



Partners in Progress

Dear Applicant:

Thank you for your interest and desire to take advantage of our Housing Assistance and self-sufficiency program at "The Villages at Lincoln".

Thanks to a 1999 HOPE VI Grant from the Department of Housing and Urban Development, housing assistance at the Villages at Lincoln will not be a permanent residence, but a platform for families and individuals to achieve economic self-sufficiency. Therefore, in order to be considered, every head of household, except disabled or 62 and older, must agree to participate in the Family Self-Sufficiency (FSS) Program by signing a five-year Contract of Participation and developing an Individual Service and Training Plan (ISTP). With the assistance of a FSS Coordinator, an ISTP will be created for all adult members of the household and it will spell out the specific goals and objectives necessary for the economic self-sufficiency of your family. Additionally, participants will be linked to the services available in the Roanoke Valley that can help you and your family members obtain the appropriate education, job training and supportive services needed to meet your self-sufficiency goals.

Please read the instructions carefully and complete all the necessary information on the Application forms. After you have completed the Application forms, please return your application in person or by mail to The Villages at Lincoln or to the RRHA Central Office located at 2624 Salem Turnpike NW, Roanoke, Virginia 24017. Once we have received your application forms, your name will be placed on the pending list(s) and an interview will be scheduled for you to complete the verification process.

We are looking forward to serving your needs.

Roanoke Housing Authority

Public Housing Developments

AMP	Public Housing Development	Breakdown of Bedroom Size Per Development						Total Units
		Studio	1 BR	2 BR	3 BR	4 BR	5 BR	
201	Lansdowne Park 2624 Salem Turnpike, NW Roanoke, Virginia 24017 Lisa Reynolds, Site Manager (Phone) 540-983-9282 (Fax) 540-345-5180 **A separate application must be completed for this site	0	54	148	78	20	0	300
202	Villages at Lincoln 1801 Dunbar Street, NW Roanoke, Virginia 24012	0	41	72	48	4	0	189
215	Crystal Colston, Site Manager (Phone) 540-983-9224 ext.3 (Fax) 540-983-7342	0	0	0	24	0	0	
259	Hunt Manor 802 Hunt Avenue, NW Roanoke, Virginia 24012 Justina Megginson, Site Manager (Phone) 540-983-9228 (Fax) 540-983-9264 **A separate application must be completed for this site	0	24	32	28	0	12	96
	Bluestone Park 2617 Bluestone Avenue, NE Roanoke, Virginia 24012 Justina Megginson, Site Manager (Phone) 540-983-9278 (Fax) 540-265-1370 **A separate application must be completed for this site	0	10	22	32	10	2	76
206	Melrose Towers 3038 Melrose Avenue, NW Roanoke, Virginia 24017 Lisa Saunders, Site Manager (Phone) 540-983-9249 (Fax) 540-983-9288 *Elderly and Disabled Only **A separate application must be completed for this site	126	70	16	0	0	0	212
207	Jamestown Place 1533 Pike Lane, SE Roanoke, Virginia 24014 Angie Lamprinakos, Site Manager (Phone) 540-427-1286 (Fax) 540-427-0939 **A separate application must be completed for this site	0	20	34	70	18	8	150
208	Morningside Manor 1020 13 th Street, SE Roanoke, Virginia 24013 Angie Lamprinakos, Site Manager (Phone) 540-983-9223 (Fax) 540-527-1099 *Elderly and Disabled Only **A separate application must be completed for this site	64	41	0	0	0	0	105
210	Indian Rock Village 2034 Indian Village Lane, SE Roanoke, Virginia 24013 Lisa Saunders, Site Manager (Phone) 540-983-9275 (Fax) 540-983-9239 **A separate application must be completed for this site	0	8	16	36	14	6	80
	Scattered Sites 2034 Indian Village Lane, SE Roanoke, Virginia 24013 Lisa Saunders, Site Manager (Phone) 540-983-9275 (Fax) 540-983-9239 **A separate application must be completed for this site	0	1	44	8	0	0	53

RRHA cannot estimate wait time. Prior to submitting your application, please contact the Development you wish to be considered for housing to make sure the waitlist is not closed.

Application Instruction for Public Housing

This is not a Section 8 application and cannot be used for the Housing Voucher program.

Instructions: Please read Carefully. Incomplete applications will not be processed.

