



City of Pittsburg
Community Access - Housing Authority Division
 916 Cumberland Street, Pittsburg, CA 94565
 Tel: (925) 252-4830 FAX (925) 427-2715 TTY: (925) 427-7950

Incoming Portability/Transfer Application Packet

Dear Participant,

Congratulations on your move!

In order for the City of Pittsburg Housing Authority (COPHA) to provide you with assistance during your transfer process, you will need to complete the following portability application packet and submit it in person. **PLEASE NOTE THIS PORTABILITY APPLICATION PACKET WILL NOT BE ACCEPTED BY FAX.**

This packet will be reviewed along with your portability packet from your original Housing Authority. Depending on the information provided in your portability packet from your original Housing Authority, you may be required to provide additional information such as birth certificates, current DMV picture ID, social security cards, vehicle registration, and income. (Just to name a few.)

Once reviewed, COPHA staff will contact you to either provide additional information or to schedule a briefing appointment. At the briefing appointment, it is mandatory that all adults attend. If any adults are not present, then the briefing will be rescheduled to another date.

It is very important to provide current and complete information when completing the portability application packet and when providing verification of income. Additionally, it is essential that all forms are read. Should you have any questions, please inquire with COPHA staff. We will be able to provide you with current and accurate information.

Since COPHA staff may need to contact you, please provide your current address and phone number(s) where you can be reached. Should any of this information change, it is very important to let us know in writing.

One final word, COPHA follows the Code of Federal Regulation and its Administrative Plan policies. Your assistance is appreciated in complying with these regulations and policies in order to complete the process in a timely manner.

Please be advised your portability packet will be accepted by COPHA staff between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday.

Should you have any questions, you may contact (925) 252-4830.

Thank you,

City of Pittsburg
 Housing Authority Staff

OFFICE USE ONLY:

| |
|-------------------------|
| Port In From: _____ |
| Tenant's Name: _____ |
| Property Address: _____ |
| Home Phone: _____ |
| Cell Phone: _____ |
| L/L: _____ |
| Phone: _____ |



City of Pittsburgh
Community Access - Housing Authority Division

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Portability Application Packet

Things You Should Know!

- Refer to the current Administrative Plan or contact your Housing Specialist if you have any questions. If you do not understand something, please ask. The Housing Specialist will answer your questions, or acquire the information for you.
- Providing false, incomplete, or inaccurate information on your application and/or recertification forms will jeopardize continued housing assistance.
- Do not allow persons not on your lease to live with you, you must receive authorization from our agency and your landlord before any person can be added to your lease. This includes spouses, newborns, foster children, etc.
- There are penalties that apply if you knowingly omit information or give false information.
- There are penalties for committing fraud. The United States Department of Housing and Urban Development (**HUD**) places a high priority on preventing fraud. If your application/recertification forms contain false or incomplete information you may be:
 - Evicted from your apartment or house;
 - Required to repay all overpaid rental assistance you received;
 - Fined up to \$10,000;
 - Imprisoned for up to 5 years and/or;
 - Prohibited from receiving future assistance.
- You must provide updated information at least once a year. This program requires that you report any changes in income or family/household composition within **14 days** of change such as:
 - **All income changes, such as wages or benefits, change of employers or loss of job, etc.**
 - **Any family/household member who has moved out;**
 - **All assets that you or your family/household members own and any asset that was sold in the last two (2) years for less than its full market value.**
- Beware of fraud! If you encounter fraud report it immediately to your Housing Specialist. The following are a few fraud schemes:
 - Do not pay for anything not covered in your lease;
 - Retain receipts for any money you paid;
 - Request written explanation if you are required to pay any money other than rent, (such as maintenance charges).
- If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the Housing Specialist.

TENANT INFORMATION FORM

Tenant ID _____

March 2, 2011

Please complete and review the following Tenant Information Form. This information will help us determine your assistance.

Head of Household _____

Unit Address _____

Unit City, State Zip _____

Mailing address (if different than above) _____

Telephone Number _____ Home Work Cell Other _____

Telephone Number _____ Home Work Cell Other _____

E-mail Address _____ I would like to receive correspondence via e-mail.

