

HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD, SUITE 1
SARANAC LAKE, NEW YORK 12983-2373



**LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
HOUSING CHOICE VOUCHER PROGRAM**

SARAH A. CLARKIN, EXECUTIVE DIRECTOR
sclarkin@harrietstownha.org

Required information MUST be submitted with your application

APPLICATION FOR HOUSING CHOICE VOUCHER LAKE FLOWER HIGH-RISE ALGONQUIN APARTMENT COMPLEX

1. Complete the enclosed application for housing rental assistance.
2. Return to:
Harrietstown Housing Authority
14 Kiwassa Road, Suite 1
Saranac Lake, NY 12983
3. Include the following information with your completed application:
 - A copy of birth certificate for everyone listed on the application.
 - Proof of income (wage statements, child support, SSI, etc).
 - A copy of Public Assistance Grant Award Letter.
 - A copy of the social security card for everyone listed on the application.
 - Current bank statement for all accounts.
4. A copy of the Social Security Award Benefits letter indicating the amount of your monthly benefit (SSI, SSD, and/or SS). Include this for all family members.
5. A printout from your pharmacy for all medications for the past twelve months and receipts for all medical expenses you paid that were not reimbursed by an insurance company (includes doctor visits, hearing aids, eye glasses, etc).
6. A copy of any health insurance premiums for medical expense reimbursement or payment (Blue Cross/Blue Shield, AARP, EPIC, etc).

****Please note that failure to provide all required information with your completed application could delay processing of the application. Please note that all individuals 18 years and older must sign the application. A citizenship verification form MUST be completed for everyone in the household.***

Upon receipt of a completed application with all required information, the Harrietstown Housing Authority will process the information and contact you if an interview is required. Upon verification of all information provided, a written determination will be forwarded to the address you provide as to eligibility and availability of apartments for your family size.

If you have any questions pertaining to this application process, you can contact our office at 518-891-3050. Thank you for your interest.

Irene Snyder
Housing Choice Voucher Specialist
*Extension 105

Debbie Zerrahn
Public Housing Assistant
Housing Choice Voucher Supervisor
*Extension 102

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Last	First	MI	Sex M F	SSN - -	DOB / /	Age
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Do you require any modifications or accommodations in order to fully utilize the program and its services? <input type="checkbox"/> Yes If Yes explain below <input type="checkbox"/> No		

How did you find out about HHA? Advertisement Friend/Agency Known on own

Current Street Address	Street	City	State	Zip
Mailing Address	Street	City	State	Zip
Home Tele ()	Business Tele ()	Fax ()		

What was your street address before you moved to where you live now?

Street Address	Street	City	State	Zip
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If we are unable to reach you, whom could we contact locally?

Name	Telephone #
Address	Relation

Household members: List the legal names of all household members below. Start with the head of household, then spouse, or co-head, then minor (oldest to youngest), and then any other adults.

No.	Legal Name	Sex M/F	Relation to head	Social Security Number	Date of Birth	Age	School Name/ Occupation
1							
2							
3							
4							
5							
6							

(518) 891-3050

dzerrahn@harrietstownha.org

TTD (518) 891-2860

FAX (518) 891-3630

HARRIETSTOWN HOUSING AUTHORITY PROHIBITS SMOKING IN ALL APARTMENTS

Income Information: Provide a complete explanation of "Income" to applicant. **PLEASE STATE EMPLOYER'S NAME.**

Fam Mem	Source of Income	Rate/Frequency	Type of Income	
				\$
				\$
				\$
				\$
Did you file a Federal Income tax return for the most recent year?			Yes	No
Does anyone outside of your household pay any of your bills or expenses? If Yes Explain:			Yes	No

Asset Information: If none, please write "none".

Fam Mem	Asset Description	Current/ Disposed	Market Value	Cash Value	Int Rate	Annual Income
				\$		\$
				\$		\$
				\$		\$

Banking Information: If none, please write "none".

