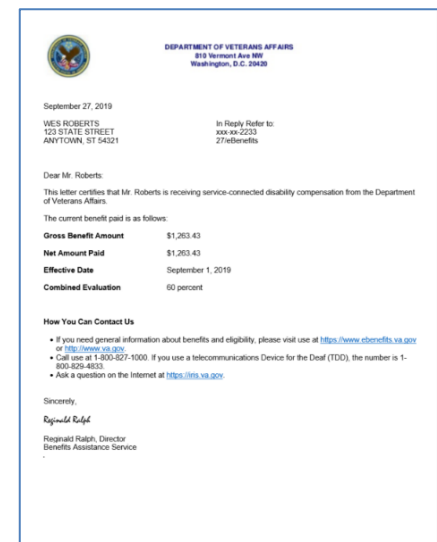
VETERAN'S BENEFITS

Verification – Veteran’s Benefits

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> • Not applicable.
2.	Other UIV Technique	<ul style="list-style-type: none"> • The VA automated call center can be used to verify VA benefits: (800) 827-1000 <ul style="list-style-type: none"> ○ Staff must have the client’s file number or Social Security Number to obtain benefit information. ○ Record the information obtained from the call center on the Oral Verification Form as “UIV – Automated VA Database.” ○ This call center is equivalent to UIV database verification.
3.	Written Third-Party Document	<ul style="list-style-type: none"> • Benefit letter from the U.S. Department of Veterans Affairs (VA). • The family may access the online system via https://www.benefits.va.gov/pension.
4.	Written Third-Party Form	<ul style="list-style-type: none"> • Use if written third-party verification is unsuccessful or if further clarification is needed regarding the income. • Send the third-party verification form to the VA.
5.	Oral Third-Party	<ul style="list-style-type: none"> • Use to clarify information provided in writing by third party or as independent verification when written third-party verification is not received in a timely fashion. • Complete the oral verification form and attach the applicable third-party form with answers obtained during the oral verification.
6.	Self-Certification	<ul style="list-style-type: none"> • Use only if higher forms of verification are not available.

Calculation – Veteran’s Benefits

- Calculate **VA benefits** as follows:
 - Use the verified monthly benefit amount and multiply by 12 to annualize.



Verification – Court-Ordered Child Support/Alimony

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> • Not applicable.
2.	Other UIV Technique	<ul style="list-style-type: none"> • When child support benefits are passed through Department of Public Assistance (DPA), use the DPA Food Stamps CIS screen amount entitled “Support Pass Thru”.
3.	Written Third-Party Document	<ul style="list-style-type: none"> • Transaction log to verify child support income accessed by the family via: https://www.humanservices.state.pa.us/cs/ws/: <ul style="list-style-type: none"> ○ Clients will need their user names and passwords to log in. • When child support benefits are passed through Department of Public Assistance (DPA): benefit statement provided by the tenant (same letter they would provide if they were receiving TAFDC)
4.	Written Third-Party Form	<ul style="list-style-type: none"> • Third-party verification form, signed by client, sent to Family Court. • PHA will send batch requests to Family Court to verify income.
5.	Oral Third-Party	<ul style="list-style-type: none"> • Not applicable.
6.	Self-Certification	<ul style="list-style-type: none"> • Self-certification may NOT be used to verify court-ordered child support or alimony.

Verification – Non-Court-Ordered Child Support/Alimony

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> • Not applicable.
2.	Other UIV Technique	<ul style="list-style-type: none"> • Not applicable.
3.	Written Third-Party Document	<ul style="list-style-type: none"> • Documentation of child support and/or alimony payments, such as: <ul style="list-style-type: none"> ○ Copies of checks/money orders from parent providing payments (4 for weekly, 2 for bi-weekly, or 2 for monthly); ○ Signed and dated letter from the person who is providing the child support or alimony payments.
4.	Written Third-Party Form	<ul style="list-style-type: none"> • Not applicable.
5.	Oral Third-Party	<ul style="list-style-type: none"> • Not applicable.
6.	Self-Certification	<ul style="list-style-type: none"> • Use only if higher forms of verification are not available.

