Snyder County
HOUSING AUTHORITY

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.

NOTE: Each family member 18 years of age or older must sign this Authorization.

_____	_____
Date	Signature
_____	_____
Date	Signature
_____	_____
Date	Signature

Witness to Signature(s):

_____	_____
Witness	Title

W:\WPDOCS\SECTION8\Initial Interview\007 Authorization Form 4-23.docx

Snyder County
HOUSING AUTHORITY

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 Pubic Housing.

_____ _____
Signature of Head of Household Date

_____ _____
Signature of Co-Head of Household Date

_____ _____
Signature of Other Adult Date

106 Drake Court | Middleburg, PA 17842 | P: 570.837.3979 | F: 570.837.0575 |

Snyder County
HOUSING AUTHORITY

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 **SECTION8 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.)

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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.

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EQUAL HOUSING OPPORTUNITY

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, but is not limited to, checking and savings accounts, online/digital banking accounts (i.e. Chime, PayPal, CashApp, Venmo, others) IRA's, Retirement Funds, Annuities, Keogh Accounts, Burial Funds, CD's), stocks, bonds, trusts, real estate, or any other assets of all household members. Please check (✓) and complete as applicable:

Type	Bank/Location	Amount	Type	Bank/Location	Amount
☐ Checking			☐ IRA		
☐ Savings			☐ Stock		
☐ Chime			☐ Trust		
☐ PayPal			☐ Real Estate		
☐ Venmo			☐ Annuity		
☐ Cash App			☐ Other		
☐ Cert of Dep			☐ Other		
☐ Burial Fund			☐ Other		

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	Address of Insurance Co	Policy #	Cash Value/Dividends

DISPOSAL OF ASSETS 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 actual 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 (Head) _____ Applicant/Tenant (Co-Head) _____ Date _____

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EQUAL HOUSING OPPORTUNITY

READ AND INITIAL EACH ITEM BELOW

TENANT CERTIFICATION

_____ I certify that all the information provided on the household composition, income, assets, and items for allowances and deductions is accurate and complete to the best of my knowledge.

_____ I certify that I have reported any income earned online or via social media, including but not limited to Tic-Tok, YouTube, etc., as well as any payments in kind (in lieu of cash), or if anyone pays any of my bills for me.

_____ I know that I am required to immediately report, in writing within ten days, any changes in income and in household composition on the required Change Form. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

_____ I certify that I have disclosed if I have received previous federal housing assistance and whether any money is owed. I certify that I did not commit fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

_____ I certify that the rental unit will be my principal residence and must match my government-issued photo identification. I will not obtain duplicate federal housing assistance while I am on the program. I will not live anywhere else without notifying the Housing Authority of Snyder County immediately in writing. I will not sublease my assisted residence.

_____ I know that I am required to cooperate in supplying all information needed to determine my eligibility, by attending scheduled appointments and completing/signing the required forms. I acknowledge that I must recertify at least annually and permit required inspections.

_____ I must notify both my landlord and the Snyder County Housing Authority, in writing, at least thirty (30) days before vacating my unit. The SCHA will not assist me in another unit if I owe money or unpaid rent, utilities, or damages (or if there are any pending charges).

_____ I understand that the address of my unit may not be used by other persons as a mailing address. By allowing this, it will be construed as an unreported person residing in the unit and will be cause for termination of my rental assistance.

_____ I understand that my rental assistance will be terminated for any of the following reasons: lease violations, preponderance of evidence of drug-related or violent criminal activity by any household member, threatening or violent behavior toward SCHA personnel, and program fraud (which includes falsification of information provided).

_____ I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal or state law and is grounds for termination of the Section 8 Housing Choice Voucher Program.

_____ _____

Head of Household Signature Date

_____ _____

Other Adult Signature Date

_____ _____

Other Adult Signature Date

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ 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.

Signature of Applicant **Date**

ANNUAL RECERTIFICATION INTERVIEW SHEET

Recertification Effective Date: _____

FAMILY: _____ TELEPHONE NUMBER: _____

ADDRESS: _____ Email address: _____

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, including but not limited to:

Wages, Child Support, Social Security, SSI, SSP, Pension, Public Assistance, VA Benefits, Military Allotment, payments-in-kind (when bills are paid or items are given in lieu of cash)

Family Member	Source, rate and Type of Income	Amount

Do you receive Food Stamps? ☐YES ☐NO If yes, approximate monthly 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

EXPENSES (continued)

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

Handicap/Disability Expense	Name or Type	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.