



# Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

## Southwestern Community Services Woodcrest Certification Questionnaire

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

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

How many bedrooms are you requesting?  Two-bedroom  Three-bedroom

Yes  No Is your current housing unit subsidized, or do you currently receive housing assistance?

**Citizenship Declaration (By law, only U.S. citizens and eligible noncitizens can receive federal rental assistance.)**

I certify that all household members listed below are U.S. citizens or eligible noncitizens.

Yes Proof of citizenship will be required at interview.

No Explain: \_\_\_\_\_

**List all household members, including head. (Where appropriate, please use codes provided below.)**

Applicants and tenants must disclose and provide verification of the complete and accurate Social Security number assigned to each household member except for those individuals who do not contend eligible immigration status or tenants who were age 62 or older as of January 31, 2010, and whose initial determination of eligibility was begun before January 31, 2010.

First	MI	Last	Soc Sec #	Relation	Sex	DOB	Age	Ethnicity	Race
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Relation Codes:	Ethnicity Codes:	Race Codes:
H = Head K = Co-Head S = Spouse A = Other Adult F = Foster Child/Foster Adult Y = Other Youth Under 18 E = Full-time Student 18+ L = Live-in Aide	1 = Hispanic or Latino 2 = Not Hispanic/Not Latino	1 = White 2 = Black/African American 3 = American Indian/Alaska Native 4 = Asian 5 = Native Hawaiian/Pacific Islander

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OFFICE USE ONLY

- Application update (initial verification and eligibility)       Annual recertification       Interim

1. Is any member of the household subject to a state lifetime registration requirement for sex offenders?

Yes     No    If yes, list household member:

2. Does any member of the household have a criminal record(s)?     Yes     No

If yes, list household member and explain (use additional paper, if necessary):

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3. Does any member of the household have a pending criminal charge(s)?     Yes     No

If yes, list household member and explain (use additional paper, if necessary):

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4. Is any member of the household currently on bail?     Yes     No

If yes, list household member and explain (use additional paper, if necessary):

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5. Has any member of the household committed any fraud in a federally assisted program?     Yes     No

If yes, explain (use additional paper, if necessary):

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6. Do you expect anyone to move in or out of your household within the next 12 months?     Yes     No

If yes, explain (use additional paper, if necessary):

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7. Does any member of the household owe any money to a public housing authority?     Yes     No

If yes, please provide the name and complete address of the specific housing authority:

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8. Has any household member ever lived in another state?  Yes  No

If yes, where? \_\_\_\_\_

9. Would anyone in the household benefit from an accessible unit?  Yes  No

10. Do you own a pet?  Dog  Cat  Other: \_\_\_\_\_

11. Where did you hear about us?  
\_\_\_\_\_  
\_\_\_\_\_

**ANNUAL INCOME INFORMATION**

Families are required to report all changes in income or family circumstances within 10 days of the change. SCS will then determine if any action needs to be taken on the reported information.

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income, such as a grant or benefit (i.e., SSI or TANF), it is counted for all household members, including minors. Please provide gross income amounts for all income sections. Use additional paper, if necessary.

1.  Yes  No Will any household member receive any income from employment over the next 12 months? Include any second jobs.

Wages or salary from employment (include tips, overtime, bonuses, commissions, and cash payments:

HOUSEHOLD MEMBER	ANNUAL INCOME	COMPANY	ADDRESS	PHONE/FAX
	\$			
	\$			
	\$			
	\$			

2.  Yes  No Will any household member receive income over the next 12 months from a family-operated business or otherwise be self-employed? If yes, a previous year’s tax return is required.

Self-employment Income:

HOUSEHOLD MEMBER	ANNUAL INCOME	COMPANY	ADDRESS	PHONE/FAX
	\$			
	\$			
	\$			
	\$			

3.  Yes  No Will any household member receive Social Security and/or SSI over the next 12 months? If so, please list below.

- Yes  No Will any household member receive Social Security and/or SSI benefits on behalf of someone else, such as a deceased spouse (called Dual Entitlement)? If so, please list below. Include Medicare deduction in the monthly amount.

