

ANNUAL RECERTIFICATION INTERVIEW SHEET

FAMILY: _____ TELEPHONE NUMBER: _____
 ADDRESS: _____ RECERTIFICATION EFFECTIVE: _____

FAMILY COMPOSITION – Include all persons currently living in your household.

| Name: First M. Last | Race | Date of Birth | Place of Birth | Social Security Number | Age | Relation |
|---------------------|------|---------------|----------------|------------------------|-----|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

INCOME – List all sources of income from all family members.

Do you receive Food Stamps? YES NO

| Family Member | Source, rate and Type of Income | Amount |
|---------------|---------------------------------|--------|
| | | |
| | | |
| | | |
| | | |

ASSETS – List all Assets including but not limited to checking and savings accounts, time certificates, certificates of deposit, life insurance policies holding a cash value, property and houses.

| Family Member | Type of Asset | Current Value/Balance |
|---------------|---------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

EXPENSES

| Child Care | Name of Provider | Expense |
|------------|------------------|---------|
| | | |
| | | |
| | | |
| | | |

| Medical Expense: | Amount |
|------------------------|--------|
| Medicare | |
| Medicare Deductible | |
| Prescriptions | |
| Health Insurance | |
| Doctors/Hospital Bills | |
| Other | |

EXPENSES (continued)

| Handicap/Disability Expense | Name or Type | Amount |
|-----------------------------|--------------|--------|
| | | |
| | | |
| | | |
| | | |

Please list any payment made by a member of the family for the support and maintenance of any child or spouse who does not reside in the household.

| Child Support or Spousal Support | Name of Person Receiving Support | Amount |
|----------------------------------|----------------------------------|--------|
| | | |
| | | |
| | | |
| | | |

HAVE YOU OR ANY MEMBER OF THE TENANT FAMILY BEEN ARRESTED (INCLUDING DISTRICT JUSTICE LEVEL) FOR ANY VIOLATION WITHIN THE PAST TWELVE (12) MONTHS?

YES NO

If answer is yes, please indicate date arrested or fined and for what reason:

TENANT CERTIFICATION:

I/We certify that the information on this form is true and completed to the best of my/our knowledge and belief. I/We understand that we can be fined up to \$10,000.000 or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/We furnish false or incomplete information.

Signature of Head of Household

Date

Signature of Spouse, Co-Head, or Other Adult

Date

HOUSING AUTHORITY’S CERTIFICATION:

I certify that this Tenant’s eligibility, rent and assistance payment have been computed in accordance with HUD’s regulations and administrative procedures and that all required verification were obtained.

Signature of Housing Authority’s Representative

Date

PRIVACY ACT NOTICE STATEMENT - The information on this form is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant’s eligibility; the recommended unit size; and the amount the tenant(s) must pay toward rent and utilities. It will be used to manage the programs covered by this form; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal or regulatory investigators and prosecutors. It is not mandatory to provide social security numbers. However, failure to provide any other information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the U. S. Housing Act of 1937, as amended (42 U.S.C., 1437 et seq.); the Housing and Community Development Amendments of 1981 (P.L. 97-35); the Housing and Urban Rural Recovery Act of 1983 (P.L. 98-181); and the Housing and Community Technical Development Technical Amendments of 1984 (P.L. 98-479).

WARNING! By signing this form, you are indicating that you have read the above PRIVACY ACT NOTICE and are agreeing with the applicable certification.

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

SNYDER COUNTY HOUSING AUTHORITY
106 DRAKE COURT
MIDDLEBURG, PA 17842

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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



AUTHORIZATION FORM

I do hereby authorize and request the disclosure to the SNYDER COUNTY HOUSING AUTHORITY any information that may be desired concerning myself, or immediate family members residing with me to include verification of age, residence, family composition, employment, income resources, assets, or other pertinent data which may effect my eligibility for **Section 8 Rental Assistance or Public Housing**. **I AM AUTHORIZING THAT THESE DOCUMENTS MAY BE FAXED or PHOTOCOPIED TO THE AGENCY FROM WHICH WE ARE REQUESTING INFORMATION AND THAT THE AGENCY MAY FAX OR PHOTOCOPY DOCUMENTS BACK TO THE SNYDER COUNTY HOUSING AUTHORITY.**

It is understood that the information obtained will be used only for purposes directly related to my eligibility for **Section 8 Rental Assistance or Public Housing**.