Name of Bank	Account Number	Type	Joint/ Indiv	Balance Current	6-mon.avg
				\$	\$
				\$	\$
				\$	\$

Disability Assistance Expenses: If none, please write "none".

Fam Mem	Expense Description	Amount	Period	Annual Amount
		\$		\$
		\$		\$

HARRIETSTOWN HOUSING AUTHORITY PROHIBITS SMOKING IN ALL APARTMENTS

Program Integrity Information

Do you expect anyone to move in or out of your household within the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone live with you now who is not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lived in assisted housing before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When? _____ Where? _____ Under what name? _____ Who was head of Household? _____	
Have you ever used a name other than the one you are using now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What name? _____	
Have you ever used a social security number other than the one you listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is it? _____	
Has anyone in your household been engaged in the use, sale, manufacture or distribution of a controlled substance: _____ If Yes: _____ Who? _____ When? _____ What? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested or convicted of a crime? Explain if yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever violated a family obligation in a HUD-assisted housing program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe any money to a Public Housing Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

Current Expenditures

Rent	Phone	Medical	Credit Card
Electric	Auto Pmt.	Cable	Credit Card
Gas	Auto Ins.	Insurance	Loan
Water	Child Care	Rentals	Other

Do you have any other regular monthly payments besides those above? Specify:	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
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Public Housing Screening

Have you ever been evicted?			
By Whom?	When?	Why?	

List the complete address and telephone number for each landlord for the past three years.

Failure to provide will result in your application being rejected.

Address	Landlord	From	To	Telephone

HARRIETSTOWN HOUSING AUTHORITY PROHIBITS SMOKING IN ALL APARTMENTS

Pets

Do you have a pet?	Yes	No
If Yes: What kind?	Size	Weight

If you intend to bring your pet with you, you must obtain a pet application and submit it with your application for an apartment. There will be a \$25 pet application fee upon acceptance of an apartment. In addition there will be a \$200 pet security deposit.

Vehicles: How many vehicles does the family own?

Owner	Make	Model	Year	Color	Tag#	State

Authorization, Representations and Certifications

I do hereby authorize Harriesttown Housing Authority to obtain a “consumer report” as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

NOTICE: *Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime.*

Signature of Head of Household _____ Date _____

Signature of spouse or other adult _____ 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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

Optional and Supplemental 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.

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

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.	

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.

Harrietstown Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Harrietstown Housing Authority (HHA) is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under either the Public Housing or Housing Choice Voucher programs, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the Public Housing or Housing Choice Voucher programs, you may not be denied assistance, terminated from participation, or be evicted from your rental

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the Public Housing or Housing Choice Voucher programs solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HHA may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HHA chooses to remove the abuser or perpetrator, HHA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HHA must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HHA must follow Federal, State, and local eviction procedures. In order to divide a lease, HHA may, but is not required to, ask you

for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HHA may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HHA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HHA will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HHA's emergency transfer plan provides further information on emergency transfers, and HHA must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HHA can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HHA must be in writing, and HHA must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HHA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HHA as documentation. It is your choice which of the following to submit if HHA asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HHA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HHA has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HHA does not have to provide you with the protections contained in this notice.

If HHA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HHA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HHA does not have to provide you with the protections contained in this notice.

Confidentiality

HHA must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HHA must not allow any individual administering assistance or other services on behalf of HHA (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HHA must not enter your information into any shared database or disclose your information to any other entity or individual. HHA, however, may disclose the information provided if:

- You give written permission to HHA to release the information on a time limited basis.
- HHA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HHA or your landlord to release the information.

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

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HHA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HHA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HHA can demonstrate the above, HHA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the HUD Buffalo Field Office.

For Additional Information

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, HHA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact HHA's Housing Assistant or Housing Choice Voucher Specialist.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact STOP Domestic Violence of Behavioral Health Services North of Clinton, Franklin and Essex counties at its 24-hour hotline, 1-866-563-6904.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact STOP Domestic Violence of Behavioral Health Services North of Clinton, Franklin and Essex counties at its 24-hour hotline, 1-866-563-6904.