Calculation – All Child Support/Alimony

- Calculate **child support/alimony** income as follows:
 - If actual payments are consistent for the past three months, use the monthly amount and annualize.
 - For example, if biweekly payments for consistent amounts are received, average the biweekly amount paid for the past three months (six entries). Use the averaged amount and multiply by 26 (since biweekly pay) to calculate the annual amount.
 - If actual payments demonstrate inconsistent amounts paid, average the past six full months of payments and annualize.
 - If less than six months are available, use less; however, ensure that the amounts represent full months.
 - When use the transaction log, count the payments entitled “disbursement issued” to calculate child support income.
 - If child support is through DPA, use the monthly benefit and annualize. This information will show up in the CIS report and is usually \$50.

OBLE Financial Obligation Entry MCRUZ 06/25/14 11:23

Case ID: [REDACTED] Case Type: A Case Status: 0 Date Entered: 09/20/14

ORDER ID: [REDACTED] Order Type: \$ Deckat Num: [REDACTED]

Payor: [REDACTED] Mod/ Error:

Payee: [REDACTED] Worker ID: 51457

Periodic Amt this page only: 110.00 Ordered On Amt this page only: 5.00

DEBT TYPE	Alloc Group	Member ID / Name	Periodic Amt Ordered On Amt	Freq	Eff Date	End Date	Normal Arrs Retro Arrs
CSA	<input type="checkbox"/>	[REDACTED]	55.00	M	12/16/13	12/31/15	55.00
CSMEDIV-D	<input type="checkbox"/>	[REDACTED]	2.50	M	12/16/13	12/31/15	303.93
CSA	<input type="checkbox"/>	[REDACTED]	55.00	M	12/16/13	12/31/15	55.00
CSMEDIV-D	<input type="checkbox"/>	[REDACTED]	2.50	M	12/16/13	12/31/15	303.93

03-0909-END OF INQUIRY S-#0003-COMMAND COMPLETED

BACK PREVIOUS NEXT ADD CHANGE

COPINH CIS FOOD STAMP RECURRING BENEFIT INQUIRY 08/14/17 17:04:25

Current Stat: OPEN Operator: Worker: 22747 Page 1

Co Record Cat Pgm Dist Pymt Name Csid Beg: 09/12/17

2263 End: 00/00/00

Chg: 08/10/17

Eligible Persons 06

Earned Income	\$	0.00	1st Recur
Other PA Income	\$	0.00	07/01/17
Public Assistance	\$	611.00	
Support Pass Thru	\$	33.14	
Other Unearned	\$	735.00	Code 14 00 00
Medical	\$	0.00	S/N Y
Dep Care	\$	0.00	
Utility Costs	\$	0.00	Std Type N
Shelter (incl Util)	\$	857.00	
Spt Pmt-Non HH Hbra	\$	0.00	
Net Monthly Income	\$	873.00	
Override Amount	\$	0.00	Override Code
Pre Recoup Amount	\$	648.00	Recoup Code Begin
TBA Amount	\$	0.00	TBA Beg Date 00/00/00 DD Bank ID 555555

Next Trans: Parameters: Del:

RETIREMENT BENEFITS, ANNUITIES, OR PENSIONS

Verification – Retirement Benefits, Annuities, or Pensions

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> • Not applicable.
2.	Other UIV Technique	<ul style="list-style-type: none"> • Not applicable.
3.	Written Third-Party Document	<ul style="list-style-type: none"> • Benefit letter or statement indicating amount and frequency of payments.
4.	Written Third-Party Form	<ul style="list-style-type: none"> • Use if written third-party verification is unsuccessful or if further clarification is needed regarding the income. • Send the third-party verification form (as applicable) to the financial institution or human resources department of the company providing benefits.
5.	Oral Third-Party	<ul style="list-style-type: none"> • Use to clarify information provided in writing by third party or as independent verification when written third-party verification is not received in a timely fashion. • Complete the oral verification form and attach the applicable third-party form with answers obtained during the oral verification.
6.	Self-Certification	<ul style="list-style-type: none"> • Use only if higher forms of verification are not available.

Calculation – Retirement Benefits, Annuities, or Pensions

- Calculate retirement benefits, annuities, or pensions as follows:
 - Multiple the gross benefit amount times the payment frequency.
 - Determine if there will be a cost of living adjustment and factor that into anticipated income.