I hereby give my permission to the SNYDER COUNTY HOUSING AUTHORITY to duplicate this form bearing my signature to be used in conjunction with eligibility verification forms.

Date

Signature

Date

Signature

Date

Signature

Witness to Signature(s):

Witness

Title

Snyder County Housing Authority



APPLICANT/TENANT CERTIFICATION

ASSETS: CURRENT AND DISPOSED

Snyder County Housing Authority regulations require that all applicants/tenants reveal all sources of income and assets. Applicants/tenants for housing must fill out this asset certification by filling in the requested information and certifying this form.

CURRENT ASSETS List all assets currently held and the cash value. This includes checking and savings accounts (including IRA's, Keogh Accounts, Burial Funds, CD's), stocks, bonds, trusts, real estate, or any other assets of all household members.

| ASSET | CASH VALUE | ASSET | CASH VALUE |
|-------|------------|-------|------------|
| | | | |
| | | | |
| | | | |

CURRENT LIFE INSURANCE POLICIES (List all policies currently held including, but not limited to: personal, pension, and/or employer funded life insurance policies)

| NAME OF INSURANCE CO. | STREET ADDRESS, CITY, STATE, ZIP | POLICY NUMBER | CASH VALUE / DIVIDENDS |
|-----------------------|----------------------------------|---------------|------------------------|
| | | | |
| | | | |
| | | | |

Applicants/tenants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification.

Did you have any assets in the past two years not listed? YES NO

If yes, did you dispose of any assets for less than market value? YES NO
(This means that the assets were either given away or sold at less than the allotted market value.)

If yes, what were the assets, market value, amount received, and date you disposed of the asset? _____

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets if the difference between the value and the amount received exceeds \$1,000.

I do hereby certify that the information listed on this form and the questions answered are true and complete to the best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I realize that false statements are fraudulent and are a criminal offense, which is punishable by fine or imprisonment, or both.

Applicant/Tenant

Date

MY SECTION 8 VOUCHER RESPONSIBILITIES

All adult residents of the household must agree to meet the family obligations to the program as written in the Voucher. Failure to meet these obligations will result in disqualification and/or the termination of Housing Assistance Payments (HAP).

The Snyder County Housing Authority has established policies to help you meet your obligations. Please read carefully. If you do not understand what is expected of you, you must say so, and your questions will be answered.

1. THE FAMILY MUST:

I understand I must provide all necessary information.

My information must be true, complete, accurate and current.

My changes must be reported on a Change Form with 10 days.

