



## ADMINISTRATIVE OFFICE

1915 W. 4<sup>th</sup> Place  
Kennewick, WA 99336  
Phone: (509) 586-8576  
TTY: (509) 586-4460

## **SUBSIDIZED HOUSING APPLICATION PROCEDURES**

1. Submit original, completed application in person only during KHA's regular business hours with exception for those requiring reasonable accommodations (must be documented). Application must be submitted in **blue or black ink only**. All original documents listed below must be submitted with complete application:
  - Current Valid Birth Certificates** (for all household members)
  - Current Valid Social Security Cards** (for all household members if applicable)
  - Current Valid Photo/Picture I.D.** (for household members 18 years and older, (i.e. Driver's License/State I.D. Card)
  - Current Valid Immigration Card** (if applicable and for all household members)
  - Income Verification** (proof of gross income for the last 6 months)
  - Bank Statements** (current statements for the last 4 months)
  - Rental Verification** (current rent receipts for the last 6 months)
  - Utility Statements** (current statement/printout for the last 6-12 months)
2. The following information is needed for Public Housing Program: Vehicle Registration and Licensing (photocopy for each owned vehicle) and Landlord References. Public Housing & Section 8 Programs you need: Preference Verification (i.e., Rent Burden, Working Preference, Elderly/Disabled, Domestic Violence Victim Households Who Are Homeless and Homeless Households).
3. **INCOMPLETE** Applications will be **immediately rejected**.
4. Application is processed and you are placed on the waiting list. A letter will be sent to applicant to inform them that placement on the waiting list has occurred. The Housing Authority does not give out a "placement" status on the waiting list. We will only confirm or deny that an application is on file.
5. **APPLICANT IS RESPONSIBLE TO NOTIFY KHA IN WRITING OF ANY CHANGES OF ADDRESS, within fourteen (14) days.**
6. If notification is returned from the post office for any reason except cases of KHA administration errors, Applicant will be removed from the waiting list. **No further notification will be sent.**
7. The KHA will mail out a notices to update the waiting list(s). If applicant does not respond to the request for updated information (Purge) within the given time frame, applicant will be removed from the waiting list. **No further notification will be sent.**

### BI-LINGUAL EMPLOYEE LISTING FOR TRANSLATION ASSISTANCE - SPANISH

*MARIBEL CAMACHO – RECEPTIONIST*  
*MARITZA AGUAYO – INTAKE ELIGIBILITY SPECIALIST*  
*ANA MACIAS – PUBLIC HOUSING SPECIALIST*  
*MAGGIE MENDOZA – HOUSING PROGRAMS DIRECTOR*  
*ANGELA FRAGOZO – ADMINISTRATIVE ASSISTANT*





**KHA Official Use Only**

KHA Local Preferences:

Rent Burden

Worker Selection

Elderly/Disabled

DV Homeless

Homeless

**SUBSIDIZED HOUSING**  
**APPLICATION FORM**

Time: \_\_\_\_\_ Initials: \_\_\_\_\_

Received at:  AO  CPA

**KHA MAIN**  
**ADMINISTRATION OFFICE**  
1915 W. 4<sup>TH</sup> PLACE  
KENNEWICK, WA 99336  
PHONE: (509) 586-8576  
TTY: (509) 586-4460

**Place an (X) in the box of the program(s) for which you are applying:**

<b>Housing Choice Voucher (S8)</b> (Kennewick & Richland, Benton County)	<input type="checkbox"/>	<b>Public Housing Program</b> Sunnyslope Homes/Keewaydin Plaza	<input type="checkbox"/>
<b>Section 8 Project-Based Program</b> <b>Mitchell Manor Development</b> (Disabled Households Only, Units in Kennewick)	<input type="checkbox"/>	<b>Columbia Park Apartments</b> (Moderate Rehab Program, Units in Richland)	<input type="checkbox"/>
<b>Mainstream Voucher Program</b> (Non Elderly-Disabled Households Only)	<input type="checkbox"/>		
<b>Family Unification Program (FUP)</b> (Voucher Program) (Referral Required)	<input type="checkbox"/>		

**Check this box if you require a wheelchair accessible unit.**

**Please specify jurisdictional preference if applicable:**

**Kennewick Jurisdiction**

**Richland Jurisdiction**

**Please Note: Kennewick Housing Authority (KHA) Is A "Tobacco/Smoke-Free Housing Authority".**

KHA's Tobacco/Smoke-Free Housing & Workplace Environment Policy states: Smoking or tobacco use ***is not permitted anywhere on KHA properties***, including but not limited to apartments, single family dwellings, grounds, common areas, offices, maintenance facilities, non-residential buildings, vehicles, etc., "except" where KHA has established a designed viable smoke area for each of its housing development & workplace property/sites.

\*\*\*\*\*

Applications are placed on Kennewick Housing Authority (KHA) Housing Program "Waiting List(s) in order of "Date" (and) "Time" submittal. **All incomplete applications are immediately rejected.** KHA's Policy Statement: Kennewick Housing Authority (KHA) will deny (or) terminate housing assistance to applicants and program participants determined to be involved/engaged in illegal drug-related or any criminal activity (or) who provides false information in the assessment for eligibility for housing assistance.

***\*\*Applicant needs to provide an answer to each application question, if a question does not pertain to Applicant's household, write "N/A" (or) "NONE".\*\****

1. Name: \_\_\_\_\_ Maiden(s)/Other Name(s) Used: \_\_\_\_\_

(Head of Household)

2. Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

3. Home Phone #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_

4. **Household Composition:** List below “all” members of your household, including unborn child(ren) and expected birth date, who will be living with you in your household, if eligible to be assisted by the KHA. All requested information must be completed on each family household member:

Household Members: Start with head of household, then list spouse/co-head, then minors, then any other adults.

	Legal Name Last, First, Middle Initial	Sex M/F	Relationship to Head	Social Security Number	Date of Birth Month/date/year	Place of Birth City/State
1			Head			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have full custody of your child(ren)?
		Explanation:
<input type="checkbox"/>	<input type="checkbox"/>	Are there any absent household members who, under normal circumstances, would live with you, such as a family member away in military duty?
		Explanation:

5.(a). If any of the above listed family household members used any other “Name” (or) “Social Security Number”, list Name(s) and Numbers, describe why:

\_\_\_\_\_

5.(b). “Race” of **Head of Household**: (Check Box - (✓) that apply):

White  Black  Asian/Pacific Islander  American Indian/Alaskan Native

Other: \_\_\_\_\_

5.(c). “Ethnic Group” of **Head of Household**: (Check Box - (✓) that apply):

Hispanic  Non-Hispanic

6. **Preference Category:** The KHA has five (5) Local Preference(s). “Check - (✓)” which Preference(s) you are disclosing your household qualifies for.

