

Housing Authority of the City of Winnsboro

612 Autumn Drive

Winnsboro, TX 75494

903-342-6977

office@winnsborotxha.org

Greetings:

Attached is your application for housing with the Winnsboro Housing Authority. Please complete the application in full, including the application fee, ensuring that every question is answered. If a particular question does not apply to you, please write "N/A" in the blank.

The first page of the application is a checklist of the support documents and information required to apply. ***It is the recommendation of the Winnsboro Housing Authority staff that you use the checklist to ensure your application is complete.***

If you cannot supply one of the items, provide a letter explaining why you couldn't provide the item. That will ensure that the application is accepted, as we will accept the letter in lieu of the requested document. *However, you will be required to supply these documents at your final verification before you receive housing.*

Incomplete applications WILL NOT be accepted, and you will not be placed on the waiting list until the Winnsboro Housing Authority has a complete application on file.

Contact the office at 903-342-6977 between 9AM and 1 PM or email office@winnsborotxha.org if you have any questions or need clarification.

Thanks-

Winnsboro Housing Authority Staff



Winnsboro Housing Authority

PUBLIC HOUSING APPLICATION CHECKLIST

REQUIRED DOCUMENTS

The documents listed below are required in order for Winnsboro Housing Authority to accept your Public Housing application submission. If you submit an application without ALL the listed documents, it will not be processed and will be discarded and you will have to REAPPLY.

- ☐ Fully-completed Public Housing Application (all sections must be fully completed or the application will be returned to you and NOT processed)
- ☐ \$35 Application Fee
- ☐ Current Picture I.D. for Adults (18 years & older) - provide a clear copy of each
- ☐ Birth Certificates (all household members) - provide a clear copy of each
- ☐ Social Security Cards (all household members) OR recent printouts from the Social Security Administration that are no older than 60 days and have the social security number included. provide a clear copy of each
- ☐ Fully-completed Authorization of Release Form for ALL Adults (18 years & older)
- ☐ Proof of Income (Award letters for TANF, SS/SSI, Pension, Unemployment, VA, Child Support, last four (4) paycheck stubs, statement of contributions, etc.) – cannot be older than 60 days
- ☐ Personal References Form (for applicants with NO landlord history) - provide the original form
Self-Employed Applicants – must provide tax transcripts (must provide consent for WHA to obtain a copy of transcripts from the IRS)
- ☐ Childcare Expenses Documentation from the provider
- ☐ SNAP verification letter
- ☐ Bank statements for the previous 90 days if you have a checking or savings account

REQUIRED DOCUMENTS FOR PREFERENCES

(Applications with a preference checked will NOT be accepted without the required documents listed below)

Involuntarily Displaced Preference

- ☐ Natural Disaster ☐ Witness Protection ☐ Domestic Violence
- ☐ Youth Aging Out of Foster Care (Please request additional forms if you think you qualify for one of these exemptions.)

Working Family Preference

- ☐ Disability – Award letter or other proof of eligibility for SSDI or SSI; completed HHA Verification of Disability form

Homeless / Veteran Preference

- ☐ Homeless - Written certification by public/private facility providing shelter.
- ☐ Veteran - Copy of DD-214 as proof of veteran status. For widow/er of a Veteran, in addition to the Veteran's DD-214 submit a copy of marriage certificate and the Veteran's death certificate.



Winnsboro Housing Authority Application for Public Housing

SECTION 1 – HOUSEHOLD MEMBERS

Head of Household		Social Security #: _____ - _____ - _____	
Last _____	First _____ Middle _____	Phone #: (____) _____	
Birth Date: ____/____/____ Age: _____		E-Mail: _____	
Race: _____ Ethnicity: _____		Other Contact Person: _____	
Current Address: _____ Apt. _____		Phone # _____	
_____ Zip _____			

List others below including a spouse/other adult(s) or any children that will be residing with you in this unit

Name (Last, first, middle)	Date of Birth	Social Security Number	Race (optional)	Hispanic(Y/N) (optional)	Full-Time Student(Y?N)

The collection of race and ethnic data by Winnsboro Housing Authority and the U.S. Department of Housing and Urban Development (HUD) is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with data reporting requirements to HUD.