Social Security and SSI:

HOUSEHOLD MEMBER	MONTHLY AMOUNT	MEDICARE DEDUCTION?	ADDRESS	PHONE/FAX
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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4.  Yes  No Will any household member receive income from unemployment benefits, disability compensation, severance pay, or worker’s compensation over the next 12 months?

Unemployment benefits, disability compensation, severance pay, or worker’s compensation:

HOUSEHOLD MEMBER	MONTHLY AMOUNT	COMPANY/ TYPE OF BENEFITS	ADDRESS	PHONE/FAX
	\$			
	\$			
	\$			
	\$			

5.  Yes  No Will any household member receive Public Assistance benefits, such as TANF, APTD, or OAA, over the next 12 months?

- Yes  No Has any member of the household been sanctioned? If so, list member(s).

Public Assistance:

HOUSEHOLD MEMBER	MONTHLY AMOUNT	TYPE – TANF APTD OAA	SHELTER ALLOWANCE INCLUDED IN BENEFIT?	AGENCY ADDRESS	SANCTIONED	PHONE/FAX
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.  Yes  No Will any household member, 18 or older, receive pay as a member of the Armed Service over the next 12 months?

Armed Services:

HOUSEHOLD MEMBER	MONTHLY AMOUNT	BRANCH OF SERVICE/ ID NUMBER	ADDRESS	PHONE/FAX
	\$			
	\$			
	\$			
	\$			

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7.  Yes  No Will any household member receive alimony or child support payments over the next 12 months?

**Child Support or Alimony**

We must count court ordered support whether or not it is received, unless legal action has been taken to remedy it. We must also count support that is not court-ordered but received directly from the payer.

HOUSEHOLD MEMBER	MONTHLY AMOUNT	TYPE – CHILD SUPPORT ALIMONY	% OF CUSTODY	NAME OF PAYER AND ADDRESS	PHONE/FAX
	\$				
	\$				
	\$				
	\$				

7a. If you are not receiving child support, do you have a divorce decree?  Yes  No

How is support received? (Check all that apply.)

- Yes  No Child Support enforcement agency: \_\_\_\_\_
- Yes  No Court of Law: \_\_\_\_\_
- Yes  No Directly from individual: \_\_\_\_\_
- Other Explain: \_\_\_\_\_
- Yes  No If support is court-ordered but not actually received, are you taking legal action to remedy?  
Explanation: \_\_\_\_\_

7b. Do you have full custody of your child(ren)?  Yes  No

7c. Do you have joint physical custody of your child(ren)?  Yes  No \_\_\_\_\_ % of the time

Explanation of custody arrangement:  
\_\_\_\_\_

8.  Yes  No Will any household member receive regular payments from Veteran’s benefits, pension, retirement benefits, annuities, insurance policies, disability, death benefits, or other amounts over the next 12 months?

**Veteran’s Benefits, Pension, Retirement, Annuities, Insurance Policies, Disability, Death Benefits, Other:**

HOUSEHOLD MEMBER/ CLAIM NUMBER	MONTHLY AMOUNT	TYPE OF BENEFIT/ COMPANY	ADDRESS	PHONE/FAX
	\$			
	\$			
	\$			
	\$			

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9.  Yes  No Will any household member receive payments from any type of settlement over the next 12 months?

Settlements:				
HOUSEHOLD MEMBER/ CLAIM NUMBER	AMOUNT	COURT	ADDRESS	PHONE/FAX
	\$			
	\$			
	\$			
	\$			

10.  Yes  No Will any household member receive regular, reoccurring gifts or payments from anyone outside of the household over the next 12 months?

Gifts and Payments:			
HOUSEHOLD MEMBER	ANNUAL AMOUNT	PAYOR ADDRESS	PHONE/FAX
	\$		
	\$		
	\$		
	\$		

11.  Yes  No Will any household member receive payments from rental property or other types of real estate transactions over the next 12 months?

Rental Property or Real Estate:				
HOUSEHOLD MEMBER	MONTHLY AMOUNT	TYPE OF INCOME	REAL ESTATE ADDRESS	PHONE/FAX
	\$			
	\$			
	\$			
	\$			

12.  Yes  No Will any household member receive lottery winnings, paid periodically over the next 12 months?

Lottery Winnings:				
HOUSEHOLD MEMBER	ANNUAL AMOUNT	PAYOR	ADDRESS	PHONE/FAX
	\$			
	\$			

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13.  Yes  No Will any household member receive income from assets over the next 12 months? (i.e., interest bearing savings/checking account, retirement account, etc.)