1. This application is valid for all public housing properties operated by the Housing Authority
2. To be qualified for admission to public housing all family members must:
 - (a) Be a family as defined in Roanoke Redevelopment and Housing Authority (RRHA) Admission and Continued Occupancy policy;
 - (b) Meet the HUD requirements on citizenship or immigration status;
 - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in RRHA offices.
 - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
 - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a RRHA-approved pre-occupancy orientation session, if requested to do so;
 - (f) Pay any money owed to RRHA or any other housing authority;
 - (g) Not have had a lease terminated by RRHA or other Public Housing, Indian Housing, Section 23 or any Section 8 program in the past 36 months because of drug-related criminal activity;
 - (h) Be able and willing to comply with the Housing Authority lease; and
 - (i) Meet the screening requirements related to Credit and Criminal History.
3. Complete applications will be entered on the pending wait list in the order received. Each applicant will be contacted by mail for a full application interview.
4. Applicants with disabilities may seek assistance with the completion of the application at any of the RRHA apartment locations.
5. PHA will conduct a criminal record check on all applicants age 18 years and older.
6. Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.
7. Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.
8. At your interview, you will be required to provide Photo I.D. for all household members 18 or older.
9. Be prepared to provide proof of birth/birth certificate for all household members under the age of 18 and over the age of 62.

******IMPORTANT******

After you have completed all the necessary information on the Application forms, please return your application in person or by mail to The Villages at Lincoln or to the RRHA Central Office located at 2624 Salem Turnpike NW, Roanoke, Virginia 24017.



The Housing Authority is an Equal Housing Provider



The Roanoke Redevelopment and Housing Authority complies with the Fair Housing Act and provides reasonable accommodations/modifications to persons with disabilities.

Notice to all Applicants:

Reasonable Accommodations for Applicants with Disabilities

The Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, disabled families, and single people. The City of Roanoke Redevelopment and Housing Authority (RRHA) is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, RRHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is a structural change that can be made to a unit or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to make effective use of our programs. Examples of reasonable accommodations would include:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a family development where the size of dog is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with RRHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the RRHA's applicant screening criteria

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the RRHA, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with RRHA that is your right.



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

Purpose This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing the Application When you give your answers to application questions, you **must** include the following information:

Income

- All sources of money you and any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stocks, etc.);
- Earnings from second job or part-time job.
- Any anticipated income (such as a bonus or pay raise you expect to receive)

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
 - The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.
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Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate
 - When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
 - Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.
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Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You **must** report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job, and/or benefits, etc., for all household members.
 - Any move in or out of a household member; and
 - All assets that you or your household members own and any asset that was sold in the last 2 years for less than its full value.
-

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
 - Do not pay any money to move up on the waiting list.
 - Do not pay for anything not covered by your lease.
 - Get a receipt for any money you pay; and,
 - Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).
-

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is impossible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to the HUD-OIG HOTLINE, (GFI), 451 Seventh Street, S.W., Washington, DC 20410.

EXHIBIT 16-1: SAMPLE NOTICE TO PUBLIC HOUSING APPLICANTS AND TENANTS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA)

This sample notice was adapted from a notice prepared by the National Housing Law Project.

A federal law that went into effect in 2006 protects individuals who are victims of domestic violence, dating violence, and stalking. The name of the law is the Violence against Women Act, or “VAWA.” This notice explains your rights under VAWA.

Protections for Victims

If you are eligible for public housing, the housing authority cannot refuse to admit you to the public housing program solely because you are a victim of domestic violence, dating violence, or stalking.

If you are the victim of domestic violence, dating violence, or stalking, the housing authority cannot evict you based on acts or threats of violence committed against you. Also, criminal acts directly related to the domestic violence, dating violence, or stalking that are caused by a member of your household or a guest can’t be the reason for evicting you if you were the victim of the abuse.

Reasons You Can Be Evicted

The housing authority can still evict you if the housing authority can show there is an *actual* and *imminent* (immediate) threat to other tenants or housing authority staff if you are not evicted. Also, the housing authority can evict you for serious or repeated lease violations that are not related to the domestic violence, dating violence, or stalking against you. The housing authority cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

Removing the Abuser from the Household

The housing authority may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the public housing unit. If the housing authority chooses to remove the abuser, it may not take away the remaining tenants’ rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, the housing authority must follow federal, state, and local eviction procedures.

Proving That You Are a Victim of Domestic Violence, Dating Violence, or Stalking

The housing authority can ask you to prove or “certify” that you are a victim of domestic violence, dating violence, or stalking. It must give you at least 14 business days (i.e., Saturdays, Sundays, and holidays do not count) to provide this proof. The housing authority is free to extend the deadline. There are three ways you can prove that you are a victim:

- Complete the certification form given to you by the housing authority. The form will ask for your name, the name of your abuser, the abuser’s relationship to you, the date, time, and location of the incident of violence, and a description of the violence.
- Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing “under penalty of perjury.”
- Provide a police or court record, such as a protective order.

If you fail to provide one of these documents within the required time, the housing authority may evict you.

Confidentiality

The housing authority must keep confidential any information you provide about the violence against you, unless:

- You give written permission to the housing authority to release the information.
- The housing authority needs to use the information in an eviction proceeding, such as to evict your abuser.
- A law requires the housing authority to release the information.