☐ Yes ☐ No | Do you expect any occupancy changes to your household within the next 12 months? (i.e., unborn child, marriage, reunification agreement, etc. Additional documentation may be required) If Yes, please explain:

SECTION 2 – ACCESSIBILITY

Fully accessible units were designed for residents with mobility – related disabilities or who may use a wheelchair or scooter. These units offer features such as wider doors, lowered controls, light switches, counter, cabinets, roll under sinks etc. Applicants may apply for this type of unit anytime during their application process. Upon request an eligible household may be offered a fully accessible unit based on availability. Applicants may also request that special features be added to units where the household does not require full accessibility.

☐ Yes ☐ No | A. Does any household member require a fully accessible unit?

☐ Yes ☐ No | B. Does any household member require a unit with special features or a program modification due to a disability?

If Yes, please describe the special feature needed to accommodate the household member's disability or handicap and complete a "Request for Reasonable Accommodation" form so that we may review your request(s):

SECTION 3 –PREFERENCES

Are you currently without a home for any of the following reasons?

- ☐ Homeless
 ☐ Veteran
 ☐ Natural Disaster
 ☐ Domestic Violence/Witness Protection
 ☐ Youth Aging Out of Foster Care. Attach your documentation to the application for information related the box checked.

SECTION 4– INCOME FROM EMPLOYMENT & BENEFITS

Current or Previous Employer	Employment Start and End Dates	Earned per week or month

OTHER INCOME

Does any person listed in Section 1 receive or expect to receive income from the following sources? "Yes" or "No" must be indicated for each source. An income amount is required for all "Yes" responses. List the Applicant's Name and income information in the space provided.

	Does any person receive?	Person Receiving	Monthly Amount	Annual Amount
Social Security	☐ Yes ☐ No		\$	\$
SSI / Disability Benefits	☐ Yes ☐ No		\$	\$
VA / Military Income	☐ Yes ☐ No		\$	\$
Unemployment Benefits	☐ Yes ☐ No		\$	\$
Child Support	☐ Yes ☐ No		\$	\$
Alimony / Spousal Support	☐ Yes ☐ No		\$	\$
Recurring Cash Gifts	☐ Yes ☐ No		\$	\$
TANF/General. Asst. / Cash Benefit	☐ Yes ☐ No		\$	\$
SNAPS Food Stamps	☐ Yes ☐ No		\$	\$
Workers Comp. / Severance Pay	☐ Yes ☐ No		\$	\$
Regular payments from an Annuity or Retirement Account	☐ Yes ☐ No		\$	\$
ANY Other Income (Scholarships, Grants, etc.)	☐ Yes ☐ No		\$	\$

☐Yes ☐ No| Does anyone outside the household help with your bills on a regular basis? If so, please complete the attached contribution form and have it notarized.

INCOME FROM ASSETS

Does any person listed in Section 1 receive or expect to receive income from the following sources? "Yes" or "No" must be indicated for each source. An income amount is required for all "Yes" responses. List the Applicant's Name and income information in the space provided.

Personal Property held as an investment Please explain in detail	☐ Yes ☐ No \$
Other Cash, checking Account, Saving Account, Money Market Account, Certificate of Deposit, Stocks, Bonds, Real Estate, Mortgage, Deeds, Retirement Account, Annuity, Life Insurance, Trust fund, Lump Sum Payments – Please explain in detail	☐ Yes ☐ No \$
Disposed Assets: Has any household member sold or given away assets for less than fair market value during the past two (2) years? Please explain in detail	☐ Yes ☐ No \$

SECTION 5- RENTAL HISTORY

☐Yes ☐No | Are you or any family member a previous resident of Winnsboro Housing Authority or **ANY** other housing authority? If yes, please list the dates and addresses of the previous residence.

