



REEXAMINATION FORM

HCV Public Housing

1. Name of head of household: _____

2. Name of adult co-head of household: _____

3. Current address, Street, Apt. # _____

Current City, State and Zip _____

Current Area Code, Home & Work Phone #s _____

Email Address _____

For Statistical Purposes Only

4. Race of Head: Caucasian/White African American/Black Asian or Pacific Islander
 Native American/ Alaska Native Pacific Islander/Hawaiian Native

5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

Family Information

6. List all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). No one except those listed on this form may live in the unit.

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time Student?
H				____ _	Head			
2				____ _				
3				____ _				
4				____ _				
5				____ _				
6				____ _				
7				____ _				
8				____ _				

Family Income Information

7. Please list the source & amount of all income expected in the next 12 months for all family members. Include earnings and benefits received from TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

Family Member Name	Income Source	Amount \$	Frequency – Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

REEXAMINATION FORM (continued)

- 8. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc? Yes No
If yes, describe the type of asset(s) please: _____
What is the market value of all assets? _____
- 9. Do you own any real estate? Yes No
If yes, what is the address? _____
- 10. Have you sold any real estate in the past two years? Yes No
If yes, what was the address? _____

Deductions in Calculating Rent:

- 11. Is the head of household or spouse age 62 or older or a person with a disability? Yes No
If yes, please answer the following questions. If no, please skip down to question # 14.
- 12. Does your household have any medical expenses (include insurance, Medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? Yes No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense: _____
Monthly medical expense: \$ _____ Name, address & phone # of someone who can verify the expense: _____
- 13. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes No If yes, describe the expense and monthly amount: _____ Name, address & phone # of someone who can verify the expense: _____
- 14. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training? Yes No If yes, name, address and phone # of childcare provider: _____
Monthly unreimbursed child care cost: \$ _____
- 15. Is any member of the household 18 or older other than head and spouse a full time student or person with a disability? Yes No If yes, Name of the family member and the name and address of someone who can verify this information: Name of family member: _____ Name, address & phone # of someone who can verify this information: _____
- 16. Has anyone in your household been arrested or convicted of a crime within the last twelve months? Yes No
- 17. Drivers License or State ID #: Applicant: _____ Co-applicant: _____
Automobile: Year: _____ Make: _____ Model: _____ License: _____
Name on Title: _____ Lien Holder: _____

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Texas Health and Human Services Commission, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for continued housing assistance.

Head Signature Date

Co-applicant Signature Date

PHA Counselor Signature Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.



Plano Housing Authority

DRUG FREE HOUSEHOLD STATEMENT FOR ALL HOUSING PROGRAMS OF THE PLANO HOUSING AUTHORITY

NAME OF HEAD OF HOUSEHOLD

I, the undersigned, do hereby attest that I and all members of my household do not use illegal drug(s). I further attest that I and all members of my household do not sell, possess or use any illegal drugs and that my household is a DRUG FREE HOUSEHOLD.

I further understand that if I, members of my household or guest(s) of my household use, sell, or possess illegal drugs, I am subject to IMMEDIATE eviction or termination of assistance.

I understand that this statement will remain in effect for the entire length of my housing assistance through the Housing Authority of the City of Plano.

Head of Household Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date



PORTABILITY INFORMATION

- 1. **Portability** is where you are allowed to transfer your housing assistance to another Public Housing Agency (PHA) anywhere in the United States under the Voucher Program.
- 2. If you wish to have a portability Voucher, you must have lived within Plano Housing Authority’s jurisdiction for a minimum of one year.
- 3. The assistance you receive when you relocate to another Housing Authority may change because of the Occupancy Standards of the PHA. This means that you could receive a smaller size Voucher. Any changes in voucher size must be approved by the Initial Housing Authority.
- 4. The amount of rent that can be paid on a unit will be subject to the Receiving Housing Authority’s Fair Market Rents, or Payment Standards.
- 5. You must inform the Plano Housing Authority where you wish to relocate.
- 6. PHA must contact and inform the Receiving Housing Authority of your request to move to that area.