- I understand that I must provide information to verify eligibility (including citizenship and immigration status). I must provide accurate and complete information to verify my preference status.
- I understand that all adult (18 years old and older) family members must attend interviews, appeals, and reexaminations, and sign all consent forms.
- I and all my family members must provide original birth certificates and social security cards. Everyone in my family over 5 years of age must provide current photo ID. Documentation for children must verify at least 50% custody. Adults must provide complete and accurate criminal record information. My family must meet the definition of an eligible family.
- I must report all changes on a Change Form within 10 days of a change. All adult family members must sign the attached authorization. To get on the waiting list, I submitted an original, written application and so any change to my information must also be reported in writing.
- Before assistance can start I must report any change in preference status, physical address, mailing address, phone number(s), contact information and authorization to contact, income (wages, voluntary support, child support, etc.), benefits (food stamps, TANF, Social Security, SSI, etc.), assets (banks, insurance policies, sale of real estate, etc.), expenses (child care, medical expenses, etc.) and household composition.
- I must attend my reexamination interview every year. At my annual recertification interview I must report my income and income sources, assets, expenses, household composition, and contact information. I must update my criminal record, if changed. I must bring my rent receipts and utility bills or written proof that payments are current. I must bring my current benefit letter(s), such as Social Security or SSI. I must bring paystubs for the last 2 months if earning wages.
- My housing assistance must be terminated if I fail to complete the annual reexamination.
- Between annual reexaminations I must report all changes on a Change Form, regardless of the type of change. If an interim reexamination is necessary, benefits will be recalculated.
- Changes less than 30 days may not result in a benefit change but I must report all changes. I must report a new job within 10 days of hire, not when I get my first paycheck.
- If an increase in my income is not reported as required, I must repay any over payment of benefits to the Housing Authority. Termination for fraud can make me ineligible for housing assistance for 3 years, or until benefits are repaid, whichever is later.
- I must keep my contact information current by using the Change Form.
- I must request written approval from the Housing Authority and the owner **BEFORE** allowing any person 18 years of age or older to live or stay in my home (no grace period). I must request this change using a Change Form.

Snyder County Housing Authority



I understand that I must submit a Request for Tenancy (RFT)

- I must request approvable housing using a RFT form before my voucher expires.
- My RFT must be original, complete and signed by both myself and the proposed landlord.
- I understand the cost of my rent and utilities after the housing assistance payment (HAP) cannot exceed 40% of my income to be approvable.
- I understand that HUD requires that my unit must be eligible, pass housing HQS inspection, have reasonable rent, and have a lease with the tenancy addendum attached.

I understand that I must live in my unit.

- My assisted unit must be my only residence. I cannot receive housing assistance for, or live in, any other unit.
- I must promptly notify the Housing Authority in writing if I will be away from my unit over 30 calendar days. Any family or family member absent for more than 30 calendar days without authorization will be terminated from the program.
- I must promptly notify the Housing Authority if anyone moves out or for any reason no longer resides in the unit. I must supply the date absence began and, if possible, the forwarding address.
- I must supply any information requested by the Housing Authority to verify that I am living in my unit or information related to my absence from the unit.
- I must notify the Housing Authority in writing, using a Change Form, of the birth, adoption, or court awarded custody of a child. I must supply a birth certificate, social security card, and sign a declaration of citizenship. I must provide custody documentation.
- I must notify both the Housing Authority and my landlord in writing not less than 30 days before moving out of the unit or terminating the lease. If I move during my first year on the program I will be ineligible for housing assistance for 3 years.
- I must give the Housing Authority a copy of any eviction notice from my landlord

I must allow housing inspections and maintain HQS

- My requested unit must pass inspection before I can receive Section 8 rental assistance.
- I understand Housing Quality Standards (HQS) must be verified by inspection every other year.
- I must maintain my unit in a safe and clean manor and the appliances I own must work.
- I must promptly notify my landlord if repairs are needed. I must tell the Housing Authority if repairs are not made within 30 days after written notice has been given to the landlord.
- I must inform the Housing Authority immediately if emergency repairs are needed. (such as no heat in the winter months)

I must honor my lease including the Section 8 Tenancy Addendum.

- I must promptly pay my portion of the rent to the owner.
- I must pay for the utilities I have agreed to in the lease.
- I must report any anticipated change my landlord proposes to in my lease immediately. The utilities specified in the lease cannot change between the landlord and the tenant unless a new HAP contract and a new lease are signed. Rent increases must be approved by the housing authority.
- I must supply and maintain the appliances not provided by the landlord in working order.