☐Yes ☐No | Are you or any family member a previous Section 8 Voucher participant of **ANY** other housing authority? If yes, please list the dates and addresses of the previous residence.

☐Yes ☐No | Have you or any family member ever been evicted from **ANY** housing? If yes, please list the dates and address of where this occurred.

☐Yes ☐No | Are you current with your rent and utility bills? If not, explain why: _____

INCLUDE LANDLORD INFORMATION FOR AT LEAST THE PAST 5 YEARS

List Current Landlord's Name First	Address	Are you related to landlord?	Dates of occupancy	Monthly Rent

SECTION 6 – CRIMINAL HISTORY OR FRAUDULENT ACTIVITY

- A. ☐Yes ☐No | **Have you or any members of your household ever been involved in, arrested for, charged with, convicted of, or been placed on probation for any criminal activity?** If Yes, List the Household Member(s): _____
- B. ☐Yes ☐No | Are you or anyone in your household required to register with a sex offender registry? _____
- C. If you answered "Yes," to either of the above questions, please **list the criminal charges or activity(s)** and explain the circumstances of the involvement, arrest, charge, probation, or conviction. If additional space is needed, please write on the back of this page or attach additional sheets. _____
- D. ☐Yes ☐No | Have you or any other household member ever committed fraud in a state or federal assistance program, or been requested to repay money for knowingly misrepresenting information for such programs? _____

SECTION 7- OTHER INFORMATION

VEHICLES

Automobiles/Trucks/Motorcycles/Other:

Make: _____ Model: _____ Year: _____ Color: _____ Tag#: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____ Tag#: _____ State: _____

PETS/SERVICE ANIMALS

☐ Yes ☐ No | TYPE OF PET: _____ Breed: _____ Color: _____ Weight: _____ lbs.
 (a \$250 pet fee per pet will be required)
☐ Yes ☐ No | I have a Service Animal due to my disability. (please attach the documentation)

SECTION 8 – WAITING LIST

✓ HERE

I WISH TO BE PLACED ON THE WAITING LIST FOR AN APARTMENT WITH A BEDROOM SIZE THAT MEETS MY FAMILY'S NEEDS ACCORDING TO WINNSBORO HOUSING AUTHORITY AND HUD GUIDELINES.	
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I certify there are no other sources of income, the above information is true, complete, and correct to the best of my knowledge and belief, and is made in good faith. I understand that a knowing and willful false statement on this application is grounds for rejection or eviction by the management.

Applicant Signature: _____ Date _____

Other Adult or Spouse Signature: _____ Date _____

Other Adult or Spouse Signature: _____ Date _____

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 of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

For WHA use only:

Date Application Received: _____ Time Application Received: _____

Development: TX288 OBR/1BR _____ 2BR _____ 3BR _____

Received by: _____ Eligible? YES NO

If no, reason: _____

Application Fee Received? YES NO Amount \$ _____ Check # _____

Entered on Waiting List by: _____ Date/Time: _____



Winnsboro Housing Authority

612 Autumn Drive
Winnsboro, TX 75494

Authorization for Release of Information

CONSENT

I authorize and direct any federal, state, or local agency, organization, business or individual to release to Winnsboro Housing Authority (WHA) any information or materials needed to complete and verify my application for participation in Public and Indian Housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or WHA to release information from my file to any federal, state or local agency.

