

SECTION 8 PROGRAM

1207 Commerce Ave. Longview, Wa. 98632

(360)423-0140

FAX: (360) 425-9930

www.longviewha.org

APPLICATION PROCEDURES

Submit original application with a copy of **SOCIAL SECURITY CARD, BIRTH CERTIFICATE/OR PHOTO I.D.**

for each person in the household.

- 1) Applications will be accepted via mail or over the counter.
- 2) Application is processed and you are placed on the waiting list.
- 3) When applicants name comes up on the waiting list, applicant will be notified by MAIL.
- 4) **APPLICANT IS RESPONSIBLE TO NOTIFY LONGVIEW HOUSING AUTHORITY SECTION 8 PROGRAM IN WRITING OF ANY CHANGES OF ADDRESS**, within 10 days.
- 5) **Applicant will be removed from the waiting list** if notification is returned from the post office due to insufficient address. No further notification will be sent.
- 6) **Applicant will be removed from the waiting list** if notification is returned from the post office due to "Moved, left no forwarding address" status. No further notification will be sent.
- 7) Section 8 waiting list only: Once every 6 months to 1 year, the Section 8 waiting list is updated. If applicant does not respond to the request for updated information within the given time frame applicant will be removed from the waiting list.

For Agency Use Only:		
Longview and Cowlitz HCV	Pacific County HCV	
Lewis County HCV	NED HCV	
Wahkiakum Co Local Pref	Eagle Pointe PBV	
Mod Rehab PB	Sylvester PBV	
Pacific Pearl PBV		
Date:	Time:	
LHA Staff Approval:		

Longview Housing Authority
 1207 Commerce Ave., Longview WA 98632
 Phone: 1-360-423-0140 Fax: 1-360-425-9930
 TDD 1-800-833-6388 www.longviewha.org

Pre-application for Tenant Eligibility

Longview Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, sexual orientation or familial status.
Fair Housing Hotline: 1-800-669-9777.
 If you need assistance completing this form, please let us know.

1. Head of Household (please print): _____ Phone: _____ Msg Phone: _____

Please send my mail in care of: _____ Email address: _____

2. Mailing Address: (required) _____ CITY: _____ STATE: _____ ZIP: _____

3. Household Composition - List ALL family members who will reside with Head of Household:

Name (First, Middle Initial, Last)	Relationship	Birthdate	City, State, Country of Birth	Sex	Social Security #
	Self				

4. Waiting List: Please **check** which waiting list you wish to be placed on (*you may apply for more than one list*):

- Section 8 Voucher for Longview and unincorporated areas of Cowlitz County and Wahkiakum County
- Section 8 Voucher, Pacific County (Raymond, South Bend, Long Beach, Illwaco, Seaview, Ocean Park, Tokeland...)
- Section 8 Voucher, Lewis County (Chehalis, Centralia, Rochester, Morton, Winlock, Mossyrock, Packwood, Pe El...)
- Section 8 Voucher, NEDs (Non-Elderly, Disabled head of **household consisting of 1 to 4 that qualify for zero, 1 or 2 bedroom only, under 62 years of age ONLY**)
- Moderate Rehabilitation Program (Mod-Rehab) for households **consisting of 2 to 4 persons that qualify for 2 bedrooms**. This is project based, 2 bedroom apartments in Longview.
- Pacific Pearl Apartments, **South Bend** (Pacific County) Project Based Housing 1, 2 and 3 bedrooms for victims of Domestic Violence
- Sylvester Apartments (**Longview, 62 or older only**)
- Eagle Pointe Village (**Cathlamet, 62 or older only**)

5. Family Status: ☞ *Your response to this section is VOLUNTARY* ☞. Please **check** the correct response:

- a. Is the Head of Household or Spouse 62 years of age or older? yes no
- b. Is the Head of Household or Spouse Disabled or Handicapped? yes no
- d. Ethnicity of Head of Household: Hispanic Non-Hispanic
- c. Race of Head of Household: American Indian/Alaskan Native Asian Black
Pacific Islander White Other

6. Income: (List all sources of income for all family members who will reside with head of household while assisted i.e.full or part time employment, welfare (TANF or General Assistance), social security, SSI, disability, pensions, unemployment, babysitting, alimony, child support, loans, scholarships, grants, etc.) Attach additional sheet if necessary.