Victims of stalking seeking help may contact STOP Domestic Violence of Behavioral Health Services North of Clinton, Franklin and Essex counties at its 24-hour hotline, 1-866-563-6904.

Attachment: Certification form HUD-5382

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The 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. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**EMERGENCY TRANSFER PLAN FOR VICTIMS OF
DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

Attachment: Certification form HUD-5382

Harriestown Housing Authority

**Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence,
Sexual Assault, or Stalking
Public Housing Program**

Emergency Transfers

The Harriestown Housing Authority is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),¹ the Housing Authority allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.² The ability of the Housing Authority to honor such request for tenants current receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the Housing Authority has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

The plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the federal agency that oversees that the public housing program is in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L, is eligible for an emergency transfer,

¹ Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

if the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify the Housing Authority's management office and submit a written request for a transfer to the office. The Housing Authority will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the Housing Authority's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar day period preceding the tenant's request for an emergency transfer.

Confidentiality

The Housing Authority will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives the Housing Authority written permission to release the information on a time-limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person or persons that committed an act of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act for All Tenants for more information about the Housing Authority's responsibility to maintain confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

The Housing Authority cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The Housing Authority will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions

that govern occupancy in the unit to which the tenant has been transferred. The Housing Authority may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If the Housing Authority has no safe and available units for which a tenant who needs an emergency transfer is eligible, the Housing Authority will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, the Housing Authority will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Emergency Transfers: Public Housing (PH) Program

If you are a public housing resident and request an emergency transfer as described in this plan, the Housing Authority will attempt to assist you in moving to a safe unit quickly. The Housing Authority will make exceptions s required to policies restricting moves.

Emergency transfers for which you are not required to apply for assistance including the following:

- Public housing unit in a different development
- Public housing unit in the same development, if you determine that the unit is safe

At your request, the Housing Authority will refer you to organizations that may be able to further assist you. You may also request an emergency transfer to the following programs for which you are required to apply for assistance:

- HCV tenant-based assistance
- HCV project-based assistance
- Other subsidy-based programs

Emergency transfers will not take priority over waiting list admissions for these types of assistance. At your request, the Housing Authority will refer you to organizations that may be able to further assist you.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, the hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse, and Incest National Network's National Sexual Assault Hotline at 1-800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking include STOP Domestic Violence, which operates in Clinton, Franklin and Essex counties. The 24-hour hotline number is 1-866-563-6904.

**EMERGENCY TRANSFER
REQUEST FOR CERTAIN
VICTIMS OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

The requirements you must meet are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.

If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.

(2) You expressly request the emergency transfer. Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. Such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: _____

2. Your name (if different from victim's) _____

3. Name(s) of other family member(s) listed on the lease: _____

4. Name(s) of other family member(s) who would transfer with the victim: _____

5. Address of location from which the victim seeks to transfer: _____

6. Address or phone number for contacting the victim: _____

7. Name of the accused perpetrator (if known and can be safely disclosed): _____

8. Relationship of the accused perpetrator to the victim: _____

9. Date(s), Time(s) and location(s) of incident(s): _____

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. _____

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

12. If voluntarily provided, list any third-party documentation you are providing along with this notice: _____

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD, SUITE 1
SARANAC LAKE, NEW YORK 12983-2373
(518) 891-3050 FAX (518) 891-3630



**LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
HOUSING CHOICE VOUCHER PROGRAM**

SARAH A. CLARKIN, EXECUTIVE DIRECTOR
sclarkin@harrietstownha.org

VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2013 (VAWA)

INSTRUCTIONS: This is to be signed by all applicants (male and female) 18 and older living in the household.

I acknowledge that I have received the notice regarding the Violence Against Women Reauthorization Act of 2013, otherwise known as VAWA.