INFORMATION COVERED

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

Identity, Marital Status, Employment, Income, Assets, Residences and Rental Activity, Medical or Child Care Allowances, Credit, Criminal Activity

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

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

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or WHA may utilize computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with WHA and will stay in effect for 18 months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

Head of Household

(Print Name)

Date

Social Security Number of Head of Household

Driver's License # or ID #

State

Date of Birth

Spouse

(Print Name)

Date

Social Security Number

Driver's License # or ID #

State

Date of Birth

Other Adult Member

(Print Name)

Date

Social Security Number

Driver's License # or ID #

State

Date of Birth

WHA 02/2026



NO RENTAL HISTORY STATEMENT

Winnsboro Housing Authority (WHA) is required to verify the rental history of all family members applying for or living in federally assisted housing. To comply with these requirements, WHA asks for your cooperation in supplying the information requested below. WHA will keep such information confidential and use it only to determine the applicant's eligibility.

Applicant/ Tenant: _____ S. S. # _____
Address: _____ Client # / Acct #: _____
_____ ☐ Admissions ☐ Annual ☐ Interim

I, _____, hereby certify that I have not rented or leased any type of housing from any person or source, including family or friends in the last two (2) years. I hereby declare that below are the names of all the persons that I have lived with and/or stayed with during the past two (2) years and their addresses, regardless of how long I stayed there. (attach sheet if necessary).

1) Name of who I lived with: _____

Address: _____

Phone #: _____

When I lived there: ____ / ____ / ____ to ____ / ____ / ____

4) Name of who I lived with: _____

Address: _____

Phone: _____

When I lived there: ____ / ____ / ____ to ____ / ____ / ____

2) Name of who I lived with: _____

Address: _____

Phone #: _____

When I lived there: ____ / ____ / ____ to ____ / ____ / ____

5) Name of who I lived with: _____

ADDRESS: _____

PHONE NO: _____

When I lived there: ____ / ____ / ____ to ____ / ____ / ____

3) Name of who I lived with: _____

Address: _____

Phone #: _____

When I lived there: ____ / ____ / ____ to ____ / ____ / ____

6) Name of who I lived with: _____

ADDRESS: _____

PHONE NO: _____

When I lived there: ____ / ____ / ____ to ____ / ____ / ____

I understand that my eligibility for housing is based upon my and my family members' rental history. I further understand that my failure to report any rental history will be considered fraud and will result in rendering me ineligible for housing.

Applicant's Signature

SUBSCRIBED AND SWORN TO before me, the undersigned notary, on this _____ day of _____, 20____ appeared the above Affiant who swore that the above statements are true and correct.

[Seal]

Notary Public for the State of Texas



FINANCIAL CONTRIBUTION VERIFICATION FORM
(MUST BE NOTARIZED)

This is to certify that I, _____ contribute \$ _____, per
(contributor – please print)

month regularly, to _____ who is dependent upon
(name of applicant)
me for support.

Signature of Contributor

Date

Current Address of Contributor (House No., Street, City, State, and Zip Code)

Telephone Number

SWORN TO AND SUBSCIBED before me on this date. _____

Notary Public Signature

Date commission expires



FAMILY SPENDING RECORD

This form is to be filled out by an applicant and supplied when claiming contributions for a source of income. The total monthly contributions claimed by resident on the contribution form must cover the total amount listed on this family spending record.

Items Purchased	Contributed		Cost	Average costs	
	Yes	No		Wkly	Mthly
SHELTER					
Rent			\$		
Utilities			\$		
GROCERIES					
Food			\$		
Paper Products			\$		
Disposal Diapers			\$		
Feminine Products			\$		
Soap, Deodorant			\$		
Hair Products			\$		
Cosmetics			\$		
Barber/Beautician			\$		
Toothpaste/brushes			\$		
Dishwashing Soap			\$		
Laundry Products			\$		
Laundromat			\$		
Dry Cleaning			\$		
Cigarettes/Cigars/Tobacco			\$		
CLOTHING					
Laundromat			\$		
Dry Cleaning			\$		
Clothes			\$		
Shoes			\$		
TRANSPORTATION					
Car Payment			\$		
Car Insurance			\$		
Car Tag			\$		
Bus/Car Fare			\$		
COMMUNICATIONS					
Telephone Service			\$		
Internet Service			\$		
ENTERTAINMENT					
Cable TV Service			\$		
Restaurants			\$		
Movies			\$		
Liquor/Beer/Wine			\$		
Vacations			\$		
MISCELLANEOUS					
Church Contributions					
Childcare					

Completed By (Applicant's Name)

Date

**Winnsboro Housing Authority
Citizenship Declaration**

INSTRUCTIONS: Complete this Declaration for **each** member of the household listed on the Family Summary Sheet. Make copies as needed.