2. THE FAMILY MUST NOT:

- I must not own or have any interest in my unit. (other than as the owner of a manufactured home leasing a manufactured home space)
- I must not commit any serious or repeated violation of my lease. (including late payment of rent)
- I must not commit fraud, bribery or any other criminal act in connection with the program.
- I must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- I must not sublease or let my unit or assign the lease or transfer the unit.
- I must not receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
- I must not damage my unit (other than damage from ordinary wear and tear) or permit any guest to damage my unit or the premises.
- I understand that no family member can be related to the owner of the unit; owner cannot be a parent, child, grandparent, grandchild, sister or brother of any member of the family.
- I must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents or other residents and persons residing in the immediate vicinity of the premises.
- I must not move more than one (1) time per year, and then only at recertification time. I am required to sign a 12-month lease with the owner when I begin the program. If I move during the first year I cannot expect to receive assistance in another unit for at least 3 years.
- I must not be evicted. If evicted I lose the right to receive further housing assistance for 3 years or until any back rent or damages owed to my Section 8 landlord are repaid, whichever is greater.
- I must not engage in or threaten abusive or violent behavior toward housing authority personnel.

MY VOUCHER

- I must give the housing authority an approvable Request for Tenancy (RFT) approval before my voucher expires.
- I understand that if my voucher expires before I have found a suitable/approvable unit, I must reapply to get back on the waiting list.
- I understand my voucher expires in 60 days. I must request a 30 day extension in writing before my voucher expires if I want to continue to look for assisted housing.
- I understand that I may request a second 30 day extension, but if my voucher expires after both extensions have been granted, I must reapply for the program to get back on the waiting list.

Please check each item of understanding above and sign below. I fully understand my Section 8 Housing Choice Voucher obligations. I understand that my voucher may be withdrawn and my housing assistance may be terminated if the above responsibilities are not followed.

Signature

Date

Signature

Date

Snyder County Housing Authority



Dear Tenant,

This is a notification that the inspection schedule for the Section 8 program has changed. Assisted units will be inspected every other year at recertification, instead of every year at recertification.

Emergency repair items (such as heat or a health hazard) must be repaired within 24 hours. Repair of refrigerators, range, oven, or a major plumbing fixture supplied by the owner must be repaired within 72 hours. For non-emergency repairs, the owner will have up to 30 calendar days to complete repairs.

Tell your landlord when repairs are needed:

1. **Emergency repairs and life threatening deficiencies :** If repairs are needed for heating problems, or if there is a health hazard, notify your landlord and **also give notice to the Housing Authority immediately.** The deadline for the landlord to repair is 24 hours.
2. **Emergency repairs:** If repairs are for a refrigerator, range, oven or a major plumbing fixture, notify your landlord and **also give notice to the Housing Authority immediately.** The deadline for the landlord to repair is 72 hours.
3. For all other repairs, first report the repairs needed to your landlord verbally (unless it involves heat or a health hazard) and be sure to make a note of the date of your conversation with the landlord.

If repairs are not done:

4. Follow up in **writing** with a 30 day deadline for repair. (**keep copies**)

If repairs are not done:

5. Send a written notice to the Housing Authority with a dated note of your conversation with your landlord and a copy of your letter to the landlord.

-
- I understand that my Section 8 assisted housing must continue to meet Housing Quality Standards.
 - I understand that I must continue to report all repairs needed to my landlord.
 - I must maintain the appliances that the owner is not required to provide under the lease.
 - To assist me in keeping my unit eligible for the Section 8 program, I have received a Housing Quality Standards (HQS) Pre-Inspection Checklist.

Tenant Signature

Date

Tenant Signature

Date

Tenant Signature

Date



EMERGENCY FAIL ITEMS The following items are to be considered examples of emergency items that must be abated within 24 hours:

- A. No hot or cold water
- B. No electricity
- C. Inability to maintain adequate heat
- D. Major plumbing leak
- E. Natural gas, propane, or LP gas leak
- F. Broken lock(s) on first floor doors or windows
- G. Broken windows that unduly allow weather elements into the unit
- H. Electrical outlet smoking or sparking
- I. Exposed electrical wires which could result in shock or fire
- J. Unusable toilet when only one toilet is present in the unit
- K. Security risks such as broken doors or windows that would allow intrusion
- L. Other conditions which pose an immediate threat to health or safety