Part 1: Household Information

Starting on the first line for the Head of Household, please supply the following information for all adults and children that will live in the housing unit to be assisted. List adults first, then children. Enter one of the following codes in box 6 to identify the household relationship of each adult and child listed.

H = Head of Household
S = Spouse (Married)

K = Co-Head (Not Married)
F = Foster Child/Adult

Y = Youth Under 18
E = Full Time Student Over 18

L = Live-in Aide
A = Other Adult

| | | | | | | |
|---|---------------|---|------------------|---|-------------------------|---|
| 1. Last Name & Sr, Jr, etc. | 2. First Name | 3. MI | 4. Date of Birth | 5. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 6. Relation H | 7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | | 9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic | | 10. Social Security Number | | |
| 1. Last Name & Sr, Jr, etc. | 2. First Name | 3. MI | 4. Date of Birth | 5. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 6. Relation | 7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | | 9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic | | 10. Social Security Number | | |
| 1. Last Name & Sr, Jr, etc. | 2. First Name | 3. MI | 4. Date of Birth | 5. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 6. Relation | 7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | | 9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic | | 10. Social Security Number | | |
| 1. Last Name & Sr, Jr, etc. | 2. First Name | 3. MI | 4. Date of Birth | 5. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 6. Relation | 7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | | 9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic | | 10. Social Security Number | | |
| 1. Last Name & Sr, Jr, etc. | 2. First Name | 3. MI | 4. Date of Birth | 5. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 6. Relation | 7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | | 9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic | | 10. Social Security Number | | |
| 1. Last Name & Sr, Jr, etc. | 2. First Name | 3. MI | 4. Date of Birth | 5. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 6. Relation | 7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | | 9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic | | 10. Social Security Number | | |

TENANT INFORMATION FORM

Part 1: Household (Continued)

1. Does your family lack a regular nighttime residence, live in a shelter, or other non residential place? Yes No
2. Do you currently live in public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing. Yes No
3. Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years? Yes No
4. Do you or any member of your household have a history of controlled substance or alcohol abuse that has not been abated through rehabilitation? Yes No
5. Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing? Yes No
6. Are you or any member of your household subject to a lifetime sex offender registration under a State sex offender registration program? Yes No
7. If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here:

Part 2: Unit To Be Occupied by Assisted Family (If Known)

| | | | | | | | |
|--------------------------|--|-------------|--|---|--|---------------------------|--|
| Owner Information | | | | Assisted Unit Information: | | | |
| Name _____ | | | | Address _____ Apt. _____ | | | |
| Address _____ | | | | City _____ | | | |
| City _____ | | State _____ | | ZIP _____ | | State _____ ZIP(+4) _____ | |
| Home Telephone _____ | | _____ | | Unit Entrance <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear | | | |
| Work Telephone _____ | | _____ | | Unit Floor Level <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other: _____ | | | |

Part 3: Asset Information

1. Has any member of the family given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past two years? Yes No

List household assets held by any family member, irrespective of age, in the space provided below. An asset is any one of the following types without limitation:

| | | | | |
|------------------------|--------------------------------------|-------------------------|----------------------|-------------|
| 401(k) or 403(b) | Checking Account | Life Insurance Policies | Pensions | Stocks |
| Bonds | Individual Retirement Accounts (IRA) | Money Market Account | Real Property (land) | Trust Funds |
| Certificate of Deposit | Inheritances | Mutual Funds | Savings Account | |

DOCUMENTATION REQUIRED: Provide current statements showing the value and interest rate of each asset and check the Documentation Provided box for each income.

| | | | | |
|--------------------------------------|-----------------|----------------|-----------------------|--|
| Account Holder | Type of Account | Account Number | Current Balance \$ | Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| Verification Source Name and Address | | | | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Account Holder | Type of Account | Account Number | Current Balance \$ | Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| Verification Source Name and Address | | | | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Account Holder | Type of Account | Account Number | Current Balance \$ | Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| Verification Source Name and Address | | | | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Account Holder | Type of Account | Account Number | Current Balance \$ | Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| Verification Source Name and Address | | | | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |

TENANT INFORMATION FORM

Part 4: Income Information

1. Did you file a Federal Income Tax Return Last Year? Yes No

2. Does anyone living outside your household pay any of your bills? Yes No

List income information for all family members 18 or older in the space provided below. An income is any one of the following types without limitation:

| | | | |
|---------------------------------------|---------------------|--------------------------|-----------------------|
| Alimony Payments | Food Stamps | Self Employment | Wages/Salaries |
| Child Support | Military Pay | Social Security Benefits | Welfare Benefits |
| Disability Benefits | Periodic Gifts | SSI | Worker's Compensation |
| Financial assistance to attend school | Retirement Payments | Unemployment Benefits | |

DOCUMENTATION REQUIRED: Provide two current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Provided box for each income.

| | | | |
|-------------|-------------|----------------------|--|
| Member Name | Income Type | Monthly Income \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|-------------|----------------------|--|

Verification Source Name and Address

| | | | |
|-------------|-------------|----------------------|--|
| Member Name | Income Type | Monthly Income \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|-------------|----------------------|--|

Verification Source Name and Address

| | | | |
|-------------|-------------|----------------------|--|
| Member Name | Income Type | Monthly Income \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|-------------|----------------------|--|

Verification Source Name and Address

| | | | |
|-------------|-------------|----------------------|--|
| Member Name | Income Type | Monthly Income \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|-------------|----------------------|--|

Verification Source Name and Address

| | | | |
|-------------|-------------|----------------------|--|
| Member Name | Income Type | Monthly Income \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|-------------|----------------------|--|

Verification Source Name and Address

| | | | |
|-------------|-------------|----------------------|--|
| Member Name | Income Type | Monthly Income \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|-------------|----------------------|--|

Verification Source Name and Address

| | | | |
|-------------|-------------|----------------------|--|
| Member Name | Income Type | Monthly Income \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|-------------|----------------------|--|

Verification Source Name and Address

| | | | |
|-------------|-------------|----------------------|--|
| Member Name | Income Type | Monthly Income \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|-------------|----------------------|--|

Verification Source Name and Address

| | | | |
|-------------|-------------|----------------------|--|
| Member Name | Income Type | Monthly Income \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|-------------|----------------------|--|

Verification Source Name and Address

Attach Additional Sheets if Necessary

TENANT INFORMATION FORM

Part 5: Household Expenses

1. Does any adult household member (age 18 or older) attend school full time? (If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below.) Yes No

2. Does any member of your family have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult family member can work or attend classes? Yes No

3. Does any member of your family have UNREIMBURSED expenses for care of a person with disabilities so that an adult family member can work? Yes No

4. ONLY complete the following if the head of household, spouse or co-head is age 62 or older, or has a disability.
Does any member of your family have UNREIMBURSED medical expenses (ie. Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription/Non Prescription Medicines (prescribed by a physician)? Yes No

List expense information relating to questions marked as Yes in the lines above.

DOCUMENTATION REQUIRED: Provide documentation from Verification Source listing the monthly payment for each expense and check the Documentation Provided box for each expense.

| Member Name | Allowance Type | Monthly Payment \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|----------------|-----------------------|--|
|-------------|----------------|-----------------------|--|

Verification Source Name and Address

| Member Name | Allowance Type | Monthly Payment \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|----------------|-----------------------|--|
|-------------|----------------|-----------------------|--|

Verification Source Name and Address

| Member Name | Allowance Type | Monthly Payment \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|----------------|-----------------------|--|
|-------------|----------------|-----------------------|--|

Verification Source Name and Address

| Member Name | Allowance Type | Monthly Payment \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|----------------|-----------------------|--|
|-------------|----------------|-----------------------|--|

Verification Source Name and Address

| Member Name | Allowance Type | Monthly Payment \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|----------------|-----------------------|--|
|-------------|----------------|-----------------------|--|

Verification Source Name and Address

| Member Name | Allowance Type | Monthly Payment \$ | Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|----------------|-----------------------|--|
|-------------|----------------|-----------------------|--|

Verification Source Name and Address

Attach Additional Sheets if Necessary

Part 6: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____

_____ Date



City of Pittsburg
Community Access – Housing Authority Division

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Portability Application Checklist

The checklist below is for your use to assure all necessary documents are provided at your scheduled appointment.