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____ </td> </tr> </table>		☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

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Signature of Applicant

Date

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

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

Housing Authority of the City of Winnsboro

612 Autumn Drive

Winnsboro, TX 75494

903-342-6977

office@winnsborotxha.org

Criminal History Research Acknowledgment

Applicant Name: _____

I have been notified and understand that the Winnsboro Housing Authority, as part of the applicant screening process for assisted public housing, is authorized by the Housing Opportunity Program Extension Act of 1996 to order a criminal history report on me according to the Housing Authority's Criminal Screening Policy.

I further understand that:

- The criminal history will be obtained using my name, sex, date of birth, race, social security number, driver's license number, or a combination thereof.
- Upon request, the Winnsboro Housing Authority will allow me to review a copy of any report received. I understand that I will not be provided a copy to keep.
- If I believe the report to be incorrect or erroneous, I will be given the opportunity to order a full FBI criminal history by fingerprint at no cost to me
- If I am rejected for housing assistance based on the criminal history report, I will be afforded the opportunity for an informal hearing to appeal the decision
- The Authority may choose to conduct a full FBI criminal history by fingerprint if there are discrepancies in the initial report

I acknowledge and agree to the above.

Signature

Date

Housing Authority of the City of Winnsboro

612 Autumn Drive

Winnsboro, TX 75494

903-342-6977

office@winnsborotxha.org

Applicant/ Tenant Certification

Applicant/ Tenant Name: _____

Other applicants/ tenants over 18:

The above- named people certify and attest that the information provided to the Winnsboro Housing Authority regarding household composition, income, net family assets, and allowances and deductions are accurate and complete to the best of my knowledge and belief. I understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

I acknowledge and agree to the above.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Winnsboro Housing Authority Applicant Declarations

As an applicant for housing at the Winnsboro Housing Authority, I hereby declare and agree to the following:

- I have received, completed, and understand the Winnsboro Housing Authority Citizenship Verification form and understand that my citizenship status as declared in my application and on the declaration will be verified utilizing the approved methods outlined in the Winnsboro Housing Authority Admissions and Continued Occupancy Policy (ACOP)
- I understand my income and allowed expenses as declared in my application will be verified utilizing the approved methods outlined in the WHA ACOP
- I have read and signed the Criminal History Acknowledgement and understand that I must report any criminal history on penalty of denial or eviction.
- I have read and understand the WHA ACOP Section IV- Eligibility for Admission, and I understand the eligibility requirements
- I have read and understand the WHA ACOP Section VIII- Waiting List, and I understand the waiting list process and my responsibilities
- I understand that I may be placed on the waiting list and that it is my responsibility to make monthly contact with WHA via phone, email or mail to remain on the waiting list
- I have received, completed, and understand form HUD 92006 "Supplement to Application for Federally Assisted Housing"
- I received, signed, and understand form HUD 52675 "Debts Owed to Public Housing Agencies and Terminations"
- I understand that Winnsboro Housing Authority has a Community Service Policy that requires 8 hours of community service a month for each tenant over 18 who is not otherwise exempt
- I have received, all tenants over the age of 18 have signed, and understand Winnsboro Housing Authority "Applicant/Tenant Certification"

I attest to the above declarations and attest that the staff of the Winnsboro Housing Authority have made every effort to clarify any questions I have regarding the application process and rules.

Applicant/ Head of Household

Date



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



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

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - *Child support*
 - *AFDC payments*
 - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition,



immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved



to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.

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

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhip/eiv/eivhome.cfm.