LIFE-THREATENING DEFICIENCIES: The following items have been identified as examples of life-threatening deficiencies that must be abated within 24 hours:

1. Gas (natural or liquid petroleum leak or fumes.
2. Electrical hazards that could result in shock or fire.
3. Inoperable or missing smoke detector. (if tenant caused, tenant must correct or be terminated from program)
4. Interior air quality: carbon monoxide detector missing or does not function.
5. Gas/oil fire water heating or heating, ventilation, or cooling system with missing, damaged, improper or misaligned chimney or venting.
6. Lack of alternative means of exit in case of fire or blocked egress.
7. Other interior hazards: example, missing fire extinguisher if required.
8. Deteriorated pain in unit built before 1978 occupied by a child less than 6 years of age.

HOUSING QUALITY STANDARDS (HQS)

Pre-Inspection Checklist

What is the purpose of Housing Quality Standards?

The goal of the Housing Choice Voucher (HCV) program is to provide “decent, safe and sanitary” housing at an affordable cost to low-income families. Housing Quality Standards help HUD and local Public Housing Authorities (PHAs) accomplish that goal by defining “standard housing” and establishing the minimum quality criteria necessary for the health and safety of program participants. All HCV housing units must meet these housing quality standards in order to participate in the HCV program. The inspector performs a visual inspection of the premises based on the Housing Quality Standards set by Housing and Urban Development (HUD). The Housing Authority then issues a report detailing any issues that require correction prior to the occupancy of the tenant.

This checklist is intended to help you in preparing your unit for a Housing Quality Inspection; a HQS inspection is required prior to each occupancy of a HCV tenant. This inspection is then required every ~~3~~ months thereafter.

This list shows commonly found violations. It is NOT intended to be a comprehensive list of all HQS violations that could occur. If you have questions about a specific situation, please call the Central Keystone COG at 1-877-457-9401 or 570-522-1326 Ext 4.

Life & Fire Safety -

- Is there a working smoke detector in EACH bedroom (or other room used for sleeping), in the hallway(s) outside of the bedrooms and on each level, including the basement and attic?
- Is the hot water heater and furnace clear (at least 3 feet away) of boxes, other “junk” or flammable materials?
- Are all exits free from obstruction inside and outside (personal belongings, junk, shrubbery etc.)?
- Do all exterior doors lock and unlock from the inside without using a key or special knowledge? NO hasp-lock hardware, chains or other locking devices are permitted on the outside of any door in the dwelling.
- Does the Water Heater have a temperature and pressure-relief valve and a relief valve discharge pipe (“drip-leg”) extending to within 6” of the floor?
- Is all fuel burning equipment in good repair and safe condition, properly installed and connected to chimneys or vents?
- Do all rooms used for sleeping have a window? Or two means of approved egress from such room?
- Is there at least one Carbon Monoxide Detector installed in the unit (if there is a fuel burning appliance present or an attached garage)?

Doors & Windows –

- Do all exterior doors open and close easily? Are they weather tight?
- Do all windows open and stay open?
- Do all windows close and lock? Are they weather tight?
- Are there any broken or cracked windows? Are screens in place (one per room) and free from tears?
- Does each bedroom have a separate door? Bedroom with access being from other bedrooms only are not permitted.

Walls, Ceilings and Floor –

- Are the walls, window sills and ceilings clean and free from peeling paint or wallpaper? (Lead Paint Disclosure is required for properties constructed prior to 1978)
- Are the floors structurally sound? Are there any holes in the drywall or plaster?
- Is the flooring (carpet, vinyl, wood, etc.) clean and in good condition, i.e. thresholds in place, no rips or other tripping hazards, no missing tiles? No exposed subflooring (plywood or concrete)?
- Are there proper globes/diffusers/covers on all light fixtures? Are fastened securely to the ceiling?
- Are there light fixtures in all halls, stairways, laundry rooms and furnace rooms?
- Does every set of stairs with more than three steps have a graspable handrail on at least one side? This includes stairs to a basement or attic and exterior stairs.
- Are handrails and other railings firmly attached with no loose or missing spindles?