Income Source	Total Monthly

7. Assets: Please list all bank accounts (checking, savings, IRA's, Keough Accounts, Certificates of Deposit, Trust Accounts), stocks, bonds, real estate (land, residence or rental property) or Real Estate Contracts:

Type of Asset	Name of Bank	Account #	Value

- a. Do you own real estate? yes no
- b. Do you own, or are you purchasing acreage, a mobile home, manufactured home or any other form of Real Estate? yes no
 If yes, please list _____

8. Other:

- a. Have you or any family member (including minors) been convicted of any crimes, crime involving controlled substances (illegal drugs) or crimes of violence? yes no
- b. If you answered yes, please list person, crimes and date of convictions:

- c. Are you or anyone expected to live with you (including minors) presently registered as a sex offender? yes no
- d. If yes, please list name of family member and locality where registered.

A criminal background check may be performed on each adult expected to participate in any Section 8 rent assistance program. Federal Regulations prevent Longview Housing Authority from providing rent assistance to any person that has been evicted from Public Housing for manufacturing or production of methamphetamine. Persons convicted of any crime involving any controlled substance, violent criminal activity or other criminal activity may also be prevented from participating on a Section 8 rent assistance program. All persons with a current sex offender registration will be denied assistance. **Persons that are subject to a lifetime sex offender registration requirement are prohibited from receiving Section 8 rent assistance 24 CFR 982.553(a).**

I have read and understand I may be subject to a criminal background check prior to receiving any rent assistance with the Longview Housing Authority. ☞☞ _____ (please initial that you understand).

- e. Have you ever participated on a rental assistance program funded by a City, State or Federal Government? This includes all TBRA, HUD and USDA programs. yes no
- f. If yes, where and when? _____
- g. Do you presently owe money to any Housing Authority or Housing Agency? yes no

Please list the Agency and balance owed. _____ **WARNING: FAILURE TO REPORT AN OUTSTANDING DEBT TO A PUBLIC HOUSING AGENCY WILL RESULT IN DENIAL OF ELIGIBILITY, TERMINATION FROM ASSISTANCE AND DENIAL OF FUTURE BENEFITS.**

9. **Applicant Certifications:**

Periodically the Longview Housing Authority purges its waiting list. Applicants will be notified by mail of this action. Applicants will also be notified by mail of the arrival of their name on the waiting list. **It is critical the Housing Authority is able to reach an applicant by mail.**

I acknowledge I am required to **immediately** advise the Longview Housing Authority of any change of address, phone number and/or family status while waiting for assistance. At such time I will document the date, time and the name of the person with whom I gave this information to. Keeping a record of notifications may eliminate the possibility of being removed from the waiting list.

☞☞ **APPLICANT (please initial that you understand)** _____

By signing this application, all members of your household are subject to HUD (Housing and Urban Development) and PHA (Public Housing Agency) national data sharing agreements with Social Security Administration, State Wage and Income Collection agencies (Employment Security, Support Enforcement and Department of Social and Health Services, etc).

☞☞ **APPLICANT (please initial that you understand)** _____

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

☞☞ **APPLICANT (please initial that you understand)** _____

→ _____
Applicant Signature **Date**

→ _____
Co-applicant Signature **Date**

All previous versions of this application are obsolete and will not be accepted.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

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

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

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)

LONGVIEW HOUSING AUTHORITY
1207 COMMERCE AVE
LONGVIEW, WA 98632

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

Notice of the Availability of Reasonable Accommodation

If you need:

- ~ a change in our policies or procedures
- ~ a repair or change in your apartment
- ~ a repair or change to some other part of the property
- ~ a change in the way we communicate with you

Because of a disability, you can ask for this change, which is called a "reasonable accommodation".

If your request is reasonable and does not amount to an undue hardship on LHA, we will try to facilitate the changes you need.

We will make a decision as soon as possible, at least within thirty (30) days, unless you agree to an extension of time. We will let you know if we need more information or verification from you or if we would like to discuss other ways of meeting your needs.

If we turn down your request, we will explain our decision, and you may give us additional information.

If you need help in using the form, or if you want to give us your request in another way, we will help you.

Request for a Reasonable Accommodation

In order to request a Reasonable Accommodation, the person making the request must meet HUD's definition of disabled: (See definition of page 1)

Please provide this reasonable accommodation: (must meet the definition of a disabled person)

This reasonable accommodation is needed because: (must meet the definition of a disabled person)

If you need more room for explanation please use the back of this sheet.

This accommodation will:

- help you live in the housing or take part in our program;
- meet the lease requirements of our program;
- meet other requirements of our program

Date: _____

Name: _____

Address: _____

Telephone: _____