**You will need to provide verification of the Preference(s) you check. Failure to provide verification will result in denial of preference claimed.**

- \_\_\_\_\_ \***Rent Burden:** Paying more than 50% of your household income for “Rent” (and) “Utilities” for at least 90 consecutive days at the application submittal date & time.
- \_\_\_\_\_ \***Worker Selection:** Head of Household or Spouse/Co-Head who has been employed for 180 consecutive days (at least Part-Time – 32 Hours in a Work Week) at the time applying for housing assistance.
- \_\_\_\_\_ \***Elderly/Disabled/Handicap:** Elderly families 62 years of age or older and families whose Head of Household is receiving income based on their Disability/Handicap.
- \_\_\_\_\_ \***Domestic Violence Victim Households Who Are Homeless:** Households who are Victims of Domestic Violence (and) are Homeless. Certification/documentation of victim and homelessness status is required, must be currently homeless for the past 60-90 days.
- \_\_\_\_\_ \***Homeless Households:** Households who are *currently* homeless. Certification/documentation of homelessness status is required.

### HOUSEHOLD INCOME

Include all income or financial benefits anticipated for the next twelve months, received by ALL household members, regardless of age. Any ‘Yes’ for questions 1 – 16 requires a detailed explanation in the table on next page.

YES	NO	DO YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM:																					
<input type="checkbox"/>	<input type="checkbox"/>	1. Employment wages or salaries? <i>Including overtime, tips, bonuses, commissions and payments received in cash</i>																					
<input type="checkbox"/>	<input type="checkbox"/>	2. Self-employment?																					
<input type="checkbox"/>	<input type="checkbox"/>	3. Unemployment benefits or worker’s compensation?																					
<input type="checkbox"/>	<input type="checkbox"/>	4. General Assistance, Temporary Aid to Needy Families (TANF) or other welfare benefits (excluding food stamps)																					
<input type="checkbox"/>	<input type="checkbox"/>	5a. Child Support or alimony? <i>Any AWARDED amounts, collected to uncollected. We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, or received directly from the payer.</i>																					
		5b. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th colspan="2">HOW IS THE SUPPORT RECEIVED?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Child Support Enforcement Agency</td> <td>NAME OF AGENCY</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Court of Law</td> <td>NAME OF COURT</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Directly from Individual</td> <td>NAME &amp; ADDRESS OF PAYING PARENT</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other</td> <td>EXPLAIN:</td> </tr> </tbody> </table>		YES	NO	HOW IS THE SUPPORT RECEIVED?		<input type="checkbox"/>	<input type="checkbox"/>	Child Support Enforcement Agency	NAME OF AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	Court of Law	NAME OF COURT	<input type="checkbox"/>	<input type="checkbox"/>	Directly from Individual	NAME & ADDRESS OF PAYING PARENT	<input type="checkbox"/>	<input type="checkbox"/>	Other	EXPLAIN:
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<input type="checkbox"/>	<input type="checkbox"/>	If money is not actually received, are you taking legal action to remedy? Explain:																					
<input type="checkbox"/>	<input type="checkbox"/>	6. Social Security, SSI or any other payments from the Social Security Administration?																					
<input type="checkbox"/>	<input type="checkbox"/>	7. Veteran’s benefits, pensions, retirement benefits or annuities?																					
<input type="checkbox"/>	<input type="checkbox"/>	8. Severance payments?																					
<input type="checkbox"/>	<input type="checkbox"/>	9. Settlements, such as insurance settlements?																					
<input type="checkbox"/>	<input type="checkbox"/>	10. Disability, death benefits or life insurance dividends?																					
<input type="checkbox"/>	<input type="checkbox"/>	11. Regular gifts or payments from anyone outside the household?																					
<input type="checkbox"/>	<input type="checkbox"/>	12. Educational grants, scholarships, or other student benefits?																					
<input type="checkbox"/>	<input type="checkbox"/>	13. Lottery winnings or inheritances?																					
<input type="checkbox"/>	<input type="checkbox"/>	14. Payments from rental property, land contracts or other forms of real estate?																					
<input type="checkbox"/>	<input type="checkbox"/>	15. Any other income sources or types not listed, such as: food stamps, fuel assistance?																					
<input type="checkbox"/>	<input type="checkbox"/>	16. Do you or any household member expect any changes to your income in the next twelve (12) months?																					

7. **Income Information:** Please list the source and amount of all current income received by all household members, including your children and yourself.

Household Member Name	Income Source (List Name, Address & Phone Number)	Monthly Amount	Hourly Wage / # of Hours per week
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**ZERO INCOME VERIFICATION**

**YES**      **NO**  
 Are YOU or any other ADULT family member claiming zero income? If yes, who: \_\_\_\_\_  
 \_\_\_\_\_

**DISPOSITION OF ASSETS**

**YES**      **NO**  
 Have you or any family member disposed of, or given away any asset(s) for LESS than fair market value within the past two (2) Years? *If yes, please provide details below.*  
 \_\_\_\_\_  
 \_\_\_\_\_

### ASSET INFORMATION

Include all assets held and the corresponding annual interest rate, dividends, and/or other income derived from the asset. An asset is defined as a lump sum amount that you hold and currently have access to. Any 'Yes' for questions 1 – 9 requires a detailed explanation on the table below.

YES	NO	<b>Do YOU OR ANYONE IN YOUR HOUSEHOLD HOLD:</b>	
<input type="checkbox"/>	<input type="checkbox"/>	1.	Checking or savings accounts?
<input type="checkbox"/>	<input type="checkbox"/>	2.	CDs, money market accounts or treasury bills?
<input type="checkbox"/>	<input type="checkbox"/>	3.	Stocks, bonds or other securities?
<input type="checkbox"/>	<input type="checkbox"/>	4.	Trust funds?
<input type="checkbox"/>	<input type="checkbox"/>	5.	Pensions, IRAs, KEOGH or other retirement accounts
<input type="checkbox"/>	<input type="checkbox"/>	6.	Cash on hand over \$500? (not in the bank)
<input type="checkbox"/>	<input type="checkbox"/>	7.	Real estate, rental property, land contracts/contract for deed or other real estate holdings? <i>This includes your personal residence, mobile homes, vacant land, farms, vacation home or commercial property.</i>
<input type="checkbox"/>	<input type="checkbox"/>	8.	Personal property as an investment? <i>Including paintings, coin or stamp collections, artwork, collector or show cars and antiques.</i>
<input type="checkbox"/>	<input type="checkbox"/>	9.	A safe deposit box? If yes, what are the contents? _____

QUESTION NUMBER	FAMILY MEMBER	ASSET	ACCOUNT NUMBER	TYPE ANNUAL	INTEREST	AMOUNT
Ex: 1	John	HAPO Community Credit Union	123456	Savings	1%	\$273.78

### Medical Expenses / Non Reimbursed

If you are elderly and/or disabled and pay all or part of your medical expenses, you may be entitled to an allowance to offset your portion of the rent. Please list the pharmacies, doctors, dentists, hospitals, medical equipment suppliers and insurance providers which you must make payment to. For additions to any of the following, please list them on a separate piece of paper.