PERSONAL BENEFIT STATEMENT
This information is as of 03/31/2013

<p>Account Information</p> <p>Total Pension Service Credit: ? 23 Years, 2 Months</p> <p>Total Employee Contributions: \$10,792.09</p> <p>Net Employee Contributions after Loans: \$5,972.71</p> <p>Chapter 8 - 25 Year Date: ? N/A</p> <p>Chapter 8 - Bargaining Unit: ? NON-ALIGNED EMPLOYEES</p> <p>Chapter 78 - 20 Year Date: ? 06/28/2011</p> <p>Membership Tier: ? 1</p> <p>Group Life Insurance Benefits: ? \$223,008.00 <small>Calculated based on 3.0 times your salary</small></p> <p style="text-align: center; font-size: small;">CONTRIBUTORY AND NONCONTRIBUTORY</p>	<p>Personal Information</p> <p>Full Name: MEMBER, JANE</p> <p>Pension Fund and Member ID#: PERS - 012345</p> <p>Date of Enrollment: 02/01/1989</p> <p>Date of Birth: 08/14/1956</p> <p>Gender: F</p> <p>Proof of Age on File with Division of Pensions: ? YES</p> <p>Veteran Status: ? NO</p>
--	--

<p>Estimated Benefits ?</p> <p style="font-size: small;">NOTE: You should not apply for retirement based on these figures.</p> <p>Assumed Retirement Age: 60 Years</p> <p>Assumed Service at Retirement: 27 Years, 7 Months</p> <p>Salary Used to Calculate the Estimated Monthly Service Retirement Allowance: \$74,386.00</p> <p>Estimated Monthly Maximum Retirement Allowance: \$3,114.00 <small>(Based on Pension Service Credit at Assumed Retirement Age)</small></p>	<p>Health Benefits SHBP/SHEBP</p> <table style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th></th> <th>Plan / Plan Level</th> <th>Effective Date</th> <th>Termination Date</th> </tr> </thead> <tbody> <tr> <td>Health:</td> <td>NJ Direct15 / Single</td> <td>08/14/2010</td> <td></td> </tr> <tr> <td>Prescription Drug:</td> <td>Employee Rx (state-acvp) / Single</td> <td>08/14/2010</td> <td></td> </tr> <tr> <td>Dental:</td> <td>Dental Expense Program / Mem/spse-dom Prtn</td> <td>12/27/2003</td> <td></td> </tr> </tbody> </table> <p>Other Benefits ?</p> <p>Deferred Compensation: YES</p>		Plan / Plan Level	Effective Date	Termination Date	Health:	NJ Direct15 / Single	08/14/2010		Prescription Drug:	Employee Rx (state-acvp) / Single	08/14/2010		Dental:	Dental Expense Program / Mem/spse-dom Prtn	12/27/2003	
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Prescription Drug:	Employee Rx (state-acvp) / Single	08/14/2010															
Dental:	Dental Expense Program / Mem/spse-dom Prtn	12/27/2003															

REGULAR CONTRIBUTIONS, SUPPORT, GIFTS, OR PAYMENTS ON BEHALF OF A FAMILY MEMBER

Verification – Regular Contributions, Support, Gifts, or Payments on Behalf of a Family Member

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none">• Not applicable.
2.	Other UIV Technique	<ul style="list-style-type: none">• Not applicable.
3.	Written Third-Party Document	<ul style="list-style-type: none">• Signed and dated letter from the person/organization providing the support, specifying the amount and frequency of payments or contributions.• Copies of checks received by the family or other evidence of payment
4.	Written Third-Party Form	<ul style="list-style-type: none">• Use if written third-party verification is unsuccessful or if further clarification is needed regarding the income.• Send the third-party verification form (as applicable) to the person or organization providing payments/contributions.
5.	Oral Third-Party	<ul style="list-style-type: none">• Use to clarify information provided in writing by third party or as independent verification when written third-party verification is not received in a timely fashion.• Complete the oral verification form and attach the applicable third-party form with answers obtained during the oral verification.
6.	Self-Certification	<ul style="list-style-type: none">• Use only if higher forms of verification are not available.

Calculation – Regular Contributions, Support, Gifts, or Payments on Behalf of a Family Member

- Calculate **regular contributions, support, gifts, or payments on behalf of a family member** as follows:
 - Multiply the total recurring contribution by the payment/contribution frequency.