If release of the information would put your safety at risk, you should inform the housing authority.

VAWA and Other Laws

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

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

For Additional Information

If you have any questions regarding VAWA, please contact the Site Manager at the property at which you reside or are applying for housing assistance.

For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).

Definitions

For purposes of determining whether a public housing applicant or tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines ***domestic violence*** to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse of the victim
- A person with whom the victim shares a child in common
- A person who is cohabitating with or has cohabitated with the victim as a spouse
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies
- Any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction

VAWA defines ***dating violence*** as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines ***stalking*** as (A)(i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person OR (ii) to place under surveillance with the

intent to kill, injure, harass, or intimidate another person AND (B) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person, (ii) a member of the immediate family of that person, or (iii) the spouse or intimate partner of that person.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING

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

OMB Approval No. 2577-0249
Exp. (02/28/2014)

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 (“VAWA”) protects qualified tenants, participants, and applicants, and family members of tenants, participants, and applicants, who are victims of domestic violence, dating violence, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

Use of Form: This is an optional form. A PHA, owner or management agent presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence or stalking (herein referred to as “Victim”) has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A Federal, State, tribal, territorial, or local police or court record; or
- (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional’s belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or management agent. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, management agent or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form, the PHA, owner or management agent cannot require any additional evidence from the Victim.

Confidentiality: All information provided to a PHA, owner or management agent concerning the incident(s) of domestic violence, dating violence, or stalking relating to the Victim shall be kept confidential by the PHA, owner or management agent, and such details shall not be entered into any shared database. Employees of the PHA, owner, or management agent are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING:

Date Written Request Received by Victim: _____

Name of Victim: _____

Names of Other Family Members Listed on the Lease: _____

Name of the Perpetrator: _____

Perpetrator’s Relationship to Victim: _____

Date(s) the Incident(s) of Domestic Violence, Dating Violence or Stalking Occurred: _____

Location of Incident(s):

Description of Incident(s) (This description may be used by the PHA, owner or management agent for purposes of evicting the perpetrator. Please be as descriptive as possible.):

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature _____ Executed on (Date) _____

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or management agents to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.



“The Village at Lincoln”

THE CITY OF ROANOKE REDEVELOPMENT
AND HOUSING AUTHORITY
2624 SALEM TURNPIKE, NW
ROANOKE, VA 24017

Management Department

For Office Use Only

Client # _____
Site Location: _____
Application Date: _____
Bedroom Size: _____

1. LAST NAME:		FIRST NAME:		MIDDLE INITIAL (MI):	
2. CURRENT STREET ADDRESS:			CITY, STATE, ZIP		3. TELEPHONE #:
4. NAME AND ADDRESS OF PRESENT LANDLORD:				5. TELEPHONE #:	
6. HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS:					7. OWN: <input type="checkbox"/> RENT: <input type="checkbox"/>
YEARS: _____ MONTHS: _____					
8. MONTHLY RENT OR MORTGAGE: \$ _____			9. DOES THIS AMOUNT INCLUDE UTILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
10. IF LESS THAN TWO (2) YEARS AT PRESENT ADDRESS, GIVE PREVIOUS ADDRESS					
11. NAME AND ADDRESS OF PREVIOUS LANDLORD:					

B. LIST ALL FAMILY MEMBERS WHO WILL BE LIVING WITH YOU. (PLEASE INCLUDE YOURSELF AND ALL FULL-TIME STUDENTS)

1. LAST NAME	2. FIRST NAME	3. MI.	4. RELATION	5. SEX	6. BIRTHDATE	7. SSN	8. BIRTH PLACE

C. INCOME *preference

1. NAME	2. SOURCE OF INCOME	3. ADDRESS OF EMPLOYER/PROVIDER	MONTHLY INCOME

D. ASSETS (Checking Accounts, Savings Accounts, CD's, Stocks, Bonds, Real Estate, etc.)

1. OWNER OF ASSET	2. DESCRIPTION OF INCOME	3. NAME OF BANK, OR BANKING INSTITUTION	4. AMOUNT

E. ALLOWANCES (PRESCRIPTIONS, HEALTH INSURANCE, MEDICAL BILLS, ETC.)

1. NAME	2. DESCRIPTION	3. AMOUNT

F. DO YOU PAY CHILD CARE EXPENSES NO YES, HOW MUCH? \$_____

G. 1. DO YOU PRESENTLY LIVE IN SUBSIDIZED HOUSING? NO YES Explain: _____
2. HAVE YOU EVER LIVED IN SECTION 8 HOUSING? NO YES Explain: _____
3. HAVE YOU EVER LIVED IN PUBLIC HOUSING? NO YES, GIVE ADDRESS(ES) AND MOVE OUT DATE(S): _____