Doctors, Dentists & Hospitals	Name & Address	Monthly Payments
Pharmacies		
Medical Equipment & Supplies		
Health/Medical Insurance		
Handicap Assistance Expenses		

### LIVE-IN AIDE/CARE PROVIDER EXPENSES

Provide the Person or Agency Name who "pays" for this Provider.

Name	Address	City, State, Zip	Phone Number
Listing of Expenses regarding Live-In Aide or Care Provider	Your "Out of Pocket" Expense	Other Responsible Party Expense	Total Monthly Expense

## CHILDCARE EXPENSES

List both your weekly out of pocket costs and the amount provided from other sources. Other sources can include SRS, welfare or a parent not part of the household.

Name of Child	Age	(\$ Weekly Cost	(\$ Amount Paid by You
Childcare Payments By Other Sources (i.e. – DSHS, Family, Friends, etc.)			
Name of Source	Monthly Amount	Name of Source	Monthly Amount
Childcare Agency and/or Person (full name) Providing Care			
Name	Address	City, State, Zip	Phone Number(s)

**8. Personal Reference:**

**(You must provide at least one (1) “Personal Reference”.)**

NAME	RELATIONSHIP
ADDRESS	CITY, STATE, ZIP
PHONE NUMBER(S)	YEARS KNOWN

NAME	RELATIONSHIP
ADDRESS	CITY, STATE, ZIP
PHONE NUMBER(S)	YEARS KNOWN

NAME	RELATIONSHIP
ADDRESS	CITY, STATE, ZIP
PHONE NUMBER(S)	YEARS KNOWN

**9. Landlord References:** *(For Public Housing Applicants, KHA requires references from the last five (5) years, including addresses where your name was not listed on a lease; or if you lived with family or friends; issue **complete** names & addresses. For additional references, please list them on a separate piece of paper).*

CURRENT ADDRESS:			
PHONE NUMBER:	MOVE-IN DATE:	MOVE-OUT DATE:	AMOUNT OF RENT:
LANDLORD/OWNER/COMPLEX NAME :			
LANDLORD/OWNER/COMPLEX ADDRESS:			
LANDLORD/OWNER/COMPLEX PHONE NUMBER:		Are you listed on the lease? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, list the person who is:	
REASON FOR MOVING:			



**Landlord References (continued):**

PREVIOUS ADDRESS:			
PREVIOUS PHONE NUMBER:	MOVE-IN DATE:	MOVE-OUT DATE:	AMOUNT OF RENT:
LANDLORD/OWNER/COMPLEX NAME :			
LANDLORD/OWNER/COMPLEX ADDRESS:			
LANDLORD/OWNER/COMPLEX PHONE NUMBER:	Were you listed on the lease? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, list the person who was:		
REASON FOR MOVING:			

PREVIOUS ADDRESS:			
PREVIOUS PHONE NUMBER:	MOVE-IN DATE:	MOVE-OUT DATE:	AMOUNT OF RENT:
LANDLORD/OWNER/COMPLEX NAME :			
LANDLORD/OWNER/COMPLEX ADDRESS:			
LANDLORD/OWNER/COMPLEX PHONE NUMBER:	Were you listed on the lease? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, list the person who was:		
REASON FOR MOVING:			

PREVIOUS ADDRESS:			
PREVIOUS PHONE NUMBER:	MOVE-IN DATE:	MOVE-OUT DATE:	AMOUNT OF RENT:
LANDLORD/OWNER/COMPLEX NAME :			
LANDLORD/OWNER/COMPLEX ADDRESS:			
LANDLORD/OWNER/COMPLEX PHONE NUMBER:	Were you listed on the lease? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, list the person who was:		
REASON FOR MOVING:			

PREVIOUS ADDRESS:			
PREVIOUS PHONE NUMBER:	MOVE-IN DATE:	MOVE-OUT DATE:	AMOUNT OF RENT:
LANDLORD/OWNER/COMPLEX NAME :			
LANDLORD/OWNER/COMPLEX ADDRESS:			
LANDLORD/OWNER/COMPLEX PHONE NUMBER:	Were you listed on the lease? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, list the person who was:		
REASON FOR MOVING:			

**10. Required Information ONLY For “Public Housing Program Applicants”:**

a. Vehicles: List any cars, trucks or other vehicles owned. Parking is provided for one vehicle in elderly/disabled units, and two vehicles in family units.

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Color</u>	<u>License Plate #</u>	<u>Vehicle Registration #</u>

b. Pets:  
Do you have any “general” household pets? ( ) Yes ( ) No If “Yes”, describe: \_\_\_\_\_

Do have an “ADA Service/Companion Animal”? ( ) Yes ( ) No If “Yes”, describe: \_\_\_\_\_

**BACKGROUND INFORMATION**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	a) Have you or any family member been arrested or convicted of a crime during the past (five) years? If yes, give details of the crime, when it took place and where.  <i>Family Member:</i> _____ <i>Crime:</i> _____ <i>When:</i> _____ <i>Where:</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	b) Have you or any family member ever been convicted of manufacturing or producing methamphetamine?
<input type="checkbox"/>	<input type="checkbox"/>	c) Are you or any family member subject to registration as a sexual or violent offender?
<input type="checkbox"/>	<input type="checkbox"/>	d) Are you or any member on this application currently living in, or have you ever lived in Public Housing or, lived in housing with a Section 8 voucher?  <i>Family Member:</i> _____ <i>Dates assistance received:</i> _____ <i>Assisted Unit Address:</i> _____ <i>Housing Authority/Agency/Landlord:</i> _____

**STUDENT INFORMATION**

**YES NO**  
  Is any adult (18 years of age or older) in the household currently a full time student or planning to be one within the next Twelve (12) months? If Yes, list the name of the student and the school.

**STUDENT NAME**

**NAME OF SCHOOL**

_____	_____
_____	_____

Currently Enrolled?  Yes  No

13. **Falsification.** I/We understand that provision of false information in this housing application or any other form completed or my refusal to provide management with complete and accurate information will result in **automatic rejection** of my application for federal housing or assistance.

\_\_\_\_\_ (Applicant Head of Household’s “Initials”)      \_\_\_\_\_ (Applicant Spouse and/or Co-Head “Initials”)

\_\_\_\_\_ (Applicant Adult Member “Initials”)      \_\_\_\_\_ (Applicant Adult Member “Initials”)

14. **Updating Application Changes:** All changes in application information (i.e., family composition, income, preference eligibility, address/phone number, etc.) must be reported in writing and submit verification of such change by the applicant within fourteen (14) calendar days of the date of occurrence.

\_\_\_\_\_ (Applicant Head of Household’s “Initials”).

15. **Annual Purge:** The waiting list is purged each year during the month of June. It is imperative that you respond to the notices sent during the purge process. Failure to respond *will* remove you from the waiting list.