Assets:

14.  Yes  No Will any other sources of income, such as scholarships, be received by any of the household members over the next 12 months?

Other Sources of Income:		
HOUSEHOLD MEMBER	DESCRIPTION / SOURCE	AMOUNT
		\$
		\$
		\$
		\$

15.  Yes  No Will you or any adult household member claim zero income over the next 12 months? If yes, a Certification of Zero Income must be completed.

If the household is claiming zero income, the Zero Income Questionnaire and Certification of Zero Income must be completed.

Household Members Claiming Zero Income	
	HOUSEHOLD MEMBER
1.	
2.	
3.	
4.	



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**ASSETS**

If you claim no assets, a Zero Asset Certification form must be completed.

1.  Yes  No Does any household member have a savings account, e-payment account, direct express debit card, or debit card account?

**Savings:**

HOUSEHOLD MEMBER	ACCOUNT NUMBER	VALUE	NAME OF INSTITUTION	ADDRESS	INTEREST RATE
		\$			
		\$			
		\$			
		\$			

2.  Yes  No Does any household member have a checking account?

**Checking Accounts:**

HOUSEHOLD MEMBER	ACCOUNT NUMBER	VALUE	NAME OF INSTITUTION	ADDRESS	INTEREST RATE
		\$			
		\$			
		\$			
		\$			

3.  Yes  No Does any household member have cash on hand? (i.e., in a safe deposit box, wallet, purse, or under the mattress)

**Cash on Hand:**

HOUSEHOLD MEMBER	LOCATION	VALUE	NAME OF INSTITUTION	ADDRESS	PHONE/FAX
		\$			
		\$			
		\$			
		\$			

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4.  Yes  No Are there any trust funds available to your household?

Trust Funds:

HOUSEHOLD MEMBER	ACCOUNT NUMBER	VALUE	NAME OF INSTITUTION	ADDRESS	PHONE/FAX
		\$			
		\$			
		\$			

5.  Yes  No Does any household member have equity in rental property or other capital investments?

Equity:

HOUSEHOLD MEMBER	EQUITY VALUE	DESCRIPTION	ADDRESS	PHONE/FAX
	\$			
	\$			
	\$			

6.  Yes  No Does any household member have stocks, bonds, treasury bills, certificates of deposit, or money market funds?

Investments:

HOUSEHOLD MEMBER	VALUE	TYPE OF ASSET	INSTITUTION / ADDRESS	PHONE/FAX
	\$			
	\$			
	\$			

7.  Yes  No Does any household member have retirement or pension funds?

Yes  No Do they have access to these funds?

Retirement / Pension Funds:

HOUSEHOLD MEMBER	VALUE	COMPANY	ADDRESS	PHONE/FAX
	\$			
	\$			
	\$			

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8.  Yes  No Will any household member receive any lump sum receipts, such as VA or Social Security benefits, private disbursement from divorce or other legal settlement during the next 12 months?

Lump Sums:

HOUSEHOLD MEMBER	VALUE	DESCRIPTION	ADDRESS	PHONE/FAX
	\$			
	\$			

9.  Yes  No Is any household member holding any personal items as investments, such as antique cars, coin or stamp collections, etc.?

Personal Items as Investments:

HOUSEHOLD MEMBER	VALUE	DESCRIPTION	METHOD OF VERIFICATION	PHONE/FAX
	\$			
	\$			

10.  Yes  No Does any household member have a whole life policy or other type of cash value insurance?

Insurance Policy:

HOUSEHOLD MEMBER	VALUE	DESCRIPTION OF INSURANCE	COMPANY NAME / ADDRESS	PHONE/FAX
	\$			
	\$			

11.  Yes  No Does any household member hold an annuity?

Annuity:

HOUSEHOLD MEMBER	VALUE	DESCRIPTION OF ASSET	COMPANY NAME / ADDRESS	PHONE/FAX
	\$			
	\$			

12.  Yes  No Does any household member earn capital gains?

Capital Gains:

HOUSEHOLD MEMBER	VALUE	DESCRIPTION OF ASSET	COMPANY NAME / ADDRESS	PHONE/FAX
	\$			
	\$			

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13.  Yes  No Did any household member receive other housing assistance in the past year from any federal, state, or local housing assistance program?