Signature

Date: _____

Print Name

Signature

Date: _____

Print Name

Signature

Date: _____

Print Name

Signature

Date: _____

Print Name

HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD, SUITE 1
SARANAC LAKE, NEW YORK 12983-2373



SARAH A. CLARKIN, EXECUTIVE DIRECTOR
sclarkin@harrietstownha.org

**LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
HOUSING CHOICE VOUCHER PROGRAM**

Date: _____

LANDLORD REFERENCE

To Whom It May Concern:

We are in receipt of an application for housing from the following individual(s):

Your name was listed on the application as either a personal reference or a prior landlord for the above named individual(s). We would appreciate a reference with respect to the tenancy or personal knowledge you have of this applicant. The applicant has signed a release form, below, giving permission for you to provide us with this information. Please complete the attached form and return it to the Harrietstown Housing Authority in the stamped addressed envelope enclosed for your convenience.

Sincerely,

Debbie Zerrahn
Public Housing Assistant
Housing Choice Voucher Supervisor

-
1. Rent paying habits:
Amount applicant paid you for rent: _____
Was applicant current with the rent? _____
Has applicant ever been late paying rent?_____. If yes how many times: _____
Have you ever started eviction proceedings for non-payment of rent: _____
Does the applicant owe you money? _____
 2. Caring for unit :
Does (did) the applicant keep their unit clean? _____
Has the applicant done damage to the unit or common areas? ____ If yes, explain:

Did the applicant pay for the damages? _____
 3. General:
How long did the applicant rent from you? _____
Did the applicant interfere with their neighbor's peaceful enjoyment of their unit? _____
Would you rent to this applicant again? _____

Any other problems with tenant: _____

Comments: _____

Signature: _____ Title: _____ Date: _____

.....
I hereby give permission for the release of this information.

Applicant's name: _____ Date: _____

Applicant's Signature: _____

Signature of Spouse or other Adult: _____

HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD, SUITE 1
SARANAC LAKE, NEW YORK 12983-2373



**LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
HOUSING CHOICE VOUCHER PROGRAM**

SARAH A. CLARKIN, EXECUTIVE DIRECTOR
sclarkin@harrietstownha.org

We are required to verify the prescription drug expenses that:

_____ anticipates for the coming 12 months. These would be expenses that are **NOT COVERED BY MEDICAL INSURANCE**. Kindly complete the information requested and return as promptly as possible, Thank you.

ADDRESS: _____ PRESCRIPTION No's: _____

TELEPHONE: _____ _____

I hereby authorize release of this information. I understand this information will be kept confidential and used only for the program purposes.

Applicant's signature Date

HHA Representative Date

Anticipated prescription drug expenses in the coming 12 months are \$ _____
for _____
(Type of expense such as prescription drugs, ect.)

Name of Pharmacy Signature of Pharmacist

Street address City State Zip Code

Telephone Date

HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD, SUITE 1
SARANAC LAKE, NEW YORK 12983-2373



**LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
HOUSING CHOICE VOUCHER PROGRAM**

SARAH A. CLARKIN, EXECUTIVE DIRECTOR
sclarkin@harrietstownha.org

CHILD SUPPORT FORM

DATE: _____

_____ states that he/she has been receiving child support from you.

Please supply the information requested below and return as promptly as possible to the Housing Authority for the Public Housing Rental Assistance Program. All information will be held in confidence.

Sincerely,

Debbie Zerrahn
Public Housing Assistant
Housing Choice Voucher Supervisor

Individual Paying Child Support:

Name: _____

Address: _____

You are hereby authorized to furnish the information requested below to be used by the Harrietstown Housing Authority in processing my application for rental assistance.

Signed: _____

TO: Harrietstown Housing Authority Public Housing Program

This is to certify that during the next year I plan to contribute approximately \$ _____
Per, (week, month) to the support of _____

Signed: _____

Date: _____

Please return to:

Harrietstown Housing Authority
14 Kiwassa Road, Ste. 1
Saranac Lake, NY 12983

HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD, SUITE 1
SARANAC LAKE, NEW YORK 12983-2373



SARAH A. CLARKIN, EXECUTIVE DIRECTOR
sclarkin@harrietstownha.org

**LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
HOUSING CHOICE VOUCHER PROGRAM**

CHILD CARE VERIFICATION

I give permission to release this requested information regarding child care expenses to the Harrietstown Housing Authority.