\_\_\_\_\_ (Applicant Head of Household’s “Initials”).

16. **Certification:** I/We fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly making false or fraudulent statement to any department or agency of the United States.

\_\_\_\_\_ (Applicant Head of Household’s “Initials”).

I/We understand that false statements or information are punishable under federal law. Incidence of fraud, willful misrepresentation or intent to deceive is a federal crime. I/We also understand that false statements or information are grounds for termination of tenancy or housing assistance. By signing below releases the Kennewick Housing Authority to contact persons and/or agencies listed on this application for the purposes of verification and/or coordinate services.

**APPLICANT SIGNATURES (Household Member(s) who are 18 years and older must sign & date):**

☞ \_\_\_\_\_  
**Signature of Head of Household**      **Date**

☞ \_\_\_\_\_  
**Spouse and/or Co-Head of Household**      **Date**

☞ \_\_\_\_\_  
**Other Adult Member of Household**      **Date**

☞ \_\_\_\_\_  
**Other Adult Member of Household**      **Date**



The Housing Authority City of Kennewick (KHA) does not discriminate on the basis of race, color, religion, national origin, age, sex, disability or familial status in admission or access to its programs.

The Executive Director’s designees have been designated to coordinate compliance with nondiscrimination requirements contained in HUD’s regulations implementing Section 504:

**Angela Fragozo**  
**1915 W. 4<sup>th</sup> Place**  
**Kennewick, WA 99336**  
**(509) 586-8576, TTY: (509) 586-4460.**

If you need to request a Reasonable Accommodation, contact the KHA Section 504 Coordinator at (509) 586-8576.

Application Attachments:

Page 11 Disability Disclosure  
 Page 12-13 Declaration of Section 214 Status Form  
 Page 14 Listing of Non-Contending Family Members  
 Page 15 General Consent  
 Page 16 Applicant/Resident Certification Form  
 Pages 17-18 Authorization Release of Information Form HUD-9886  
 Pages 19-20 Certification of Domestic Violence Form HUD-50066  
 Pages 21-22 Debts Owed to Public Housing Form HUD-52675  
 Pages 23-24 HUD EIV Brochure

Page 25 KHA Certifying Form  
 Page 26 Supplement to Application Form HUD-92006  
 Pages 27-28 Request For Reasonable Accommodation Form  
 Pages 29-30 Certification Form For Domestic Violence Victim Households/Homeless  
 Pages 31-33 Certification Form For Homeless Households  
 Pages 34-35 Lead-Based Paint Poisoning Notification  
 Pages 36 LEP Language Service Survey/I Speak Card Form  
 Pages 37 Listing of Organization For Interpreting Assistance

**--- KHA OFFICIAL USE ONLY ---**

**Application "Eligibility" Status:**

On the basis of the determination above in this Housing Application, Applicant Household named herein has been found to be of the following for KHA's Housing Program Waiting List & Admissions:

**"Eligible"** Status:  
Housing Programs:  Public Housing  S8 Project-Based

**"Ineligible"** Status:  
Housing Programs:  Public Housing  S8 Project-Based

**Applicant - Waiting List "Preference(s)" Eligibility Status:**

Rent Burden  Worker Preference  Elderly, 62 Years or Older  Disabled/Handicap  
 Domestic Violence Victim Household/Homeless  Homeless Household

☞ KHA Staff Signature/Title: \_\_\_\_\_ ☞ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\*\*\*\*\*

**KHA Mgmt. Staff Approval:**

Housing Programs & Services Coordinator Approval:

☞ Staff Signature/Title: \_\_\_\_\_ ☞ Date of Approval: \_\_\_\_\_

Comments: \_\_\_\_\_

Housing Programs Director Approval:

☞ Staff Signature/Title: \_\_\_\_\_ ☞ Date of Approval: \_\_\_\_\_

Comments: \_\_\_\_\_

## DISCLOSURE TO APPLICANTS AND PROGRAM PARTICIPANTS WITH DISABILITIES

Kennewick Housing Authority's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize our housing programs and related services. KHA will consider requests for Reasonable Accommodations from persons with disabilities in order to afford them an equal opportunity to obtain the same result, to gain the same benefit or to reach the same level of achievement as those who do not have disabilities.

**This information is being collected to allow the Housing Authority to comply with civil rights record keeping requirements. This information will not be used in making any decision about an applicant's receipt of housing.**

Are you or a household member an individual with "disabilities" as defined by Section 504 of the Rehabilitation Act of 1973? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which member(s) are disabled?

\_\_\_\_\_

\_\_\_\_\_

Do you or any member of your family require any of the following accommodations?

- Copy mail to Case Manager
- Large type documents
- Live-in aide/caregiver
- Other \_\_\_\_\_

*The Kennewick Housing Authority complies with the Fair Housing Act and provides reasonable accommodations to people with disabilities.*

**Note:** All information you provide will be kept confidential and be used only to help you have an equal opportunity to participate in KHA's programs

The EEOC's guidance on reasonable accommodations under the Americans with Disabilities Act states, a certifying agency and/or Housing Authority may require documentation "from an appropriate health care or rehabilitation professional". The appropriate professionals include, for example, doctors, (including psychiatrist), psychologists, physical therapists, vocational rehabilitation specialists, and licensed mental health professionals.

If you are requesting such an accommodation/modification, please fill out a Reasonable Accommodations form found on pages 27-28.



# DECLARATION OF CITIZENSHIP

## **Part 1: Applies to All Family Members**

Each person who will benefit under the subsidized housing program must either be a citizen or national of the United States or be a noncitizen that has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

**One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States or do not claim to be a noncitizen with eligible immigration status should not check any box.**

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

**Warning** - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisonment for up to 5 years; and/or prohibited from receiving future assistance.

*NOTE: Family members who have checked a box indicating that they are a noncitizen with immigration status must complete Part 2 of this form.*

**Part 2: Applies to Noncitizen Family Members Only**

All family members who have claimed eligible immigration status on Part I of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

**Head of Household Certification**

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part I of this form and that members of my household that have not checked either box on Part I of this form do not claim to be citizens or nationals of the United States or noncitizens with eligible immigration status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Verify Eligible Immigration Status**

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left or Signature of Guardian for Minors	Office Use Only INS VERIF #
_____	_____	_____	X	
_____	_____	_____	X	
_____	_____	_____	X	
_____	_____	_____	X	
_____	_____	_____	X	
_____	_____	_____	X	
_____	_____	_____	X	
_____	_____	_____	X	

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.