Heating, Plumbing & Electrical -

- Are there working GFCI outlets in the Kitchen & Bathrooms (on outlets >6' from any water source)?
- Is there a working exhaust fan or a window in each bathroom?
- Do all outlets, switches and panel boxes have covers?
- Are there at least two outlets in each room and one in the bathroom?
- Do all taps run (hot & cold) and toilets flush? Is the plumbing properly vented?
- Do any pipes leak or faucets drip?
- Is the toilet bolted securely to the floor?
- Gas space heaters are not permitted for use at any time. Space heaters of any type are not permitted as the sole heating source for a unit.

Exterior –

- Does each unit have address numbers that are clearly visible from the street (at least 4" high)?
- Is all rubbish stored in appropriate containers and removed regularly?
- Is the exterior in good repair? Siding, brick or paint free of chips or deterioration?
- Is the roof in good repair with no leaks? No overhanging tree limbs or branches?
- Is the foundation in good repair, level with no cracking or deterioration?
- Are the gutters and downspouts free of debris and directing water away from the structure?
- Are the premises free of infestation such as insects, rats and/or other vermin?
- Are any accessory structures (garages, sheds, fences) structurally sound and in good repair?
- Detached garages, storage buildings and basements of single family units cannot be used by the Property Owner for storage or other personal use.

Other -

- All owner supplied appliances or amenities (e.g. refrigerators, stoves, garbage disposals, dishwashers, ceiling fans, etc.) must be in place and in working order at the time of inspection. If they become inoperable they must be repaired or replaced.
- In properties without separately metered utilities (water, sewer, gas, or electric) the utility must be the sole responsibility of the Owner (i.e. Included in the rent)
- Manufactured Homes must have proper tie-downs that can be made visible to the inspector.
- All utilities must be on at the time of inspection.



Applicant/Tenant Certification Applicant(s)/Tenant(s) Statement

I/We certify that the information* given to the **SNYDER COUNTY HOUSING AUTHORITY** on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statement(s) or information are punishable under federal law. I/We also understand that false statements or information are grounds for the withdrawal of my/**our APPLICATION FOR SECTION 8 RENTAL ASSISTANCE and/or PUBLIC HOUSING**, or should I/we be current participants in the Section 8 Rental Assistance Program and/or Public Housing, the termination of my/our **SECTION 8 RENTAL ASSISTANCE and/or PUBLIC HOUSING**.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

Signature of Other Adult

Date

*After verification by this Public Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity Office's toll-free hot line at 1-800-669-9777. (Within the Washington D.C. metropolitan area, call 426-3500.)



INTERIM RECERTIFICATION REPORTING REQUIREMENTS STATEMENT OF UNDERSTANDING

I/We, _____, understand and acknowledge that all changes in income, family composition, child care expenses, new telephone numbers, assets, and other factors which may affect my (our) eligibility for the Section 8 Rental Assistance Program and/or Public Housing must be reported **in writing within ten (10) calendar days of such change by completing a "Change Form" available at the Housing Authority office.** The required "Change Form" is the only acceptable method of reporting a change to the Snyder County Housing Authority.

I/We understand that in the case of a rent decrease, the adjustment will become effective on the first day of the month following the reported change in circumstances provided that the I/we reported the change by the 15th of the month. I/We understand that income decreases reported after the 15th of the month will be effective the first of the second month, and that the Housing Authority's policy on rent decreases is that a decrease that is verified to last less than 30 days will not be processed.

I/We also understand that should I (we) fail to report such information, it may result in penalties being imposed on me (us), including, but not limited to the termination of my (our) participation in the Section 8 Rental Assistance Program and/or Public Housing.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

Signature of Other Adult

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

| | |
|--|--|
| | |
|--|--|

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.