ADVANTAGES OF MOVING TO AREAS OUTSIDE HIGH-POVERTY CENSUS TRACTS

The Housing Choice Voucher Program offers you the advantage to move anywhere within our 25 jurisdiction. The radius is 25 miles from our address, 1740 Ave. G. This provides you the advantages of moving to areas that have better schools, lower crime rates, better public services, shopping and other amenities.



I have been informed and understand my Portability options.

NAME (PRINT)

DATE

SIGNATURE

INFORMATION REQUIRED FOR ALL HOUSEHOLD MEMBERS 18 AND OVER

YOU MUST USE INFORMATION FROM YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED ID CARD.

NAME AS WRITTEN ON ID _____

SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____

STATE ISSUED _____ DATE OF EXPIRATION _____

DATE OF BIRTH _____

ADDRESS ON ID _____

NAME AS WRITTEN ON ID _____

SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____

STATE ISSUED _____ DATE OF EXPIRATION _____

DATE OF BIRTH _____

ADDRESS ON ID _____

NAME AS WRITTEN ON ID _____

SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____

STATE ISSUED _____ DATE OF EXPIRATION _____

DATE OF BIRTH _____

ADDRESS ON ID _____

NAME AS WRITTEN ON ID _____

SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____

STATE ISSUED _____ DATE OF EXPIRATION _____

DATE OF BIRTH _____

ADDRESS ON ID _____



TENANT HISTORY AND CRIMINAL BACKGROUND CHECK

The following information is required in order for us to complete a tenant history and criminal background check.

I (we) authorize Plano Housing Authority to verify my tenant history with my previous and/or current landlord. I (we) also authorize Plano Housing Authority to contact other Public Housing Agencies to verify that I do not owe any monies to any Public Housing Agencies and that I left in good standing.

I (we) also authorize Plano Housing authority to release my current and previous landlord(s) contact information to prospective landlords inquiring about tenant history.

I (we) also authorize Plano Housing Authority to conduct a background check to include, but not limited to criminal and police records, credit bureau information, postal mailing information, Department of Motor Vehicles, Department of Public Safety, rental and credit applications, and other public records.

This consent form expires 15 months after signed.

All family members 18 years and older must complete information below:

Head of Household Printed Name

Date

Head of Household Signature

Social Security Number

CURRENT MAILING ADDRESS

Spouse/Other Adult Printed Name

Date

Spouse/Other Adult Signature

Social Security Number

CURRENT MAILING ADDRESS

Other Adult Printed Name

Date

Other Adult Signature

Social Security Number

CURRENT MAILING ADDRESS

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

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)

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.



YOUR RESPONSIBILITY AS A HOUSING CHOICE VOUCHER (HCV) PROGRAM PARTICIPANT

ZERO TOLERANCE POLICY: Unreported income will result in the termination of housing assistance.

CHANGE IN INCOME AND FAMILY COMPOSITION: Decreases and increases in all household income and family composition must be reported within ten (10) calendar days of the change. You also need to report changes in family assets which may include checking, savings accounts, credit union shares, certificates of deposit, and property ownership.

DAMAGES: You will be responsible for any damages to your unit. If you notice any damages before moving in, report them to the owner and the Plano Housing authority (PHA) in writing in order to avoid disputes. If you have serious or repeated lease violations from your landlord, it could result in termination of your housing assistance.

LEASE: Your initial lease term in a new unit is for a period of one year. If you wish to relocate after the completion of the initial lease term, you must give PHA a completely filled out Request to Relocate form and an approved Notice to Vacate form signed by you and your landlord; and your counselor will schedule you to attend a Relocation/Moving Briefing.

UNAUTHORIZED OCCUPANTS: Only those listed on the PHA application may live in a HCV assisted unit. You cannot move additional persons into the unit without prior permission from the PHA. Unauthorized persons living in your unit is a violation of the HCV Program and could result in the termination of your assistance. For temporary visits (more than two (2) weeks in a one year period) you must notify the owner and the PHA for approval. Utilization of mailing address and having utility bills in a non-approved family member is considered an unauthorized occupant.