**LISTING OF NON-CONTENDING FAMILY MEMBERS**

I, \_\_\_\_\_ certify, under penalty of perjury ①, that the persons listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

\_\_\_\_\_  
First, Middle Initial(s), Last Name

\_\_\_\_\_  
First, Middle Initial(s), Last Name

\_\_\_\_\_  
First, Middle Initial(s), Last Name

\_\_\_\_\_  
First, Middle Initial(s), Last Name

\_\_\_\_\_  
First, Middle Initial(s), Last Name

\_\_\_\_\_  
**Signature of Head of Household or Spouse**

\_\_\_\_\_  
**Date**

① **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

**Instructions:** If one or more members of a family elect not to contend that he or she has eligible immigration status, and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance despite the fact that no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the HA the family members(s) who will elect not to contend that he or she has eligible immigration status. In the spaces provided above, type or print the names of the family members who elect not to contend that he or she has eligible immigration status. Listed members of the family do not sign above. However, the Head of Household or Spouse who is the signer must be either a citizen or have eligible immigration status.





## GENERAL CONSENT

### CONSENT:

I/we authorize and direct any Federal, state or local agency organization, business or individual to release to Housing Authority City of Kennewick any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under any housing programs administered by the Housing Authority City of Kennewick.

I/we understand and agree that this authorization, or the information obtained with its use, may be given to and used by HUD in administering and enforcing program rules and policies.

### INFORMATION COVERED:

I/we understand that, depending on program policies and requirements, previous or current information **regarding me or my household members** may be needed. Verification and inquiries that may be requested, but are not limited to:

- |                              |                                |                  |
|------------------------------|--------------------------------|------------------|
| Identity and Marital Status  | Employment, Income Assets      | Medical Expenses |
| Credit and Criminal Activity | Residences and Rental Activity |                  |

I/we 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<br><i>(including Public Housing Agencies)</i> | Welfare Agencies<br>Courts and Post Offices | State Unemployment<br>Social Security Administration |
| Schools and Colleges                                             | Medical and Child Care Providers            | Law Enforcement Agencies                             |
| Veterans Administration                                          | Support and Alimony Providers               | Banks/Financial Institutions                         |
| Past and Present Employers                                       | Credit Providers/Credit Bureaus             | Utility Companies                                    |

### COMPUTER MATCHING NOTICE AND CONSENT:

I/we understand and agree that HUD or the Housing Authority City of Kennewick may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I/we understand that I/we have the right to notification of any adverse information found and a chance to disprove that information. HUD may in course of its duties exchange such automated information with other Federal, State or local agencies, including and limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Administration and State Welfare & Food Stamp agencies.

### CONDITIONS:

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

_____	_____	_____
<b>Head of Household</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____
<b>Spouse</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____
<b>Adult Family Member</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____
<b>Adult Family Member</b>	<b>Print Name</b>	<b>Date</b>

# APPLICANT/RESIDENT CERTIFICATION

## **Giving true and Complete Information**

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have received the application form and the HUD Form 50058 or 50059, which ever applies to me, and certify that the information shown is true and correct.

## **Reporting Changes in Income or Household Composition**

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/ visitors and when I must report anyone who is staying with me.

## **Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous Federal Housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

## **No Duplicate Residence or Assistance**

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.
















## **Cooperation**

I know I am required to cooperate in supplying all information needed to determinate my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

## **Criminal and Administrative Actions for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of tenancy.

## **Household Adult's Signature and Date of Signature**

 _____ Head of Household	 _____ Print Name	 _____ Date
 _____ Spouse	 _____ Print Name	 _____ Date
 _____ Adult Family Member	 _____ Print Name	 _____ Date
 _____ Adult Family Member	 _____ Print Name	 _____ Date
 _____ Adult Family Member	 _____ Print Name	 _____ 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

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(I)(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.

**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.):

[INSERT TEXT LINES HERE]

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.





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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

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4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:**

**Signature**

**Date**

**Printed Name**



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



## *What You Should Know About EIV*

### **A Guide for Applicants & Tenants of Public Housing & Section 8 Programs**

#### **What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

#### **What information is in EIV and where does it come from?**

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

#### **What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### **Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

***Note:*** *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

#### **What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

**February 2010**

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

### **What are the penalties for providing false information?**

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

### **What do I do if the EIV information is incorrect?**

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

### **Where can I obtain more information on EIV and the income verification process?**

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/thiip/iv.cfm>.

**The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:**

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

**My signature below is confirmation that I have received this Guide.**

Signature

Date

# HOUSING AUTHORITY CITY OF KENNEWICK (KHA)




## BY MY SIGNATURE BELOW, I CERTIFY THAT:

- 1.) I have read, do understand, and have been given a copy of the “Notice of the Lead Poisoning for Renters.” I have been advised that if the dwelling unit I choose was built before 1978, it may Contain lead- based paint;
- 2.) I have read and do understand the Federal Privacy Act statement;
- 3.) The information\* given to the Housing Authority City of Kennewick of my household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law, and that if I knowingly falsify or omit information I may be:
  - Evicted from my apartment or house
  - Required to repay all overpaid assistance my family received
  - Fined up to \$10,000
  - Imprisoned for up to 5 years; and/or
  - Prohibited from receiving future assistance

\*After verification by this housing agency, the information may be submitted to the Department of Housing and Urban Development on Form HUD 50058, Family Report/Tenant Data Summary, a computer generated facsimile of the form, or on magnetic media. See the Federal Privacy Act statement for more information about the use of this data.

- 4.) The Social Security/Alien Registration number(s) that have been provided to the Housing Authority City Kennewick are complete and accurate, and have been assigned to the person indicated, and that if no number is provided, that the person has not been assigned a Social Security/Alien Registration number and that I have provided documentation of any such number for persons in my family over age 6.

## Certifications:

 _____ <b>Signature of Head of Household</b>	_____ <b>Date</b>
 _____ <b>Signature of spouse or Other Adult</b>	_____ <b>Date</b>
 _____ <b>Signature of Other Adult</b>	_____ <b>Date</b>

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free Hot-line: 1-800-669-9777. For the hearing impaired, there is a toll-free number for use with TDD equipment. That number is 1-800-927-9275.





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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

--	--

**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.





## Request for Reasonable Accommodation/Modification

If you, or a member of your household, has a disability, and would like to ask the Housing Authority of the City of Kennewick (KHA) for an accommodation to its rules or practices or to make a modification to his or her apartment for that person to have equal use and access to KHA programs, please complete this form and return it to KHA.

Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you.

**Please keep copies of all documents that you submit to your housing provider.**

Name of Head of Household: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The person(s) who has a disability requiring a reasonable accommodation and/or modification is:

- Myself
- A person in my household

Name of person with disability: \_\_\_\_\_

Requester Status:

- 1. I am disabled.**
- 2. My disability affects or limits my activities in the following ways:**

1915 W. 4th Place ♦ Kennewick, WA 99336 ♦ (509) 586-8576 ♦ Fax (509) 582-7544 ♦ TTY (509) 586-4460

The Housing Authority of the City of Kennewick (KHA) does not discriminate on the basis of race, color, religion, national origin, age, sex, disability or familial status in admission or access to its programs. If you need to request a Reasonable Accommodation, contact the KHA Section 504 Coordinator at (509) 586-8576.