All verifications must be current within the last 30 calendar days. All verifications must be third party verified. Third party verification defined: ***“Agency completing verification must return completed form directly to COPHA by mailing or faxing directly to COPHA’s office or place in an agency envelope and sealed for hand delivery.”***

Income: (Obtain all verifications that apply to each household member)

- Gross Pay (Employment)** verification form(s) completed by employer for each employed family member. Provide the last four (4) consecutive pay stubs for each employed family member. If no longer employed, provide gross pay verification form completed by employer indicating employment status.
- Social Security** – provide current benefit statement for each member of the household who are receiving benefits.
- Worker’s Compensation/Disability Insurance** verification must be on company letterhead for each member of the family who is receiving benefits.
- Employment and Human Services** verification form must be completed by agency for all members of the family who are receiving benefits (TANF, Food Stamps, GA, Child Support Disregard, and/or Transportation).
- Employment Development Department** verification form must be completed by agency for all members of the family who are receiving benefits.
- Child Support and/or Alimony Income** - If court order is not in place, a notarized statement is required. If receiving child support through the Department of Child Support Services, please obtain *participant number* and *PIN number* that verification may be obtained on-line at your appointment.
- Veterans Administration, Pension, or Retirement** - Verification must be on company letterhead for all members of the family who are receiving benefits.
- Foster Care** - Verification must be on letterhead from agency referencing foster child.
- Self – Employment** verification must be the last 3 years of Federal Income Tax (filed) and other supporting documentation as requested by COPHA.
- Gifts/Monies** verification must be a notarized statement.

No Income:

Any member of the family who is 18 years of age or older who has no source of income must complete the following verifications:

- Notarized statement indicating zero income.
- Income and Expense statement. (Statement will be provided by Housing Authority)

Incoming Portability Checklist – Page 2

Assets:

- Banking:** The most current bank statement (all pages) for ALL checking and/or savings accounts for each member of the family.
 - If bank account has been closed, you must provide verification of account closure.
 - If providing a print out as verification, the print out must be on bank letterhead and/or signed by a bank representative.
 - Access to on-line banking is available at our office
- Whole Life Insurance, Real Estate, Stocks, and/or Bonds:** Provide copy of whole life insurance policies and third party verification of cash value for each policy, proof of ownership of real estate, statements indicating cash value of stocks and bonds.

Allowances/Deductions: (As applicable.)

- Child Care Expenses:** Verification of expenses for child 12 years of age or younger
- Medical Expenses:** Refer to the current Administrative Plan for restrictions.
- Student Status:** verification by school official.

Identification:

- Picture Identification:** Current driver's license or identification issued by the Department of Motor Vehicle for all members of the family 18 years of age or older must be provided.
- Resident Alien Registration/Immigration:** Current INS documentation for all members of the family indicating status.
- Social Security cards:** Social Security cards for all members of the household.

Applicant/Participant Information (cont'd)



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Community Access - Housing Authority Division

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STATEMENT OF FAMILY OBLIGATIONS

This section states the obligations of a family for continued assistance in a Section 8 Housing Choice Voucher Program. Violation of any of these obligations may result in termination of assistance.

I. Information – Program Integrity

- a. The family must supply any information that COPHA or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status (as provided by 24 CFR 982.551). "Information" includes any requested certification, release or other documentation.
- b. The family must supply any information requested by COPHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
- c. The family must disclose and verify Social Security Numbers (as provided by 24 CFR 5.216) and must sign and submit consent forms for obtaining information in accordance with 24 CFR 5.230.
- d. The family must promptly notify COPHA if any family member no longer resides in the unit.
- e. If COPHA has given approval, a foster child or a live-in aide may reside in the unit. If the family does not request approval or COPHA approval is denied, the family may not allow a foster child or live-in aide to reside with the assisted family.
- f. Members of the household may engage in legal profit-making activities in the unit, but only if such activities are incidental to primary use of the unit as a residence by members of the family.
- g. The family must supply any information or certification requested by COPHA to verify that the family is living in the unit, or relating to family absence from the unit, including any COPHA requested information or certification on the purposes of family absences. The family must cooperate with COPHA for this purpose.
- h. The family must promptly notify COPHA of absence from the unit.
- i. The family must not own or have any interest in the unit.
- j. The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.
- k. The household members may not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. (See PHA One Strike Policy).
- l. The members of the household must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. (See PHA One Strike Policy).
- m. An assisted family, or members of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) federal, State or local housing assistance program.
- n. Participants shall not allow their unit's address to be used for mail and/or any other purpose by persons not listed on the lease.
- o. All changes to the family's size i.e., birth, death, marriage, separation, etc., income, and any other changes shall be reported to COPHA in writing within 14 calendar days of change.
- p. Tenant must only pay the amount stated as tenant share on the Certification.

