



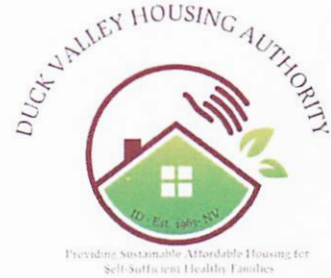
P.O. BOX 129 • OWYHEE, NEVADA 89832



PHONE 775 / 757-3589 • FAX 775 / 757-3746



DUCKVALLEYHOUSING.ORG



Application Checklist

Please return the **completed application** with the following items:

- Copies of Tribal ID's, driver's license, ss cards, for everyone 18 years and older
- Birth Certificates for all minors listed on the application
- Copies of Income verification]
 - SS Benefits Awards Letter
 - Copies of your last four paystubs
 - Documents verifying Child Support

You will receive notice within two weeks regarding the status of your application. All housing assistance provided by the DVHA is subject to federal and state income guidelines.



LIHTC Household Questionnaire

Certification Effective Date: Move-in _____ Recertification _____ Add a member _____ Waiting List _____	Name: _____ Email: _____ Contact # _____	Date & Time Rec'd: _____ Rent Amount: \$ _____
--	---	---

Property Name: _____	Bldg/Unit #: _____
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HOUSEHOLD COMPOSITION

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. **Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.** All Housing Tax Credit Program households must also complete an Annual Student Certification .

	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	DATE OF BIRTH	LAST 4 of the SOCIAL SECURITY NUMBER	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? YES/NO	Tribal Enrollment #	Tribe Name
1		HEAD					
2							
3							
4							
5							
6							
7							
8							

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

HOUSEHOLD INCOME

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification.

Include all full time, part time or seasonal income even if completing this application in the off-season.

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 3.)

YES	NO		<u>Gross Monthly Amount</u>
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
		2. Does any member work for someone who pays them in cash or is self-employed	\$
		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (TANF, GA) Benefits are received by (circle one) direct deposit check cash card	\$
		5. Worker's compensation	\$
		6. Unemployment benefits or severance pay	\$
		7. Student financial assistance (public or private, not including student loans)	\$

LIHTC Household Questionnaire

	8. Child support (Court order or NOT, even if you are not receiving the full amount)	\$
	9. Alimony/Spousal Maintenance	\$
	10. Social Security income (including unearned income of minor children and death	\$
	11. Disability benefits including social security disability	\$
	12. Regular payments from pensions (PERA, railroad, etc.)	\$
	13. Regular payments from retirement benefits	\$
	14. Regular payments from annuities or life insurance dividends	\$
	15. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
	16. Net income from rental property	\$
	17. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$
	18. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
	19. Per Capita from Gaming	\$
	20. Per Capita other than Gaming	\$
	21. Other Income not listed above? Indicate type of income:	\$

HOUSEHOLD ASSETS

<u>YES</u>	<u>NO</u>	<u>DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:</u>	<u>CURRENT BALANCE</u>
		22. Checking Accounts (current balance)	\$
		23. Savings Accounts	\$
		24. Cash cards used to receive government benefits other than income	\$
		25. Balance of EBT Card (Do not include amount received for SNAP)	\$
		26. Stocks	\$
		27. Capital Investments	\$
		28. Bonds	\$
		29. Trusts*	\$
		30. Securities	\$
		31. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$
		32. 401K*	\$
		33. IRA/KEOGH Accounts	\$
		34. Certificates of Deposit	\$
		35. Pension/Retirement/Annuity accounts	\$
		36. Money Market Funds	\$
		37. Treasury Bills	\$
		38. Safety Deposit Box	\$
		39. Online donation accounts such as GoFundMe, Kickstarter, Fundly, local bank, ect	\$
		40. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
		41. Other:	\$

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

YES NO

VALUE

LIHTC Household Questionnaire

<input type="checkbox"/>	<input type="checkbox"/>	42. Do you now own a home or other real estate? If yes, list address(es):	\$
<input type="checkbox"/>	<input type="checkbox"/>	43. Do you receive payments for a home you sold by contract for deed?	\$
<input type="checkbox"/>	<input type="checkbox"/>	44. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment, (wedding rings and personal jewelry do not count)?	\$
<input type="checkbox"/>	<input type="checkbox"/>	45. Are any assets held jointly with another person? List person and asset(s).	
Enter combined cash value of all household assets			\$

DO NOT LEAVE THIS SECTION BLANK.