Federal, State, or Local Housing Assistance:

HOUSEHOLD MEMBER	TYPE OF ASSISTANCE (FEDERAL, STATE, OR LOCAL)	ENTITY PROVIDING ASSISTANCE (HUD, RD, CITY WELFARE)

14. Does any household member own their own home?  Yes  No

14a.  Yes  No Is the mortgage current?

14b.  Yes  No Are the property taxes current?

14c.  Yes  No Is homeowner’s insurance in effect?

14d.  Yes  No Is the mortgage in default, moratorium, forbearance, or is payment assistance being received from the lender or a third party?

14e. \$ \_\_\_\_\_ What is the value of the property?

**ALLOWANCES CHECKLIST**

I. Dependent Deductions:

1a.  Yes  No Do you have any persons living with you who are under the age of 18, who are not foster children, live-in attendants, spouse, or the head of household? If yes, list the names of those household members.

HOW MANY	HOUSEHOLD MEMBER
	1.
	2.
	3.
	4.

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Ib.  Yes  No Do you have any household members who are over the age of 18 and who are full-time students? If yes, list the names of these family members.

HOW MANY	HOUSEHOLD MEMBER
	1.
	2.
	3.
	4.

Ic.  Yes  No Do you have any household members who are 18 or over AND disabled that may qualify your household for the dependent deduction? If you feel your household may be eligible for this deduction, please list the names of those household members.

HOW MANY	HOUSEHOLD MEMBER
	1.
	2.
	3.

2.  Yes  No Is the family paying for care of children under age 13 so an adult can work, seek employment, or further education? If yes, list the names of the children for whom care is provided.

**Child Care Allowance:**

FAMILY MEMBER IN CARE	MONTHLY COST	NAME OF PROVIDER	ADDRESS	PHONE/FAX
	\$			
	\$			
	\$			
	\$			

3.  Yes  No Is the family paying for care or apparatus for a disabled family member so that an adult family member can work? If yes, list family members for whom care/apparatus is being provided.

**Disability Expense Allowance:**

FAMILY MEMBER	MONTHLY COST	PROVIDER NAME OR TYPE OF APPARATUS	ADDRESS	PHONE/FAX
	\$			
	\$			
	\$			
	\$			

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4.  Yes  No Households whose head, spouse, or sole member is 62 or older, or whose head, spouse, or sole member is disabled may be entitled to the Federal Elderly Allowance. If you believe your household qualifies for this allowance, please list the household member(s) who qualify.

Elderly / Disabled Household Allowance:				
FAMILY MEMBER	ELDERLY OR DISABLED?		DISABILITY VERIFICATION SOURCE	PHONE/FAX
	<input type="checkbox"/> Elderly	<input type="checkbox"/> Disabled		
	<input type="checkbox"/> Elderly	<input type="checkbox"/> Disabled		
	<input type="checkbox"/> Elderly	<input type="checkbox"/> Disabled		
	<input type="checkbox"/> Elderly	<input type="checkbox"/> Disabled		

5.  Yes  No Does the household expect unreimbursed (out of pocket) medical expenses for the 12 months to be covered by the certification? Please provide receipts to verify medical expenses. DO NOT include bills paid by insurance.

Medical Expense Allowance:				
FAMILY MEMBER	COST ( X ) FREQUENCY	DESCRIPTION	ADDRESS	PHONE/FAX
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

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LANDLORD INFORMATION

Previous landlords must be listed for each adult, if different.

Adult 1: List your last three (3) landlords.

If less than 5 years, please explain.

1. Your Address:		Dates: From To	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Name:	Landlord Address:		Landlord Phone:

2. Your Address:		Dates: From To	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Name:	Landlord Address:		Landlord Phone:

3. Your Address:		Dates: From To	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Name:	Landlord Address:		Landlord Phone:

Adult 2: (If different than above.) List your last three (3) landlords.

If less than 5 years, please explain.