**3. I need the following accommodation or modification because of my disability:**

Please provide the name, telephone number and address of a medical or social service professional who can verify your request for reasonable accommodation/ modification:

Name:	
Address:	
Telephone:	

### RELEASE OF INFORMATION

I give my permission for the Kennewick Housing Authority to verify my request for reasonable accommodation with the medical/social service professional listed above.

\_\_\_\_\_  
*Signature* of person requiring accommodation:

\_\_\_\_\_  
Date

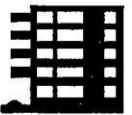
\_\_\_\_\_  
*Print* Name

1915 W. 4th Place ♦ Kennewick, WA 99336 ♦ (509) 586-8576 ♦ Fax (509) 582-7544 ♦ TTY (509) 586-4460

The Housing Authority of the City of Kennewick (KHA) does not discriminate on the basis of race, color, religion, national origin, age, sex, disability or familial status in admission or access to its programs. If you need to request a Reasonable Accommodation, contact the KHA Section 504 Coordinator at (509) 586-8576.



# Housing Authority City of Kennewick



## SUBSIDIZED HOUSING APPLICATION WAITING LIST LOCAL PREFERENCE “DOMESTIC VIOLENCE VICTIM HOUSEHOLDS WHO ARE HOMELESS” CERTIFICATION

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency Staff: \_\_\_\_\_ Title: \_\_\_\_\_

Kennewick Housing Authority’s (KHA) mission is to provide affordable housing, housing assistance and supportive housing services to low-income and extremely low-income households in our community. KHA has established policies and procedures to include in its Housing Program Waiting List(s) Local Preference(s) to include preference for “Domestic Violence Victim Households Who Are Homeless”.

The following person/household (housing applicant) has submitted a subsidized housing application through KHA and is claiming eligibility for KHA’s Waiting List Local Preference of “Domestic Violence Victim Households Who Are Homeless”. In order for KHA to assess below named Housing Applicant’s Waiting List Local Preference of “Domestic Violence Victim Households Who Are Homeless”, agency must complete the following information on Housing Applicant.

☞ Housing Applicant: \_\_\_\_\_

☞ Applicant Household Member(s) & Relationship: \_\_\_\_\_

**\*\*Certification completed by a certifiable Domestic Violence Service (DVS) Agency and/or certifiable State/Federal/Non-Profit/For-Profit Agency. Please complete the information in detail on behalf of KHA’s Housing Applicant named above:**

1. Applicant/household currently homeless?      \_\_\_ Yes    \_\_\_ No  
Reason for Homelessness: \_\_\_\_\_

2. Homeless for the past 60 – 90 days?      \_\_\_ Yes    \_\_\_ No  
If not homeless for the past 60 – 90 days, how long has applicant/household been homeless: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Applicant/household been temporarily housed in DVS confidential shelter or by temporary shelter voucher subsidy:    \_\_\_ Yes    \_\_\_ NO    Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entrance Date into shelter or start of shelter subsidy: \_\_\_\_\_

Exit/Termination of shelter stay or shelter subsidy: \_\_\_\_\_

4. If not been temporarily housed in DVS confidential shelter or by temporary shelter voucher subsidy, what has been the sleeping accommodations (where has applicant/household been staying/sleeping), please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☞ ☞ ☞ **TURN OVER FOR MORE INFORMATION** ☞ ☞ ☞

\*\*\*\*\*

**To Be Completed By Certifiable DVS Agency and/or Certifiable State/Federal/Non-Profit/For-Profit Agency Provider on behalf of Domestic Violence Victim Household Who Is Homeless:**

I hereby contest, above information regarding KHA's Housing Applicant and their household named on this form is true and correct to my knowledge:

Agency Name: \_\_\_\_\_  
Agency Address: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

☞ \_\_\_\_\_  
"Print" Name of Agency Staff & Title

☞ \_\_\_\_\_ ☞ \_\_\_\_\_  
"Signature" of Agency Staff Date

\*\*\*\*\*

**"Original" Certification Form "must" be completed by a "certifiable" DVS Agency and/or Certifiable State/Federal/Non-Profit/For-Profit Agency Provider on behalf of Domestic Violence Victim Household Who Is Homeless and "must be returned with completed Housing Application at Application submittal time to Kennewick Housing Authority (KHA):**

**Attention To:**  
**KHA Intake Eligibility Specialist:**  
Kennewick Housing Authority (KHA)  
1915 W. 4<sup>th</sup> Place  
Kennewick, WA 99336  
Phone: (509) 586-8576  
TTY: (509) 586-4460

\*\*\*\*\*

**--- KHA Official Use Only ---**

Date Form Received By KHA: \_\_\_\_\_ By KHA Staff & Title: \_\_\_\_\_

Date Form Confirmed With Certifiable Agency: \_\_\_\_\_

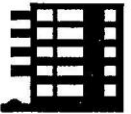
Attached Written Documentation Regarding Form Confirmation: \_\_\_\_ Yes \_\_\_\_ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☞ KHA Staff Signature & Title: \_\_\_\_\_ ☞ Date: \_\_\_\_\_



# Housing Authority City of Kennewick



## SUBSIDIZED HOUSING APPLICATION WAITING LIST LOCAL PREFERENCE "HOMELESS HOUSEHOLDS" CERTIFICATION

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency Staff: \_\_\_\_\_ Title: \_\_\_\_\_

Kennewick Housing Authority's (KHA) mission is to provide affordable housing, housing assistance and supportive housing services to low-income and extremely low-income households in our community. KHA has established policies and procedures to include in its Housing Program Waiting List(s) Local Preference(s) to include preference for "Homeless Households".

The following individual/household (housing applicant) has submitted a subsidized housing application through KHA and is claiming eligibility for KHA's Waiting List Local Preference of "Homeless Households". In order for KHA to assess below named Housing Applicant's Waiting List Local Preference of "Homeless Households" a certifiable agency must complete the following information on Housing Applicant.