Signature

Date

HHA Representative

Date

This is to verify that I provide child care for _____

Name(s) of child/children: _____

I am paid at the rate of \$ _____ per week during the school year.
\$ _____ per month during the school year.

I am paid at the rate of \$ _____ per week during the school vacation.
\$ _____ per month during the school vacation.

Is child care provided through the Title XX funding from the county office of Economic Assistance?

If so, please indicate the amount paid \$ _____

COMPLETE BELOW ONLY IF CHILD CARE IS ON AN IRREGULAR BASIS

I am paid at the hourly rate of \$ _____ per hour for _____ number of hours weekly during the school year.

I am paid at the hourly rate of \$ _____ per hour for _____ number of hours weekly during the school vacation.

SIGNATURE: _____
ADDRESS: _____

DATE: _____
TELEPHONE: _____

HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD, SUITE 1
SARANAC LAKE, NEW YORK 12983-2373
(518) 891-3050 FAX (518) 891-3630



**LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
HOUSING CHOICE VOUCHER PROGRAM**

SARAH A. CLARKIN, EXECUTIVE DIRECTOR
sclarkin@harrietstownha.org

Date: _____

EMPLOYMENT VERIFICATION

Name of
Employer: _____

Address: _____

APPLICANT/RESIDENT:

Name: _____

SS#: _____

Address: _____

The individual named above is an applicant/tenant for housing assistance, which is subsidized through the Department of Housing and Urban Development. Federal regulations require that, in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program we required to complete our verification with your prompt response. A self-addressed envelope has been provided for your convenience. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Sincerely,

Debbie Zerrahn,
Public Housing Assistant
Housing Service Voucher Supervisor

I, _____, hereby authorize the above named employer to release the information requested below regarding my employment and compensation.

Employee's Signature

NAME: _____

TO BE COMPLETED BY EMPLOYER:

1. Date of employment _____ Position/Occupation _____
2. Date of termination (if applicable) _____
3. Current rate of regular pay \$ _____ per (hour, week, month)
4. Current rate of overtime pay \$ _____ per (hour, week, month)
5. Number of hours/weeks employee normally works _____
6. Anticipated average amount of overtime _____
7. Gross annual earnings anticipated for the next 12 months including tips, bonuses, overtime and commissions _____
8. Do you anticipate a change in the employee's rate of pay in the near future? _____
9. If employee's work is seasonal or sporadic, indicate lay-off periods _____
10. Any comments that may apply _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

NAME OF COMPANY OFFICIAL

TITLE

COMPANY

SIGNATURE

TELEPHONE

DATE

HARRIETSTOWN HOUSING AUTHORITY
14 KIWASSA ROAD, SUITE 1
SARANAC LAKE, NEW YORK 12983-2373



**LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
HOUSING CHOICE VOUCHER PROGRAM**

SARAH A. CLARKIN, EXECUTIVE DIRECTOR
sclarkin@harrietstownha.org

Dear Participant / Applicant:

As of June 19, 1995, the Federal Government will require the HHA to obtain [from participants and potential participants] evidence of citizenship or eligible immigration status. Rental assistance will not be provided to any person who is not a citizen or eligible immigrant.

Citizens are required to sign a written declaration. Eligible immigrants are required to sign a written declaration and verification consent form and show an acceptable U.S. Immigration Customs Enforcement (ICE) document. The ICE assists this office in verifying current eligible immigrant status.

Attached are declaration forms that must be completed for each member of your household and returned to this office. For each minor under 18 years of age, the form must be completed and signed by the adult in the unit who is responsible for the child. If a member of the household cannot complete the declaration, please contact the office at 891-3050 for further assistance.