H. THE INFORMATION BELOW IS REQUIRED BY HUD FOR STATISTICAL PURPOSES

1. RACE OF HEAD OF HOUSEHOLD CAUCASION/WHITE AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
2. ETHNICITY OF HEAD OF HOUSEHOLD: HISPANIC/LATINO NON-HISPANIC/NON-LATINO

I. PREFERENCES: INVOLUNTARY DISPLACEMENT

The dwelling where I am now living has been made uninhabitable by:

1) A disaster, such as fire or flood;
 2) Condemned by a government agency;
 3) The owner is converting the property to nonresidential use or vacating it for redevelopment, or has sold it on the condition that it is vacant;
 4) I am required to move because of actual or threatened physical violence directed at you or your family;
 5) You or a member of your family have been victim of hate crimes;
 6) A member of your family is mobility impaired; or
 7) HUD is disposing of a rent property under Section 203.

If any of the above boxes are checked, please provide Name, Address and Phone Number of person who can verify this preference:

Name: _____ Phone: (____) _____

Address: _____

WE WILL REQUIRE PROOF AT A LATER DATE IF ANY OF THE ABOVE ITEMS ARE CHECKED. PLEASE BE CERTAIN THAT WHAT YOU CHECKED ABOVE ACTUALLY APPLIES TO YOUR CURRENT LIVING CONDITIONS.

J. APPLICATION CERTIFICATION

I/We certify that if selected to receive assistance, the unit I/We occupy will be my/our residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the Roanoke Housing Authority to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and that any false information given will be grounds for rejection of this application or grounds for the City of Roanoke Redevelopment and Housing Authority to terminate any assistance which may have been given.

I/We understand that to keep my/our application active it is my responsibility to report any changes, such as family composition, address, phone, or income. Failure to report any changes shall result in my application being placed in an inactive status.

1. Signature of Head of Household: _____ Date: _____

2. Signature of Co-Applicant/Spouse: _____ Date: _____

CITY OF ROANOKE REDEVELOPMENT AND HOUSING AUTHORITY:

Interviewed by: _____ Date: _____

THE CITY OF ROANOKE REDEVELOPMENT AND HOUSING AUTHORITY DOES NOT DISCRIMINATE AGAINST ANY HOUSING APPLICANT BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, DISABILITY, OR FAMILIAL STATUS,



Partners in Progress

Part of the screening process for admission to any housing program administered by the Roanoke Redevelopment and Housing Authority requires a criminal background check.

Please check if you have lived in any of the following areas:

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Alexandria, VA | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Charlottesville, VA | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Chesterfield County, VA | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Fairfax County, VA | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Greene County, VA | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Henrico County, VA | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| King and Queen County, VA | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Virginia Beach, VA | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Please indicate any other state where you have lived. _____

Signature

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully make false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Providing incorrect or incomplete information will prevent admission to all housing programs administered by the Roanoke Redevelopment & Housing Authority.

RRHA 10/2012

Acknowledgement

This is to acknowledge that I have received a copy of the HUD-1140 “Things You Should Know” Form.

Signature

Date

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

<p>PHA requesting release of information; (Cross out space if none) (Full address, name of contact person, and date)</p> <p>City of Roanoke Redevelopment and Housing Authority 2624 Salem Turnpike, N.W. Roanoke, Virginia 24017 (540) 983-9281</p>	<p>HA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)</p>
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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 im-proper 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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

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

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

VAWA ACKNOWLEDGEMENT FORM

The Violence against Women Reauthorization Act of 2005 (VAWA) requires RRHA to inform public housing tenants of their rights under this law, including their right to confidentiality and the limits thereof. Since VAWA provides protections for applicants as well as tenants, RRHA has elected to provide the same information to applicants.

Your signature indicates that you have received a copy of Exhibit 16-1: Sample Notice to Public Housing Applicants and Tenants regarding the Violence against Women Act (VAWA) from RRHA's Admissions and Continued Occupancy Policy (ACOP) which includes the following:

1. A summary of the rights and protections provided by VAWA to public housing applicants and tenants who are or have been victims of domestic violence, dating violence, or stalking.
2. The definitions of *domestic violence*, *dating violence*, and *stalking* provided in VAWA.
3. An explanation of the documentation that RRHA may require from an individual who claims the protections provided by VAWA.
4. A copy of form HUD-50066, Certification of Domestic Violence, Dating Violence, or Stalking.
5. A statement of RRHA's obligation to keep confidential any information that it receives from a victim unless (a) RRHA has the victim's written permission to release the information, (b) it needs to use the information in an eviction proceeding, or (c) it is compelled by law to release the information.
6. The National Domestic Violence Hot Line: 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).

Applicant Signature

Date