60 YEARS OF SERVICE
P.O. BOX 129 · OWYHEE, NEVADA 89832
PHONE 775 / 757-3589 · FAX 775 / 757-3746
DUCKVALLEYHOUSING.ORG

DUCK VALLEY HOUSING AUTHORITY
ID - Est. 1963 - NV
Providing Sustainable Affordable Housing for Self-Sufficient Healthy Families

Application Checklist

- ☐ Must be Completed *and* Signed by ALL Members of the Household that are 18 and older or an Emancipated Minor.
- ☐ Copy of Tribal I.D., birth certificates, and ss cards for everyone in the household

INCOME VERIFICATION (of all household members 18 and older):

☐ Copy of the last four most Current Pay Stubs	☐ Not applicable
☐ Copy of Social Security Award Letter	☐ Not applicable
☐ Copy of VA or Retirement Check Stubs	☐ Not applicable
☐ Copy of TANF/GA/Welfare Check Stubs	☐ Not applicable
☐ Worker's Compensation Check Stubs	☐ Not applicable

ADDITIONAL INFORMATION REQUESTED (If Applicable)

- ☐ **Criminal/Drug Charge** (provide documentation all court requirements have been met)
- ☐ **Probation/Parole** (letter of compliance from Probation/Parole Officer)
- ☐ **Registered Violent/Sexual Offender** (proof of registration)
- ☐ **Temporary/Joint Custody** (provide Court Ordered Documentation)

LIHTC Household Questionnaire

Certification Effective Date:	Applicant to Complete	Date & Time Rec'd:
Move-in _____ Recertification_____ Add a member _____ Waiting List_____	Name: _____ Email: _____ Contact # _____ Mailing Address: _____	_____ Rent Amount: $_____

Property Name:	Bldg/Unit #:

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		Gross Monthly Amount
		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

YES		NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
			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

		42. Do you now own a home or other real estate? If yes, list address(es):	$
		43. Do you receive payments for a home you sold by contract for deed?	$
		44. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment, (wedding rings and personal jewerly do not count)?	$
		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:** _____

State of Nevada
Department Of Business and Industry
Nevada Housing Division

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)						
Ethnic Categories – Check only one						
1) Hispanic or Latino						
2) Not-Hispanic or Latino						
Racial Categories – Check all that apply						
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

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

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
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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

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	Veterans Administration
	Welfare Agencies	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.

	SIGNATURES	PRINTED/TYPED NAME	
Head of Household:	_____		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 _____

OMB Control Number: 2577-0295
Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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

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

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

The Duck Valley Housing Authority
P.O. Box 129
Owyhee, NV 89832
Attn: Mary Prior, Compliance

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

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

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

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

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

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

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

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

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

Sources of Information to be Obtained

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

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

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

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

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

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

Signatures:

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

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

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

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

ASSET SELF-CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.
(Complete only one form per household; include assets of children.)

For the following asset types, include the current Cash Value of **each** asset held by any family member and the actual income that the asset earns. *Cash value is ***current*** **market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc**.***

Household Name: _____ **Unit #:** _____

Part I: Assets Disposed of for Less Than Fair Market Value (FMV)					
☐ Yes ☐ No	Within the past two (2) years, I/we have sold or given away assets for more than $1,000 below their fair market value (FMV)				
Asset #1:		Date of Disposal:		FMV – amt received:	
Asset #2:		Date of Disposal:		FMV – amt received:	

Part II: Federal Tax Return or Refundable Federal Tax Credit	
Have you received a federal tax return or refundable federal tax credit in the last 12 months?	☐ Yes ☐ No
Amount of return/credit:	**$**

Part III: Non-Necessary Personal Property (NNPP)

☐ **Yes** ☐ **No** **I/we do not have any non-necessary personal property.**

Type of Asset	(A) Cash Value	(B) Annual Income	Type of Asset	(A) Cash Value	(B) Annual Income
Cash on Hand	$	N/AP	Cryptocurrency	$	$
Pre-paid Debit Card (including Govt. Benefits)	$	N/AP	Money Market / CD	$	$
Checking/Savings	$	$	Annuities	$	$
Checking/Savings	$	$	Brokerage Account	$	$
Savings	$	$	Stocks/Bonds	$	$
Internet based assets (Cash App, Venmo, Paypal etc.	$	$	Other:	$	$
Whole Life Insurance	$	$	Other:	$	$

Non-Account Based

Possessions not generally held in an account, such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars collectibles (e.g. stamps, jewelry, coins, and artwork), and equipment/machinery that is not used to generate income for a business.

Description	(A) Cash Value
	$
	$
	$
	$

Part IV. Real Property

☐ **Yes** ☐ **No** **I/we do not have any real property.**

Description of Property	(C) Cash Value	(D) 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.

Signature of Applicant/Tenant _____ Date _____ Signature of Applicant/Tenant _____ Date _____

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

Duck Valley Housing Authority
P.O. Box 129
Owyhee, NV 89832

Office: (775) 757-3589 Fax: (775) 902-2211

Employment Income Verification

Employers Name: _____ Phone #: _____

Address: _____ Fax #: _____

_____

The Applicant/Tenant named below has applied for occupancy in one of our homes or is a current tenant. Due to the requirements of our various funding sources, we must verify all income and assets for this person and their household to determine eligibility. Please complete the following information and return it as soon as possible to the DVHA Office via mail or fax.

DVHA Representative: _____

Applicant/Tenant Release Statement

Applicant/Tenant Name: _____ Social Security #:_____
I hereby authorize the release of the following information to determine my eligibility for occupancy in a unit managed by the Duck Valley Housing Authority. Please complete this form in full and return to the DVHA at your earliest convenience.

Signature: _____ Date: _____

This Section to be Completed by Employer

Please do not leave any sections blank; enter zero "0" or N/A

Employee Name: _____ Job Title_____

Presently Employed: [ ] Yes [ ] No Employment Start Date:_____ Last Date of Employment (if applicable):_____

Current Wage/Salary: $_____ (check one):
[ ] Hourly [ ] Weekly [ ] Bi-Weekly [ ] Monthly [ ] Semi-Monthly [ ] Yearly [ ] Other

Average # of Regular Hours Per Week: _____

Year-to-Date Earnings: $_____ from (mm/dd/yy) _____through (mm/dd/yy) _____

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

Shift Differential: $_____ per hour Average of differential hours per week: _____

Commissions, Bonuses, Tips, Other: $_____ (check one):
[ ] Hourly [ ] Weekly [ ] Bi-Weekly [ ] Monthly [ ] Semi-Monthly [ ] Yearly [ ] Other

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

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

Additional Remarks:

_____

_____

Employer's Printed Name:_____ Employer's Signature:_____ Date _____

Your assistance in completing this form accurately and timely is greatly appreciated!