Acceptable ICE documents are:

- Form 1-551, Alien registration Receipt Card (for permanent resident aliens)
- Form 1-94, Arrival Departure Record
- Form 1-688, temporary Resident Card
- Form 10688B, Employment Authorization Card
- A receipt issued by the INS showing an application for issuance of replacement of one of the above forms.

Should you have any questions regarding requirement, please contact this office.

Sincerely,

Debbie Zerrahn
Public Housing Assistant
Housing Choice Voucher Supervisor

DECLARATION OF CITIZENSHIP

COMPLETE ONLY “ONE” OF THE FOLOWING THREE SECTIONS

I, _____, am certifying that I am, in fact, a citizen of the United States.

(Your Name)

SIGNATURE

I, _____, am certifying that I have eligible IMMIGRATION status.

(Your Name)

I offer the following evidence to support this certification.

SIGNATURE

I, _____, am providing authorization to the Harrietstown Housing

(Your Name)

Authority to obtain verification from the US ICE regarding my eligible immigration status.

SIGNATURE

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 verification 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

HARRIETSTOWN HOUSING AUTHORITY
14 KIWASSA ROAD, SUITE 1
SARANAC LAKE, NEW YORK 12983-2373



LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
HOUSING CHOICE VOUCHER PROGRAM

SARAH A. CLARKIN, EXECUTIVE DIRECTOR
sclarkin@harrietstownha.org

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Sensitive Information: The consent granted by this form may be used as a basis to collect sensitive information, which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD except to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigator and prosecutors. Please see the Federal Privacy Act Statement for a more detailed description for a more detailed description of your privacy rights.

PURPOSE:

This form enables the US Department of Housing And Urban Development (HUD) and the above named Public Housing Agency, to secure your signature and signature of each member of your household who is 18 years of age or older for purposes of obtaining employee income information from current and previous employers and wage and claim information from the State Wage Information Collection Agency (SWICA). To obtain references from previous landlords. To obtain criminal activity (drug, alcohol and crime) records pertaining to anyone in the household 18 years of age or older in accordance with the Housing Opportunity Program Extension Act of 1996 signed into law on March 28, 1996. This information will be used to determine eligibility for Public Housing and Section 8 Choice Voucher Assistance Program within the Harrietstown Housing Authority Programs.

COMPUTER MATCHING NOTICE & CONSENT:

I understand that the Harrietstown Housing Authority, Indian Housing Authority or HUD may conduct computer matching programs with other government agencies including but not limited to Federal, State, Tribal or local agencies.

The governmental agencies may include:

US Office of Personnel Management
State Welfare and Food Stamp Agencies
State Employment Security Agencies

US Social Security Administration
US Department of Defense
US Postal Service

Other sources that may be contacted

Law Enforcement Agencies, Past/Present Landlord, Past/Present Employers

The match will be used to verify information supplied by my family

EMPLOYMENT AND CRIMINAL INFORMATION

I authorize the above named Housing Authority and HUD to obtain information on waged, criminal records, unemployment compensation and grants received from Social Services.

Print Name

Date of Birth

Signature

Social Security Number

Date

This form is valid until end of tenancy with Harrietstown Housing Authority

(518) 891-3050

dzerrahn@harrietstownha.org

TTD (518) 891-2860

FAX (518) 891-3630

HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD, SUITE 1
SARANAC LAKE, NEW YORK 12983-2373

**LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
HOUSING CHOICE VOUCHER PROGRAM**



SARAH A. CLARKIN, EXECUTIVE DIRECTOR
sclarkin@harrietstownha.org

NO SMOKING POLICY

Date: _____

I, _____, acknowledge that I have been informed that all Harrietstown Housing Authority apartments are NO SMOKING effective January 1, 2010.

There will be NO SMOKING in any of the apartments at the Lake Flower High-rise or the Algonquin Complex.

If anyone is found smoking in my unit I acknowledge that I will be responsible for cleaning of any cigarette smoke or nicotine from the unit and possible termination of my lease.

HEAD OF HOUSEHOLD

Other Adult in Household



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could 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 five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410