TRUST FUNDS

Verification – Trust Funds

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> • Not applicable.
2.	Other UIV Technique	<ul style="list-style-type: none"> • Not applicable.
3.	Written Third-Party Document	<ul style="list-style-type: none"> • Account or financial statements completed by a financial institution, broker, or executor of a trust. • Trust documents. • Evidence of payments.
4.	Written Third-Party Form	<ul style="list-style-type: none"> • Use if written third-party verification is unsuccessful or if further clarification is needed regarding the income. • Send the third-party verification form (as applicable) to the financial institution, broker, or executor of the trust.
5.	Oral Third-Party	<ul style="list-style-type: none"> • Use to clarify information provided in writing by third party or as independent verification when written third-party verification is not received in a timely fashion. • Complete the oral verification form and attach the applicable third-party form with answers obtained during the oral verification.
6.	Self-Certification	<ul style="list-style-type: none"> • Use only if higher forms of verification are not available.

Calculation – Trust Funds

- **Revocable trusts.** If any member of the tenant family has the right to withdraw the funds in the account, the trust is considered to be an asset and is treated as any other asset. The cash value of the trust (the amount the family member would receive if he or she withdrew all that could be withdrawn) is added to total net assets. The actual income received is included as actual income from assets.
- **Non-revocable trusts.** If no family member has access to either the principal or income of the trust at the current time, the trust is not included in the calculation of income from assets or in annual income. If only the income (and none of the principal) from the trust is currently available to a family member, the income is counted in annual income, but the trust is not included in the calculation of income from assets.

ZERO INCOME HOUSEHOLD

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

- Employment income or military pay
- Unemployment or worker's comp
- Public assistance/TANF/government grants
- Social Security, SSI, or SSP
- Child support/alimony
- Pension or annuity
- Veteran's benefits
- Gifts, contributions or payments on their behalf
- Trust funds

Verification – Zero Income Household

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> • Run EIV within 120 days of lease up, and then every 180 days to confirm that no income or benefits are received.
2.	Other UIV Technique	<ul style="list-style-type: none"> • Not applicable.
3.	Written Third-Party Document	<ul style="list-style-type: none"> • Obtain as applicable to verify termination of earned income, unemployment benefits, and/or other unearned income or benefits.
4.	Written Third-Party Form	<ul style="list-style-type: none"> • Third-party verification to the Family Court to confirm that no child support is paid (only if the zero income family has minor children in the household and both parent/legal guardians do not reside in the household).
5.	Oral Third-Party	<ul style="list-style-type: none"> • Obtain as applicable to verify termination of income. • Use to clarify information provided in writing by third party or as independent verification when written third-party verification is not received in a timely fashion. • Complete the oral verification form and attach the applicable third-party form with answers obtained during the oral verification.
6.	Self-Certification	<ul style="list-style-type: none"> • If no family member receives any income, the head of household must complete the Financial Hardship Worksheet (see APPLICATION PAGE 5: ZERO INCOME INDIVIDUAL FORM). The head of household may be required to provide information regarding their means of basic subsistence, such as food, utilities, transportation, clothing, etc. • Each adult in the family who is zero income is required to complete, sign, and date the Self-Certification of Zero Income section of the New Admission Application. • Zero income households must report changes in income or benefits, within 30 calendar days of the change.

ZERO INCOME INDIVIDUAL

Verification – Zero Income Individual

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none">• PHA reserves the right to run an EIV check to ensure program integrity.
2.	Other UIV Technique	<ul style="list-style-type: none">• Not applicable.
3.	Written Third-Party Document	<ul style="list-style-type: none">• Obtain as applicable to verify termination of earned income, unemployment benefits, and/or other unearned income or benefits.
4.	Written Third-Party Form	<ul style="list-style-type: none">• Third-party verification to the Family Court to confirm that no child support is paid (only if the zero income family member has minor children in the household and both parent/legal guardians do not reside in the household).
5.	Oral Third-Party	<ul style="list-style-type: none">• Obtain as applicable to verify termination of income.• Use to clarify information provided in writing by third party or as independent verification when written third-party verification is not received in a timely fashion.• Complete the oral verification form and attach the applicable third-party form with answers obtained during the oral verification.
6.	Self-Certification	<ul style="list-style-type: none">• Each adult in the family who is zero income is required to complete, sign, and date the Self-Certification of Zero Income section of the New Admission Application.