From **1-45**, **income and assets** above, provide contact information for all "YES" checked items.

All information must be verified.

(If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income and/or asset source	Contact name & phone/fax number

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

I/We hereby certify that I/We ☐Have ☐Have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset & Estimated Market Value	Date Sold/Disposed	Amount Received
			\$
			\$

ADDITIONAL INFORMATION

The following questions pertain to every member of the household.

Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked "YES."

YES **NO**

LIHTC Household Questionnaire

		48. Will any household member, including children, live in the unit on a less than full time basis?
		49. Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
		50. Does any adult member of the household have zero income? If yes, name(s):
		51. Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
		52. Does anyone in your household meet the definition for persons with disabilities? ("Disability" is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.)
		53. Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
		54. Has any member of the household ever served in the U.S. Military?

Explanation for any question answered yes above:

SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

This applicant/resident required assistance in completing the Household Questionnaire due to:

Assistance was provided by: _____

Date: _____

STUDENT SELF-CERTIFICATION

This annual Student Self-Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit No. if assigned: _____

Development Name and Address: _____

Move-in Date if applicable: _____ Effective Date: _____

Check A, B, or C as applicable (note that "students" include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses):

- A. ☐ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed (**Do not answer question 1-5**). Sign and date below.
- B. ☐ Household contains all students but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s) who have not been/will not be a full-time student for five months or more of the current and/or upcoming calendar year. (Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.) Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (**Do not answer question 1-5**). Sign and date below.
- C. ☐ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the Current and/or upcoming calendar year (months need not be consecutive). **If this item is checked, questions 1-5 below must be completed:**

1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return) ☐ Yes ☐ No
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) ☐ Yes ☐ No
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) ☐ Yes ☐ No
4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) ☐ Yes ☐ No
5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) ☐ Yes ☐ No

*Full-time student households that satisfy any one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members aged 18 or older must sign and date.

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Exhibit G Race and Ethnic Data Reporting Form

Name of Property

Unit Number

Address of Property

Type of Assistance/Program Title (HOME, LIHTC, etc.)

Household Members Name(s) (Including Head of Household)						
<i>Ethnic Categories – Check only one</i>						
1) Hispanic or Latino						
2) Not-Hispanic or Latino						
<i>Racial Categories – Check all that apply</i>						
1) American Indian or Alaska Native						
2) Asian						
3) Black or African American						
4) Native Hawaiian or Other Pacific Islander						
5) White						
6) Other						
7) Choose not to respond						

Is Head of Household a woman: Yes ☐ No ☐

Is Head of Household disabled: Yes ☐ No ☐

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

This form is for reporting purposes only
There is no penalty for persons who do not complete the form

Instructions for Exhibit G - Race and Ethnic Data Reporting Form

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Nevada Housing Division.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Housing Division will use this form for gathering race and ethnic data in order to comply with the HUD Tenant Data Collection requirement for all LIHTC, HOME, and NSP funded properties/programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You may mark one or more.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
 6. **Other**
 7. **Choose not to respond** – There is no penalty for refusing to respond

Exhibit NV-1a

TIC Addendum (Attach to TIC)

Project Name: _____ Unit # _____ Move-in date: _____

Initial Certification ☐ Recertification ☐ Transfer? No ☐ Yes ☐ From Unit # _____

1. **STUDENTS:** Are all members of the household Students? Yes ☐ No ☐

If yes, the Student Certification form (Exhibit NV-3) must be completed.

2. **CHILD SUPPORT/ALIMONY:** Does any household member anticipate or receive child support and/or alimony? Yes ☐ No ☐

If yes, the Affidavit of Alimony/Child support (Exhibit NV-2f) must be completed with supporting verification attached. See chapter 7(E)(5) of the NHD Compliance Manual.

3. **ASSETS:** Are total household assets \$5,000 or more? Yes ☐ No ☐

If yes, all assets must be third party verified.

I certify that the information provided above is true to the best of knowledge and belief; and that by providing false information I forfeit the lease and my eligibility to reside at this housing facility.

Note: All adult household members must sign and date.