STATEMENT OF FAMILY OBLIGATIONS – Page 2

II. Inspection

- a. The family is responsible for an HQS breach caused by the family as described in 982.404(b).
- b. The family must allow COPHA to inspect the unit at reasonable times and after reasonable notice.
- c. The family shall inspect the dwelling unit's smoke detector(s) periodically during tenant(s)' occupancy. If, at any time, the tenant finds the smoke detector(s) not in operating condition, the tenant shall promptly notify the owner, and make any minor repairs to the smoke detector as approved by owner, such as the installation of a new battery. The tenant(s) shall not remove, dismantle or otherwise render the smoke detector(s) inoperable.
- d. Tenant shall keep the dwelling unit in a clean and sanitary condition and on termination of the lease surrender the dwelling unit to lessor in as good condition as it is on the beginning date of the lease, reasonable wear and tear and damage by the elements excepted.
- e. Tenant shall immediately notify owner of defect, dilapidation, or dangerous conditions of the property. Notification may include written notice to owner with a copy to the COPHA. Tenant must promptly reimburse owner for the cost of any repairs to the dwelling unit caused by tenant's negligence or misuse or misuses of any of the tenant's guests, invitees or licensees.

III. Lease Violations

- a. The family may not commit any serious or repeated violations of the lease.
- b. The family must notify the owner and, at the same time, notify COPHA before the family moves out of the unit or terminates the lease upon notice to the owner.
- c. The family must promptly give COPHA a copy of any owner eviction notice.
- d. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- e. The composition of the assisted family residing in the unit must be approved by COPHA. The family must promptly inform COPHA of the birth, adoption or court-awarded custody of a child. The family must request COPHA approval to add any other family member as an occupant of the unit.
- f. The family must not sublease or let the unit.
- g. The family must not assign the lease or transfer the unit.
- h. Tenant shall have current garbage, water and PG&E service at all times and must provide proof to COPHA staff when requested.
- i. Water, PG&E and garbage services that are payable by Tenant as stated in the lease shall be in the head of household or other adult household member's name.

IV. Certification

- a. I/we understand and that all information supplied by the family must be true and complete. In compliance with Title 18, U.S.A.C. 1001.
 - Title 18, U.S.A.C 1001, provides in part that whoever knowingly and willfully makes or uses a document containing any false, fictitious or fraudulent statement or entry in any matter in the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.
- b. I/we have read and understand these family obligations. I/we understand failure to comply with any of the family obligations aforementioned may result in the termination of my/our assistance.

Applicant/Participant Signature Date

Applicant/ Participant Signature Date

Applicant/Participant Signature Date

Applicant/ Participant Signature Date

Applicant/Participant Signature Date

Applicant/ Participant Signature Date

Authorization for the Release of Information

Tenant ID

PHA requesting release of information:

City of Pittsburg
 Housing Authority
 916 Cumberland Street
 Pittsburg, CA 94565

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

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 review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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 |
| | | |
| Spouse | Date | Other Family Member over age 18 Date |
| | | |
| Other Family Member over age 18 | Date | Other Family Member over age 18 Date |

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 this form is restricted to the purposes cited above. 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.

Authorization for the Release of Information/ Privacy Act Notice

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

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

Tenant ID

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

City of Pittsburg Housing Authority
916 Cumberland Street
Pittsburg, CA 94565

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 the 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(1)(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.