ASSETS: \$50,000 OR LESS

Verification – Assets: \$50,000 or Less

Level	Verification Method	Description
1.	EIV	• Not applicable.
2.	Other UIV Technique	• Not applicable.
3.	Written Third-Party Document	• Not applicable.
4.	Written Third-Party Form	• Not applicable.
5.	Oral Third-Party	• Not applicable.
6.	Self-Certification	• The family must complete Self-Certification of Assets section of the Application for Continued Occupancy; additional verification is not required.

Calculation – Assets: \$50,000 or Less

- **MTW Policy:** If the market value of a family's combined assets is \$50,000 or less, the family may self-certify these assets and associated asset income. Income from assets with a market value of \$50,000 or less is not included in annual income.
- If the combined value of the family's assets is \$50,000 or less, **no data entry is required.**

ASSETS: MORE THAN \$50,000

Verification – Assets: More than \$50,000

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> • Not applicable.
2.	Other UIV Technique	<ul style="list-style-type: none"> • Not applicable.
3.	Written Third-Party Document	<ul style="list-style-type: none"> • IRA, pension, stock, or investment account statements • Life insurance policy statement (only whole life insurance is an asset) • Checking and/or savings account: original bank statements or online bank statement • Real estate: most recent mortgage statement
4.	Written Third-Party Form	<ul style="list-style-type: none"> • Use if written third-party verification is unsuccessful or if further clarification is needed regarding the asset. • Send the third-party verification form to the financial institution.
5.	Oral Third-Party	<ul style="list-style-type: none"> • Use to clarify information provided in writing by third party or as independent verification when written third-party verification is not received in a timely fashion. • Complete the oral verification form and attach the applicable third-party form with answers obtained during the oral verification.
6.	Self-Certification	<ul style="list-style-type: none"> • The family must complete Self-Certification of Assets section of the Application for Continued Occupancy.

Calculation – Assets: More than \$50,000

- **MTW Policy:** Calculate imputed asset income when the combined value of the family's assets is greater than \$50,000. To calculate imputed asset income, multiply the face value of all family assets by the current established passbook savings rate. If the market value of a family's combined assets is greater than \$50,000, use HUD hierarchy to verify the assets. Imputed asset income on assets with a combined value greater than \$50,000 is included in annual income.
- If the combined value of the family's assets is over \$50,000, enter the face value of the assets in Elite.
- Where real estate is the asset, use the equity in the property as the face value of the asset.

UNREIMBURSED MEDICAL INSURANCE PREMIUMS

Verification – Unreimbursed Medical Insurance Premiums

Note: Only households where the **head, co-head, and/or spouse is disabled and/or elderly (age 55 and older)** qualify for this expense.

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none"> • Not applicable. However, within 120 days of lease up, check EIV for Medicare insurance premium.
2.	Other UIV Technique	<ul style="list-style-type: none"> • Not applicable.
3.	Written Third-Party Document	<ul style="list-style-type: none"> • Social Security benefit letter for Medicare payments. • Pension statements that include medical insurance premiums. • Insurance premium statements. • Statements from the provider that identify the payments that were made. • Receipts, cancelled checks, pay stubs indicating the health insurance premiums paid. • Original receipts from medical provider showing paid unreimbursed medical expenses. • Original pharmacy printouts that are marked as paid.
4.	Written Third-Party Form	<ul style="list-style-type: none"> • Use if written third-party verification is unsuccessful or if further clarification is needed regarding the premium. • Send the third-party verification form to the insurance agency.
5.	Oral Third-Party	<ul style="list-style-type: none"> • Use to clarify information provided in writing by third party or as independent verification when written third-party verification is not received in a timely fashion. • Complete the oral verification form and attach the applicable third-party form with answers obtained during the oral verification.
6.	Self-Certification	<ul style="list-style-type: none"> • Self-certification may NOT be used to verify medical insurance premiums.

Calculation – Unreimbursed Medical Insurance Premiums

- Calculate medical insurance premium as follows:
 - Use the monthly premium and multiple the monthly premium times 12 to annualize.