JULY 2009

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban
Development and the Housing Agency/Authority (HA)**
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Winnsboro Housing Authority
612 Autumn Drive
Winnsboro, TX 75494

Executive Director Chase Glover

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

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

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

**HOUSING AUTHORITY OF THE CITY OF
WINNSBORO, TX**

Policy WHA2020A Admissions and Continued Occupancy (excerpt)

IV. ELIGIBILITY FOR ADMISSION

- A. It is the PHA's policy to admit only qualified applicants.
- B. An applicant is qualified if he or she meets all the following criteria:
 - 1) Is a family as defined in **Section XXIX** of this Policy;
 - 2) Is a family that meets the HUD requirements on citizenship or immigration status; **(24 CFR § 5.500 - 5.528)**
 - a. A family is not eligible for full housing assistance unless every member of the family in the unit is determined to be either a U. S. citizen or have eligible immigrant status as defined by the regulations.
 - b. A Mixed Family (in which one or more family members is determined to be ineligible based on immigration status) may be eligible for prorated assistance.
 - 3) Has an Annual Income (as defined in **Section XXIX**) at the time of admission that does not exceed the low-income limits for occupancy established by HUD, and posted separately in the PHA office.
 - 4) Provides a documented Social Security Number for all family members. **(24 CFR § 5.216)**
 - 5) Meets or exceeds the Applicant Suitability Screening set forth in **Section X** of this Policy **(24 CFR § 960.205)**, including attending and successfully completing an PHA preoccupancy orientation.
 - 6) Is not already adequately housed in any PHA-owned dwelling unit.
 - 7) Owes no money to PHA or any other housing authority in connection with any Federal housing program.

VIII. THE WAITING LIST

- A. General Management
 - 1. It is the policy of the PHA to administer the Waiting List as required by the regulations at **24 CFR § 960**.
 - 2. The PHA, at its discretion, may restrict application intake, suspend application intake, and close Waiting Lists in whole or in part. The PHA may open or close the list by unit size or type available. The Winnsboro Housing Authority Board of Commissioners set the following guidelines for opening and closing the Waiting Lists:
 - a) 1 BR Elderly/ Disabled: Close at ten applications, open at five
 - b) 2BR Elderly/ Disabled: Close at five applications, open at three
 - c) 2BR Family: Close at seven applications, open at five
 - d) 3BR Family: Close at seven applications, open at five
 - 3. At the time of initial intake, the PHA will advise families of their responsibility to notify the PHA when their circumstances, mailing address or phone numbers change.
 - 4. If the head of an applicant household dies while the family is on the waiting list, and the family includes another adult, PHA will change the application to make the other adult the new applicant so long as the family reports the death within 30 days and requests that another adult family member be named the head.

**HOUSING AUTHORITY OF THE CITY OF
WINNSBORO, TX**

Policy WHA2020A Admissions and Continued Occupancy (excerpt)

5. Applicants whose family size or composition changes while on the waiting list will be able to change their applications in accordance with the following policy:
 - a. Children who have been added to the family, through birth, adoption, or court awarded custody to people already listed on the application will be added
 - b. Individuals who can document that they need a live-in aide (even though not included on the original application) will be permitted to add the live-in aide
 - c. Other adults will NOT be added to an application unless their addition would not change the unit size for which the family had already qualified, although the family may file a different application with a different family composition if the waiting list is open.
- B. Closing the Waiting List
 1. Decisions about closing the Waiting List will be based on
 - a. the number of applications available for a particular size and type of unit,
 - b. the ability of the PHA to house an applicant in an appropriate unit within a reasonable period of time
 2. During the period when the Waiting List is closed, the PHA **will not** accept applications or maintain a list of individuals who wish to be notified when the waiting list is re-opened
 3. An accurate status of all Waiting Lists will be posted in the announcements board at the Winnsboro Housing Authority office located at 612 Autumn Drive in Winnsboro, on the Winnsboro Housing Authority website (www.winnsborotxha.org), on the Winnsboro Housing Authority Facebook page, and on the Texas Housing Association website (www.txtha.org). All postings will indicate which parts of the Waiting List are affected.
- C. Removal of Applications from Waiting List
 1. The PHA will remove an applicant's name from the Waiting List under the following circumstances:
 - a. The applicant requests that the name be removed.
 - b. The applicant has failed to advise the PHA of his/her continued interest in being on the Waiting List. The PHA requires applicants to notify the PHA of continued interest once per month via email, mail, or phone (*subject to reasonable accommodation for persons with disabilities--see Section V:B4e*) This includes advising the PHA of any changes in family status, priority status, phone number, email, or physical or mailing address.
 - c. The PHA has made reasonable efforts to contact the applicant to schedule interviews or obtain information necessary to