1. Your Address:		Dates: From To	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Name:	Landlord Address:		Landlord Phone:

2. Your Address:		Dates: From To	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Name:	Landlord Address:		Landlord Phone:

3. Your Address:		Dates: From To	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Name:	Landlord Address:		Landlord Phone:

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PERSONAL REFERENCE

List a personal reference other than a relative:

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Years known: \_\_\_\_\_

EMERGENCY CONTACT

If possible, list someone in the area that is not listed on the application.

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Years known: \_\_\_\_\_



**STUDENT STATUS (HUD PROGRAMS – SECTION 8) AND TAX CREDIT PROGRAM**

Yes  No Have you maintained a separate household from your parents and guardians for at least a year before applying to our site?

Yes  No Are you, the head or co-head of your household, a full-time or part-time student? If yes, answer the questions below.

For those who are students, are any of the following statements true? Please check the appropriate boxes for all that are true.

Yes  No I am an orphan or ward of the court and 18 years old or younger.

Yes  No I am a veteran of the US Armed Forces.

Yes  No I have legal dependents other than a spouse (e.g., a child or elderly parent).

Yes  No I am a graduate or professional student.

Yes  No I am married.

Yes  No I am at least 24 years old or will turn 24 years old this year.

Yes  No Did your parents or legal guardians claim you as a dependent on their most recent tax return?

Please provide contact information for your parents, legal guardians, or others who provide financial support. (We need this information even if your parents and guardians don't provide support.)

Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

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

**FOR TAX CREDIT PORTION**

Yes  No 1. Are the students married and entitled to file a joint tax return?

Yes  No 2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than the parent?

Yes  No 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)?

Yes  No 4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state, or local laws? (Attach documentation of participation.)

Yes  No 5. Does the household consist of at least one student who was previously in a foster care program under Part B or Part E of Title IV of the Social Security Act?

Yes  No 6. Does the household contain at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive)?

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Yes  No 7. The household contains all students but is qualified because the occupant(s) listed is/are a part-time student(s). (Documentation of part-time student status is required for at least one member of the household.)

Name(s) of part-time student(s): \_\_\_\_\_

Yes  No 8. Does the household contain all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive)?

**HOUSEHOLD CERTIFICATION**

I understand that management is relying on this information to prove my household’s eligibility and continued assistance for the following programs: Tax Credit Program, Section 8, and New Construction (multifamily housing).

I certify that all information and answers to the questions in this questionnaire are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy or assistance. I will provide necessary information, including source names, addresses, phone numbers, account numbers where applicable, and any other information required for expediting this process.

I understand that my occupancy or assistance is contingent on meeting management’s resident selection criteria and program requirements.

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 number 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).\*\*

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:**

I hereby certify that I have answered the questions on this questionnaire truthfully, and that the student status information, income, assets, and allowances listed on this form accurately represent the status of all household members.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CREDIT REPORT AUTHORIZATION

Authorization is hereby granted to Southwestern Community Services, Inc. (hereinafter “SCS, Inc.”) to obtain a consumer credit report through a credit reporting agency chosen by SCS, Inc. I understand and agree that SCS, Inc. intends to use the consumer credit report for the purpose of evaluating my financial readiness to obtain and maintain residency in SCS affordable housing and may share, as necessary, any credit information obtained hereunder with department staff.

My signature below authorizes the release of financial information to the credit reporting agency, which I have supplied to SCS, Inc. in connection with obtaining affordable housing. Authorization is further granted to the credit reporting agency to use photo static reproduction of this form, if required, to obtain any information necessary to complete my consumer credit report.

\_\_\_\_\_  
Client’s Full Name (print)

\_\_\_\_\_  
Client’s Full Name (print)

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Birth Date

Current Address:

Current Address:

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

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

Phone Number: ( ) \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**AUTHORIZATION TO RELEASE INFORMATION**

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned (client or guardian) authorizes the Housing Manager(s) of Southwestern Community Services, Inc. to request and receive any and all relevant records/information pertaining to my income, assets, tenant/credit reports, and criminal background reports to determine my eligibility for the Tax Credit Program/Section 8.

I understand that this release is in effect until the client or guardian terminates said authorization in writing and notice is given to SCS Housing, Inc. Any third party may rely on a photocopy of this document.

I further understand that federal law prohibits disclosure of matters concerning regulated substances (such as drugs and/or alcohol) without explicit written consent. By signing this release, I am allowing disclosure of all such matters.