FULL-TIME STUDENT STATUS FOR ADULTS

Verification – Full-Time Student Status for Adults

Level	Verification Method	Description
1.	EIV	<ul style="list-style-type: none">• Not applicable.
2.	Other UIV Technique	<ul style="list-style-type: none">• Not applicable.
3.	Written Third-Party Document	<ul style="list-style-type: none">• School records, transcripts, letter from the school administration verifying full-time student status.
4.	Written Third-Party Form	<ul style="list-style-type: none">• Use if written third-party verification is unsuccessful or if further clarification is needed.• Send the third-party verification form to the school.
5.	Oral Third-Party	<ul style="list-style-type: none">• Use to clarify information provided in writing by third party or as independent verification when written third-party verification is not received in a timely fashion.• Complete the oral verification form and attach the applicable third-party form with answers obtained during the oral verification.
6.	Self-Certification	<ul style="list-style-type: none">• Self-certification may NOT be used to verify full-time student status.

Reminder: MTW Exclude all **earned** income for any verified, adult full-time student who is not the head, co-head, or spouse.

DECLARATION OF CITIZENSHIP STATUS FORM



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

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

See next page for footnotes and instructions.

I, _____, certify, under penalty of perjury¹, that, to the best of my knowledge,

(Family Member Name—Please Print)

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

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

(Signature of Family Member)

(Date)

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

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

Ensure each new household member completes, signs, and dates the **Declaration of Citizenship Status** form.

- For minors, the form must be completed, signed, and dated on their behalf by their parent/guardian.

For any new member claiming eligible non-citizen status **under the age of 62:**

- Obtain a copy of their Permanent Resident card or other allowable verification of their eligible non-citizen status, **AND**
- Run SAVE verification for the household member.

For any new member claiming eligible non-citizen status **age 62 or older**, obtain proof of age (no verification of eligible non-citizen status is required).

INTERDEPENDENT RELATIONSHIP/DOMESTIC PARTNERSHIP



PHILADELPHIA HOUSING AUTHORITY
OFFERING DOORS TO OPPORTUNITIES
 2850 GERMANTOWN AVENUE
 PHILADELPHIA, PA 19133
 PHA.PHILA.GOV

OFFICE OF LEASED HOUSING

INTERDEPENDENT RELATIONSHIP/DOMESTIC PARTNERSHIP

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

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

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

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

Name of Other Household Member in the Interdependent Relationship:

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

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

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

Signature of Relationship Member #1 _____ Date _____

Signature of Relationship Member #2 _____ Date _____

PHA Staff Signature _____ Date _____

Approved Denied

Team Lead Signature _____ Date _____

Reason for denial: _____

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

The **Interdependent Relationship/Domestic Partnership** form is used when a family claims an interdependent relationship or domestic partnership.

An interdependent relationship or domestic partnership may exist regardless of the actual or perceived sexual orientation, gender identity, or marital status.

Ensure the form is completed, signed, and dated by both adults claiming the interdependent relationship or domestic partnership.


Staff must obtain verification of the interdependent relationship/ domestic partnership, such as:

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

Send the verification and completed **Interdependent Relationship/ Domestic Partnership** form to the Team Lead for review.

FORM HUD-56275

OMB No. 2577-0266 Expires 10/31/2019



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 recordkeeping 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 No. 2577-0266 Expires 10/31/2019

NOTICE TO APPLICANTS

- Public Housing
- Section 8 Housing
- Section 8 Moderate Income
- Project-Based

The U.S. Department of Housing and Urban Development involuntarily terminates tenancy if a household is not maintained with and their management reduce administrative burden ensuring that the amount of rental assistance is maintained in accordance with HUD regulations at 24 CFR Part 982. HUD requires PHAs to provide a copy of your information and your rights. You are required to acknowledge receipt of this information.

What information is required to be provided?
The following information is required to be provided: birth, and Social Security Number.

The following information is required to be provided voluntarily or in writing:

- Amount of arrearages (i.e. unpaid rent, late fees, such as damages).
- Whether or not you have any other public housing or Section 8 housing.
- Whether or not you have any other public housing or Section 8 housing.
- Whether or not you have any other public housing or Section 8 housing.
- Whether or not you have any other public housing or Section 8 housing.
- The negative information, if any.