**HOUSING AUTHORITY OF THE CITY OF
WINNSBORO, TX**

Policy WHA2020A Admissions and Continued Occupancy (excerpt)

complete the application process and the applicant has failed to respond. In this case, the PHA will notify the applicant in writing or by telephone that he/she has ten (5) days within which to reschedule the interview or provide the needed information. If applicant fails to respond within that period, the application will be withdrawn.

- d. The applicant has failed to pay an outstanding balance owed to the PHA.
 - e. The PHA has notified the applicant of its intention to remove the applicant's name because the applicant was determined ineligible based on preliminary information on the application or pursuant to the verification process. In this case, the applicant may request an Informal Hearing for Denials (see **Section XI**). He/she must respond in writing within ten (10) days of receipt of the written notification.
 - f. PHA finds that the applicant has provided false information regarding family income composition, preferences or other circumstances affecting their eligibility or rent level.
 - g. The applicant accepts an offer and is housed
- 2. The Executive Director may consider mitigating circumstances such as disabilities, health problems, or lack of transportation in determining if the application should be withdrawn.
 - 3. Persons whose applications are withdrawn or who are denied may not reapply for twelve (12) months from the date of withdrawal or denial.

Winnsboro 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 Winnsboro Housing Authority 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 the Winnsboro Housing Authority Public Housing Program, 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 Winnsboro Housing Authority Public Housing Program, you may not be denied assistance, terminated from participation, or be evicted from your rental 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 Winnsboro Housing Authority Public Housing Program 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

HP 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 HP chooses to remove the abuser or perpetrator, HP 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, HP 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, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for

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.

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

Moving to Another Unit

Upon your request, HP 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, HP 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.

HP 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.

HP's emergency transfer plan provides further information on emergency transfers, and HP 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

HP 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 HP must be in writing, and HP 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. HP 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 HP as documentation. It is your choice which of the following to submit if HP 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 HP 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 HP has agreed to accept.

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

If HP 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), HP 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, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP 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.

HP must not allow any individual administering assistance or other services on behalf of HP (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.

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

- ☐ You give written permission to HP to release the information on a time limited basis.
- ☐ HP 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 HP or your landlord to release the information.

VAWA does not limit HP’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, HP 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 HP 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 HP can demonstrate the above, HP 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 HUD Fort Worth Regional Office. 307 W. 7th St., Suite 1000. Fort Worth, TX 76102 · (817) 978-5600 · (817) 978-5569.

For Additional Information

You may view a copy of HUD's final VAWA rule at [\[insert Federal Register link\]](#). Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact the Winnsboro Housing Authority at 903-342-6977 or at office@winnsborotxha.org.

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 the SAFE-T Crises Center's Domestic Violence and Sexual Assault Hotline at 903-575-9999.

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 the SAFE-T Crises Center's Domestic Violence and Sexual Assault Hotline at 903-575-9999.

Victims of stalking seeking help may contact the SAFE-T Crises Center's Domestic Violence and Sexual Assault Hotline at 903-575-9999.

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): _____

In your own words, briefly describe the incident(s):

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.