☞ Housing Applicant: \_\_\_\_\_

☞ Applicant Household Member(s) & Relationship: \_\_\_\_\_

**\*\*Certification completed by a certifiable Agency (Public/Private/State/Federal/Non-Profit/For-Profit).  
Please complete the information in detail on behalf of KHA's Housing Applicant named above:**

1. Applicant/household currently homeless? \_\_\_\_ Yes \_\_\_\_ No  
Reason for Homelessness: \_\_\_\_\_

2. How long has Applicant/household been homeless (refer to definition of "homeless" on page 32):  
Number of "Consecutive" "Days": \_\_\_\_\_ Number of "Consecutive" "Months": \_\_\_\_\_  
Comments: \_\_\_\_\_

3. Applicant/household been temporarily housed in one or more of the following facilities (check ✓ all that applies):  
\_\_\_\_ Supervised publicly or privately operated temporary shelter (including welfare hotels, congregate & transitional housing shelters):  
Shelter Name, Address & Phone #: \_\_\_\_\_  
From (mnth/day/yr): \_\_\_\_\_ To (mnth/day/yr): \_\_\_\_\_  
\_\_\_\_ Domestic Violence Services (DVS) Shelter:  
DVS Agency Name, Address & Phone #: \_\_\_\_\_  
From (mnth/day/yr): \_\_\_\_\_ To (mnth/day/yr): \_\_\_\_\_  
\_\_\_\_ Domestic Violence Services (DVS) subsidized temporary housing voucher assistance:  
DVS Shelter Name, Address & Phone #: \_\_\_\_\_  
From (mnth/day/yr): \_\_\_\_\_ To (mnth/day/yr): \_\_\_\_\_  
\_\_\_\_ County, State or Federal Department of Corrections Facility:  
DOC Facility Name, Address & Phone #: \_\_\_\_\_  
From (mnth/day/yr): \_\_\_\_\_ To (mnth/day/yr): \_\_\_\_\_  
\_\_\_\_ Other (Other type of temporary facility/voucher subsidy not listed):  
Facility Name, Address & Phone #: \_\_\_\_\_  
From (mnth/day/yr): \_\_\_\_\_ To (mnth/day/yr): \_\_\_\_\_

☞ ☞ ☞ **TURN OVER FOR MORE INFORMATION** ☞ ☞ ☞

4. If not been temporarily housed under one of the above public, private, State, Federal, Non-Profit, For-Profit temporary shelter/facilities or voucher subsidy, what has been the sleeping accommodations (where has applicant/household been staying/sleeping), please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**To Be Completed By Certifiable Public, Private, State, Federal, Non-Profit, For-Profit Agency Provider on behalf of Homeless Household:**

I hereby contest, above information regarding KHA’s Housing Applicant and their household named on this form is true and correct to my knowledge:

Agency Name: \_\_\_\_\_  
Agency Address: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

☞ \_\_\_\_\_  
“Print” Name of Agency Staff & Title

☞ \_\_\_\_\_ ☞ \_\_\_\_\_  
“Signature” of Agency Staff Date

\*\*\*\*\*

**SELF CERTIFICATION:**

**To Be Completed By Housing Applicant if Applicant cannot have a certifiable Agency certify household’s homelessness:**

I hereby contest, above information regarding myself and household’s status of homelessness is true and correct to my knowledge.

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☞ \_\_\_\_\_  
“Print” First & Last Name

☞ \_\_\_\_\_ ☞ \_\_\_\_\_  
“Signature” of Applicant Date

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**”Original” Certification Form “must” be completed by a “certifiable” public, private, State, Federal, Non-Profit, For-Profit Agency Provider on behalf of Homeless Household and “must” be returned with completed Housing Application at Application submittal time to Kennewick Housing Authority (KHA):**

**Attention To:**  
**KHA Intake Eligibility Specialist:**  
Kennewick Housing Authority (KHA)  
1915 W. 4<sup>th</sup> Place  
Kennewick, WA 99336  
Phone: (509) 586-8576  
TTY: (509) 586-4460



\*\*\*\*\*

**- - - KHA Official Use Only - - -**

Date Form Received By KHA: \_\_\_\_\_ By KHA Staff & Title: \_\_\_\_\_

Date Form Confirmed With Certifiable Agency: \_\_\_\_\_

Date Form Confirmed By Applicant's Self-Certification: \_\_\_\_\_

Attached Written Documentation Regarding Form Confirmation: \_\_\_\_ Yes \_\_\_\_ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☞ KHA Staff Signature & Title: \_\_\_\_\_ ☞ Date: \_\_\_\_\_

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**KHA's "definition" of "Homeless" is of the following but not limited to:**

"Homeless" household includes any individual/household who lacks a fixed, regular, and adequate nighttime residence; and an individual/household who has a primary nighttime residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.



## **LEAD-BASED PAINT POISONING NOTIFICATION**

TO: PURCHASERS AND TENANTS OF LOWER INCOME HOUSING CONSTRUCTED BEFORE 1978.  
This building was constructed before 1978. There is a possibility that most of the paint in this building contains lead-based paint.

PLEASE READ THE FOLLOWING INFORMATION CONCERNING LEAD-BASED PAINT POISONING

### 1. Sources of Lead-Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills, doors and door frames. Lead-based paint and primers (under-coats of paint) may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and youth children. Children could eat paint chips or chew on painted railings; wills or other items when parents are not around. Children could also swallow lead even if they do not specifically eat paint chips. For example, when children play in areas where there are loose paint chips or dust particles containing lead, they could get these particles on their hands, put their hands into their mouths, and swallow a dangerous amount of lead.

### 2. Symptoms of Lead- Based Paint Poisoning

Has your child been especially cranky? Is he or she eating normally? Does your child have stomachaches or is he or she vomiting? Does she or he complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times there are no signs or symptoms at all. Lead poisoning can eventually cause mental retardation, blindness and even death.

### 3. Advisability and Availability of Blood Lead Level Screening

Many buildings built prior to 1978 contain high levels of lead in the paint. Since you live in a building that was built before 1978 you should take your child to the doctor or clinic for blood lead level testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicare Program for those who are eligible.

Inform other family members and babysitters of the dangers of lead poisoning. You can safeguard your child from lead poisoning by preventing him or her from eating paint that may contain lead.

### 4. PHA Responsibilities

- a. Your housing Authority is required to remove flaking, peeling, cracking, chipping paint from your unit when it is found during unit inspections and at unit turnover. The housing agency is also required to remove flaking, peeling paint as soon as possible after you notify them of the condition.
- b. When you notify your housing agency that your child has a confirmed elevated blood lead level, the housing authority is required to test your unit for lead-based paint hazards within 5 calendar days. Your housing agency must remove any lead-based paint hazards found in your unit within 14 calendar days after positive testing. Your housing agency may choose to transfer or assign you and your family to (a) a previously tested unit which was found to be free of lead-based paint hazards, or (b) a unit where lead-based paint hazard have been removed, or (c) a unit which was built after 1978.

### 5. Tenant and Homebuyer Responsibilities

#### a. Notify PHA of Elevated Blood Lead Levels

As applicants, tenants and homebuyers of lower income public housing, you are advised to contact your doctor or local clinic to have your children under 6 years of age tested for an elevated blood lead level. If your child is identified as having an elevated blood lead level, you should notify the Housing Authority immediately of the condition so that it may take the necessary steps to test your unit for lead-based paint hazards where they are found.

b. Notify PHA of Defective Paint

Young children sometimes put paint chips in their mouths, or suck their fingers after playing on the floor where paint chips may get on their hands. If the unit which you live has flaking, cracking, chipping, loose or peeling paints **you should notify** the management office **immediately**. The Housing Authority is responsible for removing flaking, cracking, chipping, loose and peeling paint from your unit. However, if the Housing Authority is unable to remove the defective paint from your unit immediately, then there are some things you can do to protect your child:

- (i) Cover all furniture and appliances;
- (ii) Get a broom or stiff brush and remove the loose pieces of paint from walls, woodwork, window wells and ceilings. Try to avoid making a lot of dust as you clean up the paint;
- (iii) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. **DO NOT BURN THEM;**
- (iv) Do not leave paint chips on the floor or in window sills, damp mop floors and window sills around the work areas to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and
- (v) Do not allow loose paint remain within your children's reach since children may pick loose paint off the lower part of the wall and put it in their mouths.