08/2013

2

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:

- To have access to your records maintained by HUD, subject to 24 CFR Part 16.
- To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
- To have incorrect information in your record corrected upon written request.
- 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.
- 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		

08/2013 Form HUD-52675

Each adult in the household must complete their own **Form HUD-52675**, Debts Owed to Public Housing Agencies and Terminations.

Each adult must print their name and sign and date the form on the second page.

FORM HUD-92006

OMB Control # 2502-0581
Exp. (02/28/2019)

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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	
Signature of Applicant	Date

The head of household must complete, sign, and date the **Form HUD-92006** (Supplement to Application for Federally Assisted Housing).


If the head of household does not wish to provide the information, they must check the box indicating this, and sign and date the form.

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 to average 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.

Form HUD-92006 (05-09)

VAWA NOTICE


PHILADELPHIA HOUSING AUTHORITY
OFFICE OF BASED HOUSING
3830 CERRANTOWN AVENUE
PHILADELPHIA, PA 19133
PHAPHLAGOV

VIOLENCE AGAINST WOMEN ACT (VAWA) TENANT NOTICE

IMPORTANT NOTICE CONCERNING
HOUSING CHOICE VOUCHER PROGRAM
PARTICIPANT RIGHTS AND OBLIGATIONS
AS THEY RELATE TO THE
VIOLENCE AGAINST WOMEN ACT

In 2013, a law known as the Violence Against Women Act or "VAWA" was reauthorized by Congress. VAWA 2013 provides new protections for victims of domestic violence, dating violence, stalking and sexual assault to applicants of assisted housing, residents of Public Housing and those participating in the Housing Choice Voucher Program.

You should know that:

- Admissions:** If an applicant has been a victim of sexual assault (PHA's Admissions request), this is not an appropriate request for an applicant otherwise qualifies for admission.
- Lease terms:**
 - An incident or incidents of domestic violence, dating violence, stalking or sexual assault will not be considered a violation of the Housing Choice Voucher Program or occupancy rights of the tenant.
 - Additionally, your tenancy will not be terminated if you are a victim of criminal activity, if the criminal activity is related to the stalking or sexual assault under your control, and you are a victim of the incident.

However there are some conditions:

- Your tenancy and/or assistance will be terminated if you demonstrate "an actual violation of the Housing Choice Voucher Program or occupancy rights of the tenant."
- If you claim protection from a perpetrator, or housing assistance, you must address the incident or provide documentation to the PHA.

- Certification:** For certification of Domestic Violence, Dating Violence, Stalking, or Sexual Assault, PHA will also accept either a police report or representative of victim services, or a medical professional, from whom you received treatment for the violence, stalking, or sexual assault. U.S.C. 1746 that the applicant must deliver the certification representative's oral or written certification.
- Confidentiality:** Information provided by you about an incident or incidents of domestic violence, dating violence, stalking or sexual involving you, a member of your household or affiliated individual must be held by the owner, manager, and/or PHA in confidence and not shared without your consent, except that this information may be disclosed in an eviction proceeding or otherwise as necessary to meet the requirements of law.
- Removal of/Termination of Assistance to Perpetrator of Physical Violence:** An owner or manager may terminate the tenancy of and evict a tenant or other lawful occupant, and/or PHA may terminate assistance to a participant in Housing Choice Voucher Program, who engages in criminal acts of physical violence against family members or others. This action may be taken against the individual alone, without evicting, terminating the tenancy of, removing, denying assistance to, or otherwise penalizing other household members.
- Moving to Another Location.** If you reasonably believe you must relocate to protect a member of your household from an imminent threat of harm by domestic violence, dating violence, stalking or sexual assault, PHA may issue you a voucher to permit you to move (port) to another location. PHA may request the certification described above before allowing the move or issuing the voucher.
- For Additional Information:** Please call 215-684-4300.

I HAVE READ AND DO UNDERSTAND THIS INFORMATION

Tenant Signature _____ Date _____

2

The **Violence Against Women Act (VAWA) Notice** must be signed and dated by the head of household.

Give a signed copy of the notice to the head of household along with a copy of the following:

- Form HUD-5380, Notice of Occupancy Rights under the Violence Against Women Act; and
- Form HUD-5382, Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and, Alternate Documentation.