



Housing and Neighborhood Development Service
7 East 7th Street Erie, PA 16501-1105
Phone: 814.453.3333 Fax: 814.456.0922
www.hands-erie.org

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|--|
| Office Use Only: Date Stamp of Date Received: Time Received: _____ Receiver's Initials: _____ |
|--|

Application for Housing Opportunities for persons with disabilities within Erie County

All of our housing communities are SMOKE FREE and PET FRIENDLY

Our properties have unique qualities and income guidelines. In order to expedite the application process, we request you answer the following questions so your application will apply to the property that is most appropriate for you. Please note, you may apply and qualify for more than one type of housing.

- 1. Are you seeking housing communities dedicated to meet the needs of chronic mental illness? (Must be verified) If yes, go section A.**
- 2. Are you seeking housing communities dedicated to developmental disability? (Must be verified) If yes, go to B.**
- 3. Are you seeking housing communities dedicated to meet the needs of a person with a physical disability? (Must be verified) If yes, go to C.**

**Applications must be filled out completely in order to be processed.
Incomplete applications cannot be processed.**

All properties on the following page have the following income requirements:

Maximum annual income*

1 Person - \$27,800 2 Persons - \$31,800
3 Persons - \$35,750 4 Persons - \$39,700

*subject to change without notice

In addition to the housing for Persons with Disabilities provided on this application, HANDS also offers General Housing, Senior and Veterans housing. If you would like more information on these housing opportunities, please call 814.453.3333 or visit our website at hands-erie.org.

SECTION A – Housing for Persons with Chronic Mental Illness

| | |
|---|---|
| Cascade Run – 1 bedroom 643/649 West 4 th Street | Niagara Apartments – 1 bedroom 535/537 E. 3 rd Street/332 W. 5 th Street |
| Flagship City Apartments – 1 bedroom 502 East 12 th Street | North Coast Place – 1 bedroom 332 West 18 th Street |
| HANDS Center City – 1 bedroom 245 East 18 th Street | Poplar Place Apartments – 1 bedroom 3407 Poplar Street |
| HANDS Metro – 1 bedroom 239 W 2 nd St./322 W 3 rd St./340 W 4 th St. 318 E. 13 th St./ 1207 German Street | Rosewood Apartments – 1 bedroom 1002 East Lake Road |
| <input type="checkbox"/> Irma Seligman – 1 bedroom 1953 East 36 th Street | Titus House – 1 bedroom 727 French Street |
| Kuehl Apartments (choose 1 or 2 bedroom) 1 bedroom <input type="checkbox"/> 2 bedroom 544/548 East 6 th Street | |
| Liberty Place Apartments – 1 bedroom 313 Wallace Street | |

SECTION B – Housing for Persons with Developmental Disabilities

HANDS Center City – 1 bedroom

SECTION C – Housing for Persons with Physical Disabilities

HANDS Center City – 1 bedroom
245 East 18th Street

Poux Apartments (choose 1 or 2 bedroom)
1 bedroom 2 bedroom
1271/1277 E.21st/533 W. 8th

St. Joseph Apartments—For persons 18+ years of age that have a mobility impairment & require the features of a handicap accessible unit.
517 Maryland Avenue



For marketing purposes, please tell us how you heard about HANDS and/or the apartment community for which you are applying:

- Newspaper
 Agency Referral
 Resident Referral
 Friend/Relative
 Drive-By
 HANDS Website
 Senior News
 Facebook
 Craigslist.org
 Other Source (specify) _____

| | | | | | |
|------------------------|-------|-------------------|---------------|---------------------|----------------------|
| Applicant Name | | | Date of Birth | Social Security No. | |
| Last | First | MI | | | |
| Present Street Address | | City | State | Zip Code | How Long at Address? |
| Home Phone Number | | Cell Phone Number | | Email Address | |
| Former Street Address: | | City | State | Zip Code | How Long at Address? |
| Former Street Address: | | City | State | Zip Code | How Long at Address? |
| Former Street Address: | | City | State | Zip Code | How Long at Address? |

PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER FOR ALL LANDLORDS FOR THE PAST 2 YEARS

| | | | |
|-------------------------|------|-------|----------|
| Current Landlord Name: | | | Phone |
| Address | City | State | Zip Code |
| Previous Landlord Name: | | | Phone |
| Address | City | State | Zip Code |
| Previous Landlord Name: | | | Phone |
| Address | City | State | Zip Code |

EMPLOYMENT INFORMATION

| | | | | |
|------------------------------|--|------------------|--|---------------------------|
| Name and Address of Employer | | Type of Business | Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business Phone Number | | Position/Title | Number of Year at Job | Yrs. In this line of work |
| Name and Address of Employer | | Type of Business | Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business Phone Number | | Position/Title | Number of Year at Job | Yrs. In this line of work |

CO-APPLICANT/SPOUSE INFORMATION

| | | | | | |
|-------------------------|-------|------|---------------|---------------------|----------------------|
| Co-Applicant Name | | | Date of Birth | Social Security No. | |
| Last | First | MI | | | |
| Present Street Address: | | City | State | Zip Code | How Long at Address? |
| Former Street Address: | | City | State | Zip Code | How Long at Address? |
| Former Street Address: | | City | State | Zip Code | How Long at Address? |

PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER FOR ALL LANDLORDS FOR THE PAST 2 YEARS

| | | | |
|-------------------------|------|-------|----------|
| Current Landlord Name: | | | Phone |
| Address | City | State | Zip Code |
| Previous Landlord Name: | | | Phone |
| Address | City | State | Zip Code |
| Previous Landlord Name: | | | Phone |
| Address | City | State | Zip Code |

CO-APPLICANT EMPLOYMENT INFORMATION

| | | | | |
|------------------------------|----------------|-----------------------|--|--|
| Name and Address of Employer | | Type of Business | Self Employed? | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business Phone Number | Position/Title | Number of Year at Job | Yrs. In this line of work | |
| | | | | |

Please list **EVERY** state each applicant has resided in below:

| Applicant Name | States Resided In |
|----------------|-------------------|
| | |
| | |
| | |
| | |
| | |
| | |

| INCOME/ASSETS | | | | |
|---|------------|--------------------|--|-----------------|
| SOURCE | APPLICANT | CO-APPLICANT | Other Household -18 yrs of age or older: | TOTAL For MONTH |
| 1. Gross Salary (before taxes) | | | | |
| 2. Overtime Pay | | | | |
| 3. Commissions/Fees/Tips/Bonuses | | | | |
| 4. Unemployment Benefits (gross amount) | | | | |
| 5. Workers Compensation | | | | |
| 6. <input type="checkbox"/> Social Security <input type="checkbox"/> Pensions <input type="checkbox"/> Retirement Please list GROSS AMOUNTS Per Month | | | | |
| 7. TANF Payments/Public Assistance Per Month | | | | |
| 8. Alimony, Child Support (please circle) Per Month | | | | |
| 9. Net Income From Business | | | | |
| 10. Net Rental Income (if you own property and rent it to others) | | | | |
| 11. Other: | | | | |
| | | | TOTAL MONTHLY: | |
| | | | Total Monthly Income x 12 = | |
| ASSETS for <u>ALL</u> household members | CASH VALUE | INCOME FROM ASSETS | NAME & ADDRESS OF FINANCIAL INSTITUTION | |
| Checking Account | \$ | \$ | | |
| Savings or Direct Express Card | \$ | \$ | | |
| Certificate of Deposit (CDs) | \$ | \$ | | |
| Mutual Funds/ Stocks / Bonds / Life Ins | \$ | \$ | | |
| Real Estate - If you own your own home or have property | \$ | \$ | | |
| Other: | \$ | \$ | | |
| TOTAL: | \$ | \$ | | |

HOUSEHOLD COMPOSITION

| | FULL NAME <small>List the full names and related information for all people that will be living in the house or apartment for which you are applying.</small> | Relation-ship to Head of House-hold | SEX | DATE of BIRTH <small>MM/DD/YY</small> | AGE | SOCIAL SECURITY NUMBER | 1= White 2= Black or African America 3= American Indian or Alaskan 4= Native Hawaiian or Pacific Islander 5= Asian | 1= Hispanic/Latino 2= Non-Hispanic /Non-Latino |
|------|--|-------------------------------------|-----|--|-----|------------------------|--|---|
| Head | | HEAD | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |

THE FOLLOWING QUESTIONS (1 – 11) MUST BE COMPLETED

1. I/We have have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" row in the income/assets section of this application. Date of disposal _____

2. Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? Yes No If yes, list household member's name and states requiring registration. _____

3. Have you or any member of your household ever been charged with or convicted of a crime (misdemeanor or felony) other than minor traffic violations? Yes No
If yes, please explain _____

4. Are there any full or part-time students? Yes No
If yes, please list the name of students _____

5. Do you own pets? Yes No If yes, What kind and how many? _____

6. Has the family's tenancy in subsidized housing ever been terminated for fraud, nonpayment of rent or failure to cooperate with recertification procedures? Yes No

7. Do you currently have a Section 8 Housing Choice or VASH Voucher? Yes No **If yes, Please attach a copy of your Voucher when submitting application**

8. Are you currently receiving Section 8 or HUD Assistance where you live now? Yes No

9. For Section 8 eligibility and allowance purposes, is there a disability you wish to claim? Yes No

**Housing And Neighborhood
Development Service**

Matthew W. Good
CEO



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Erie, PA 16501-1105
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Fax: 814.456.0922
www.hands-erie.org
mail@hands-erie.org

APPLICATION ATTACHMENTS ACKNOWLEDGEMENT

This form must be submitted with application

We have enclosed copies of the following HUD brochures for you to keep and review:

- “Applying for HUD Housing Assistance? Think About This...Is Fraud Worth It?”
- “EIV & You”

By signing below, you are acknowledging that you have received copies of these brochures.

Signature

Date

Signature

Date



Equal Housing Opportunity



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know

if You are Applying or are Receiving

Rental Assistance through the Department of Housing and Urban Development (HUD)

What is EIV?

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



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

The Social Security Administration:

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

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

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

What is the information in EIV used for?

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

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

They will also be able to determine if you:

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

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

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

Who has access to the EIV information?

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

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and

recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure

that your property owner or manager is required to give to you every year.

...correctly reported your income

Penalties for providing false information

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

Protect yourself, follow HUD reporting requirements

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

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

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

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



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

What if I disagree with the EIV information?

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

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

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

What if the information in EIV is not about me?

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

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

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

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



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

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

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



JULY 2009

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.

| | |
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| | |
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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.