RENT PAYMENT: You must pay your portion of rent on time. If you have serious or repeated lease violations from the landlord, it could result in termination of your housing assistance.

HOUSEKEEPING: You must maintain good housekeeping practices. A failed inspection could result in the termination of your assistance. If your unit fails inspection for poor housekeeping, you may be required to attend a mandatory Housekeeping Briefing.

UTILITIES: If your unit fails an HQS inspection because your utilities have been suspended, PHA can terminate your housing assistance. Utilities must be maintained and if not owner furnished, the utility account must be in the head of household or co-head of household name.

SECURITY DEPOSITS: You must pay all security deposits requested by the landlord in accordance with the lease contract, to include any pet fees and deposits.

MAINTENANCE: Report needed repairs or exterminations to the owner and allow an appropriate time for repairs. If repairs are not made within a reasonable amount of time and you have requested maintenance from your landlord **IN WRITING**, please contact your counselor and provide documentation. In some cases, a special inspection may be conducted.

Code of Federal Regulations (CFR)
§ 982.551 Obligations of participant.

(a) *Purpose.* This section states the obligations of a participant family under the program.

(b) *Supplying required information* -(1) The family must supply any information that the PHA or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status (as provided by 24 CFR part 5). "Information" includes any requested certification, release or other documentation.

(2) The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.

(3) The family must disclose and verify social security numbers (as provided by part 5, subpart B, of this title) and must sign and submit consent forms for obtaining information in accordance with part 5, subpart B, of this title.

(4) Any information supplied by the family must be true and complete.

(c) *HQS breach caused by family.* The family is responsible for an HQS breach caused by the family as described in §982.404(b).

(d) *Allowing PHA inspection.* The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.

(e) *Violation of lease.* The family may not commit any serious or repeated violation of the lease. Under 24 CFR 5.2005(c)(1), an incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated lease violation by the victim or threatened victim of the domestic violence, dating violence, or stalking, or as good cause to terminate the tenancy, occupancy rights, or assistance of the victim.

(f) *Family notice of move or lease termination.* The family must notify the PHA and the owner before the family moves out of the unit, or terminates the lease on notice to the owner. See §982.314(d).

(g) *Owner eviction notice.* The family must promptly give the PHA a copy of any owner eviction notice.

(h) *Use and occupancy of unit*-(1) The family must use the assisted unit for residence by the family. The unit must be the family's only residence.

(2) The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit. No other person [i.e., nobody but members of the assisted family] may reside in the unit (except for a foster child or live-in aide as provided in paragraph (h)(4) of this section).

(3) The family must promptly notify the PHA if any family member no longer resides in the unit.

(4) If the PHA has given approval, a foster child or a live-in-aide may reside in the unit. The PHA has the discretion to adopt reasonable policies concerning residence by a foster child or a live-in-aide, and defining when PHA consent may be given or denied.

(5) Members of the household may engage in legal profitmaking activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family.

(6) The family must not sublease or let the unit.

(7) The family must not assign the lease or transfer the unit.

(i) *Absence from unit.* The family must supply any information or certification requested by the PHA to verify that the family is living in the unit, or relating to family absence from the unit, including any PHA-requested information or certification on the purposes of family absences. The family must cooperate with the PHA for this purpose. The family must promptly notify the PHA of absence from the unit.

U) *Interest in unit.* The family must not own or have any interest in the unit.

(k) *Fraud and other program violation.* The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.

(l) *Crime by household members.* The members of the household may not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises (see §982.553). Under 24 CFR 5.2005(c)(2), criminal activity directly related to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of tenancy, occupancy rights, or assistance of the victim, if the tenant or immediate family member of the tenant is the victim.

(m) *Alcohol abuse by household members.* The members of the household must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

(n) *Other housing assistance.* An assisted family, or members of the family, may not receive HCV tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) federal, State or local housing assistance program.

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.

Head of Household Signature

Date

Spouse/Co-Head of Household/Other Adult Signature

Date

Other Adult Signature

Date