6. Homeowner Maintenance and Treatment of Defective Lead-Based Paint Hazards

If you are a homemaker in the Public Housing Homeownership Program, you should take the necessary steps to keep your unit in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions can damage walls and ceilings and cause paint to peel, cracking, or flake. These conditions should be corrected immediately. Before repainting, all surfaces should be thoroughly cleaned by scraping or brushing the loose paint from the surface, wet scrubbing the area with a strong detergent (high phosphate type if permitted by the state or local laws), and then repainting with two (2) coats of non leaded paint. Instead of scraping and repainting, the surface may be covered with other material such as gypsum wallboard, or paneling. These covering are intended to be permanent barriers that will prevent any future access to lead-based paint hazards.

Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body by either breathing or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. The removal of lead-based paint should take place when there are no children and pregnant women on the premises.

**SIMPLY WASHING AND PAINTING OVER DEFECTIVE LEAD-BASED PAINT SURFACES DOES NOT ELIMINATE THE HAZARD. REMEMBER THAT YOU PLAY A MAJOR ROLE IN THE PREVENTION OF LEAD POISONING. YOUR ACTIONS AND AWARENESS ABOUT THE LEAD PROBLEM CAN MAKE A BIG DIFFERENCE.**

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7. Certification

I have received a copy of this Notice titled "Lead-Based Paint Poisoning Notification".

☞ \_\_\_\_\_  
**Print Full Name**

☞ \_\_\_\_\_  
**Signature**

☞ \_\_\_\_\_  
**Date**

**Kennewick Housing Authority (KHA)  
Housing Program Application-English**

**“LANGUAGE SERVICES SURVEY”  
“I Speak Card/Form”  
KHA LEP Policy**

The Kennewick Housing Authority (KHA) is required under its Limited English Proficiency (LEP) Policy and Federal Register (Vol. 68, No. 244, December 19, 2003) to determine the number of households who may need language services (interpretation & translation) for persons/households who have “limited proficiency” in the English language. To determine the number households and type of LEP services KHA needs to provide for its applicants, participants and the general public, KHA must obtain the necessary information that is provided in this “Language Services Survey/I Speak Card/Form”. Please answer each of the questions below regarding your household.

1. What is the “**primary**” language used in your household? (Check “one” language only)  
 English     Spanish     Russian     Ukraine     German     Pakistani  
 African     Chinese     Vietnamese     Somali     Other: \_\_\_\_\_
2. What languages are “**spoken**” in your household? (Check “one” language only)  
 English     Spanish     Russian     Ukraine     German     Pakistani  
 African     Chinese     Vietnamese     Somali     Other: \_\_\_\_\_
3. Does at least one **adult** (a person 18 years of age or older) member of your household read and write English?  
\_\_\_\_\_ Yes    \_\_\_\_\_ No
4. What language would you like KHA’s **vital documents** (forms, etc) to be **printed** in for your household? (Check “one” language only)  
 English     Spanish     Russian     Ukraine     German     Pakistani  
 African     Chinese     Vietnamese     Somali     Other: \_\_\_\_\_

Head of Household “must” provide the following information for their household. The information in this form will be maintained in your applicant file and in accordance with KHA’s Limited English Proficiency (LEP) Plan/Policies.

Print First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_  
Signature – Head of Household    Date

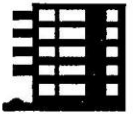
***“If you cannot read this Survey Form in English, contact the KHA for a translated version or interpretation assistance”. Contact KHA at (509) 586-8576, TTY: (509) 586-4460.***

Date Stamp/Time/Staff Initials Area    - - - - **KHA STAFF USE ONLY** - - - -

Form Received by (Staff Name/Title) \_\_\_\_\_

Original in Application File – Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Copy to Executive Director – Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_



**NOTICE:**  
**TO ALL KHA TENANTS & APPLICANTS**

**KHA “Free” Interpreting Services,**  
**Listing of KHA Bi-Lingual Staff for Translation**  
**& Listing of Local Organizations Providing Interpretation Services**

July 2012

January 25, 2005 the KHA Board of Commissioners passed Resolution #874 rescinding Resolution #812 KHA’s HUD Programs Translation Policy. January 25, 2005 the KHA Board of Commissioners passed Resolution #875 approving KHA’s Limited English Proficiency (LEP) Plan/Policy that ensures persons with LEP shall not be discriminated against nor denied meaningful access to and participation in the programs and services provided by the Kennewick Housing Authority (KHA).

**KHA’s new LEP Plan/Policy**, KHA will now provide the following service assistance:

- Provide “free” interpretation service (at the expense of the KHA) to all applicants and tenants of the KHA.
- Provide a public listing of KHA Bi-Lingual Staff for Translation Assistance.
- Provide a public listing of local organizations with competent interpreters for translation assistance.

Within one-hundred twenty (120) days of this notice, KHA will have its vital documents (i.e., leases, rules & regulations, notices to comply-pay/vacate, termination of tenancy, annual/interim re-examination notices, rent re-calculations, etc.) translated in the Spanish language and other languages deemed necessary from its outcome of conducting the required four-factor analysis described by HUD’s Limited English Proficiency (LEP) Guidance and incorporate the new LEP plan/policy within the KHA’s Public Housing Admissions & Continued Occupancy Policy (ACOP) and Section 8 Administrative Plan.

**The following is a list of local & regional organizations with competent interpreters for assistance:**

- \*World Relief Tri-Cities: 734-5477 / Spanish, Russian, Croatian, Egyptian, Bosnian, Arabic languages
- \*Language Line: (AT&T): 1-877-886-3885 - [www.language.com](http://www.language.com) / all languages
- \* Kennewick School District: 222-5032 / Spanish, Russian, Arabic languages
- \*Spokane International Translation (Spokane, WA): 1-877-737-2422 - [www.perciba.com](http://www.perciba.com) / all languages
- \*People for People (Yakima, WA): 1-800-233-1624 - [www.pfp.org](http://www.pfp.org). Currently contracted with DSHS for interpreter programs and transportation / all languages
- \*Columbia Language Services (Vancouver, WA): 1-888-202-3301 - [www.columbia-language.com](http://www.columbia-language.com) / all languages
- \*The Language Exchange (Burlington, WA): 1-360-755-9910 - [www.langex.com](http://www.langex.com) / all languages
- \*Universal Language Services, Inc. (Bellevue, WA): – 1-888-462-0500 / all languages