Dated this ___ day of ____, 20____ Effective as of the ___ day of ____, 20____

Signatures of Applicant(s)/Resident(s):

Signature of Authorized Property Representative

Date

EXHIBIT NV-2 EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANGEMENT AND EXECUTED BY TENANT

To: (Name & Address of Employer)

Date: _____

Re: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please use **GROSS** amounts and do not leave any sections blank; enter zero "0" or "None" if applicable

Employee Name: _____ Job Title: _____

Presently Employed: ☐ Yes Date First Employed: _____ ☐ No Last Date of Employment: _____

Current Gross Wages/Salary: \$ _____ (check one below) Average # of regular hours per week: _____

☐ Hourly | ☐ Weekly | ☐ Bi-weekly | ☐ Monthly | ☐ Semi-monthly | ☐ Yearly | ☐ Other _____

Year-to-date gross earnings: \$ _____ from _____ through _____
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one below) Included in Y-T-D figure above? ☐ Yes ☐ No

☐ Hourly | ☐ Weekly | ☐ Bi-weekly | ☐ Monthly | ☐ Semi-monthly | ☐ Yearly | ☐ Other

If other is checked please describe/explain: _____

List any anticipated increase in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

Does the employee participate in a 401(k) Retirement account? ☐ Yes ☐ No Can employee access the account? ☐ Yes ☐ No

If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional Remarks _____

Employer's Signature

Employer's Printed Name and Title

Date

Employer (Company) Name

Address

Phone #

Fax #

Email

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

EXHIBIT NV-2i
UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Household Name: _____ Unit No. _____

Development Name: DVHA Project NV 6-22 City: Owyhee, NV 89832

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. ☐ I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant _____ Date _____ Applicant/Tenant _____ Date _____

CONNECT

DISCONNECT

SERVICE _____ ACCOUNT # _____

NAME _____

IN SIGNING HERE BELOW, I CERTIFY THAT I AGREE TO THE
TERMS AND CONDITIONS OF GENERAL POLICY #305
(MEMBER ACCOUNTING PRACTICES)

DATE _____ NAME _____

DATE OF TRANSFER _____

METER #						
MOD ID #						
MAKE/MODEL						
FORM						
VOLTS						
MULTIPLIER						
METER TYPE (CIRCLE ONE)	KWH	KW	TOU	KWH	KW	TOU
A KWH						
A KW						
B KWH						
B KW						
<input type="checkbox"/> Energized <input type="checkbox"/> Not Energized <input type="checkbox"/> JUNK <input type="checkbox"/> RETIRE						

REMARKS _____

C.T. SERIAL NO. _____

W.O. NUMBER _____

VOLTAGE _____ VISUAL INSPECTION _____

DATE WORKED _____ BY _____

CONNECT

DISCONNECT

SERVICE _____ ACCOUNT # _____

NAME _____

IN SIGNING HERE BELOW, I CERTIFY THAT I AGREE TO THE
TERMS AND CONDITIONS OF GENERAL POLICY #305
(MEMBER ACCOUNTING PRACTICES)

DATE _____ NAME _____

DATE OF TRANSFER _____

METER #						
MOD ID #						
MAKE/MODEL						
FORM						
VOLTS						
MULTIPLIER						
METER TYPE (CIRCLE ONE)	KWH	KW	TOU	KWH	KW	TOU
A KWH						
A KW						
B KWH						
B KW						
<input type="checkbox"/> Energized <input type="checkbox"/> Not Energized <input type="checkbox"/> JUNK <input type="checkbox"/> RETIRE						

REMARKS _____

C.T. SERIAL NO. _____

W.O. NUMBER _____

VOLTAGE _____ VISUAL INSPECTION _____

DATE WORKED _____ BY _____

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Duck Valley Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	
Head of Household:	_____	Kayden Gibson	Date: _____
Spouse:	_____		Date: _____
Adult Member:	_____		Date: _____
Adult Member:	_____		Date: _____
Adult Member:	_____		Date: _____

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

For Office use only: ☐ Initial ☐ Annual ☐ Interim Occupancy Specialist _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER 2501-0014

exp. 1/31/2014

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

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

The Duck Valley Housing Authority
P.O. Box 129
Owyhee, NV 89832
Ph: 775-757-3589 Ext. 106
Contact Person: Mary Prior

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

LEASE ADDENDUM
VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
--------	----------	--------------------

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date

**VIOLENCE, DATING VIOLENCE
OR STALKING**

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

OMB Approval No. 2502-0204
Exp. 6/30/2017

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Tenant

Date

Landlord

Date

Form HUD-91067
(9/2008)