The undersigned hereby releases and holds harmless SCS Housing, Inc. or its successors from any liability, damage, cause of action, claim, or demand arising out of the use or transmittal or any information provided to SCS Housing, Inc. or its successors to any third parties.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_  
Street Town State Zip

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

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

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**AUTHORIZATION TO RELEASE INFORMATION**

Spouse/Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned (client or guardian) authorizes the Housing Manager(s) of Southwestern Community Services, Inc. to request and receive any and all relevant records/information pertaining to my income, assets, tenant/credit reports, and criminal background reports to determine my eligibility for the Tax Credit Program/Section 8.

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I further understand that federal law prohibits disclosure of matters concerning regulated substances (such as drugs and/or alcohol) without explicit written consent. By signing this release, I am allowing disclosure of all such matters.

The undersigned hereby releases and holds harmless SCS Housing, Inc. or its successors from any liability, damage, cause of action, claim, or demand arising out of the use or transmittal or any information provided to SCS Housing, Inc. or its successors to any third parties.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

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

Street

Town

State

Zip

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

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

## VIOLENCE AGAINST WOMEN ACT (VAWA)

Violence Against Women Act (VAWA) was reauthorized by Congress and signed by the President in 2013. It stated a new requirement that a VAWA notice must be given to occupants in HUD-assisted units. This notice informs residents of their rights and protections under VAWA, one of which includes protection from eviction if a person is a victim of domestic violence and the reason for the eviction is based on the actions of an abuser.

HUD's VAWA lease addendum and Certification of Domestic Violence will be utilized for advising occupants in HUD designated units of these protections.

An SCS notice representing the owner as management agent to applicants, tenants and participants outlining the following will be provided:

### **Protections for Victims**

SCS cannot refuse to rent to an applicant solely because he or she is a victim of domestic violence, dating violence, or stalking.

SCS cannot evict a tenant who is the victim of domestic violence, dating violence, or stalking based on acts or threats or violence committed against the victim. Also, criminal acts directly related to the domestic violence, dating violence, or stalking that are caused by a household member or guest cannot be cause for evicting the victim of the abuse.

### **Permissible Evictions**

SCS can evict a victim of domestic violence, dating violence or stalking if SCS can demonstrate that there is an actual or imminent (immediate) threat to other tenants or employees at the property if the victim is not evicted. Also, SCS may evict a victim for serious or repeated lease violations that are not related to the domestic violence, dating violence, or stalking. SCS cannot hold a victim of domestic violence, dating violence, or stalking to a more demanding standard than tenants who are not victims.

### **Removing the Abuser from the Household**

SCS may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the unit. If SCS chooses to remove the abuser, SCS may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, SCS must follow federal, state and local eviction procedures.

### **Certification of Domestic Violence, Dating Violence or Stalking**

If a tenant asserts VAWA's protection, SCS can ask the tenant to certify that he or she is a victim of domestic violence, dating violence, or stalking. SCS is not required to demand official documentation and may rely upon the victim's statement alone. If SCS chooses to request certification, SCS must do so in writing and give the tenant at least 14 business days to provide documentation. SCS is free to extend this deadline. A tenant can certify that he or she is a victim by providing any one of the following three documents:

- By completing a HUD-approved certification form. The most recent form is HUD-50066. This form is available at the SCS or online at <http://www.hud.gov/offices/adm/hudclips/>.
- By providing a statement from the victim's service provider, attorney or medical professional who has helped the victim address incidents of domestic violence, dating violence, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both the victim and professional must sign the statement under penalty of perjury.
- By providing a police or court record, such as a protection order.

If the tenant fails to provide one of these documents within 14 business days, SCS may evict the tenant if authorized by otherwise applicable law and lease provisions.

### **Confidentiality**

SCS must keep confidential any information a tenant provides to certify that he or she is a victim of domestic violence, dating violence, or stalking. SCS cannot enter the information into a shared database or reveal it to outside entities unless:

- The tenant provides written permission releasing the information.
- The information is required for use in an eviction proceeding, such as to evict the abuser.
- Release of the information is otherwise required by law.

The victim should inform SCS if the release of the information would put his or her safety at risk.

### **VAWA and Other Laws**

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

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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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.