



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

HOUSING CHOICE VOUCHER PROGRAM (HCV)

Frequently Asked Questions

How does the program work?

Huron Housing Authority's Housing Choice Voucher program is designed to offer rental assistance to low income families in Beadle County. Participants select the privately owned rental property where they would like to live. If the property meets the program's requirements regarding condition of the unit, cost of rent and utilities, unit size for your household, etc. (these will be explained during your briefing once your eligibility is established), your contribution toward rent and utilities will be approximately 30% of your adjusted annual income and your housing voucher will pay your landlord the balance.

How do I get on the Waiting List?

Your name will be placed on the Waiting List according to the date and time your application is received. You must be sure to inform our office immediately if you have any change of address, income, resources, number of persons in your household, etc. When your name reaches the top of the list you will be notified by mail. Please keep in mind that failure to contact the Housing Authority by the date given in the letter will result in your name being removed from the waiting list. Once your name has been removed from the waiting list for failure to respond, you must reapply in order to be placed back on the waiting list.

How long is your Waiting List?

There is no way to determine how long of a wait you will have before your name reaches the top of the list. There are many variables involved in how quickly the waiting list moves. It depends on how many participants leave the program and how many applicants on the waiting list qualify for a preference.

Who can receive a preference?

It is the policy of the Huron Housing Authority that qualified elderly or disabled individuals will be selected from the Waiting List first.

Why do I have to sign a Consent to Release Information form?

A Consent to Release Information form must be signed by all applicants in order for us to verify the information you have given us on your application. Verification of your information is required by law.

Can I be on the program if I have a criminal history?

It is required that an applicant's criminal history be verified at the time their name comes to the top of the waiting list. Huron Housing will deny participation in the program due to criminal activity based on the current Tenant Selection Policy and current HUD rulings.

Tell your landlord to call us!

It is very easy for your landlord to participate in the Housing Choice Voucher program. Have them give us a call at 352-1520 and we will be glad to answer any questions they may have.



FOR OFFICE USE ONLY	
Date:	_____
Time:	_____

PO Box 283
255 IOWA AVENUE SE
HURON, SOUTH DAKOTA 57350
(605) 352-1520

APPLICATION FOR HOUSING CHOICE VOUCHER
SECTION 8 RENTAL ASSISTANCE

The Huron Housing and Redevelopment Commission does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. The Huron Housing and Redevelopment Commission is an equal opportunity provider and employer.

Complete every item on the application - leave nothing blank.

Print N/A if an item does not apply to you.

Please provide accurate information. All applicants must meet income eligibility requirements.

Head of Household Legal Name _____ Male _____ Female _____

Address _____
 Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

The following is requested by the federal government for certain types of loans and grants in order to monitor compliance with the Federal Civil Rights laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application and the law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname.

Ethnicity: _____ Hispanic/Latino Race: _____ White _____ Black/African American
 (Check One) _____ Not Hispanic/Latino (Check All That Apply) _____ American Indian/Alaska Native
 _____ Asian _____ Native Hawaiian/Other
 Pacific Islander

HOUSEHOLD COMPOSITION:

Names of all Family Members	Relation to Head Of Household	Elderly?	Disabled?	Date of Birth	Social Security Number
		Yes/No	Yes/No		
	Head				

HOUSEHOLD COMPOSITION CONTINUED:

Are you or is any adult member (18 or older) of your household a full-time student?

Yes _____ No _____

Do you or a member of your household qualify for a reasonable accommodation due to a disability?

Yes _____ No _____

Accommodation Requested: _____

Do you or any member of your household have a history of substance abuse that has not been abated through rehabilitation?

Yes _____ No _____

Have you or any member of your household been convicted of drug-related criminal activity?

Yes _____ No _____

Is any member of your household subject to a lifetime registered sex offender registration requirement in any state?

Yes _____ No _____

Have you or any member of your household been charged with a crime of violence?

Yes _____ No _____

Case Manager's Name: _____

Phone Number: _____

Representative Payee's Name: _____

Phone Number: _____

INCOME AND EMPLOYMENT:

Do you have any income? _____ Yes _____ No

If yes, please list the income for the all members 18 or older, including income received on behalf of household members under 18. Include all income you expect to receive in the next 12 months. This includes family members who are temporarily absent, such as members serving in the Armed Forces, or members temporarily employed away from home.

Income can include:

alimony, child support, disability benefits, assistance to attend school, food stamps, military pay, periodic gifts, retirement, self employment, social security benefits, SSI, unemployment, wages and salaries, welfare benefits, worker's compensation, lottery winnings in periodic payments, income from assets, etc.

Name of Family Member	Gross Amount Received	How Often Received: (Weekly, Bi-weekly Semi-monthly, Monthly)	Source of Income or Employer Name	Address

BANK ACCOUNTS AND OTHER ASSETS:

Do you have any bank accounts or other assets? _____ Yes _____ No

If yes, please list them below.

Cash on Hand: Amount \$ _____

	Amount \$	Name of Bank or Institution
Checking		
Savings or CD's		
Stocks or Bonds		
Money Market Accounts		
Cash Value of Life Insurance		
Equity in Real Property		
Other		

Have you disposed of any assets valued at more than \$1,000 for less than fair market value within the last two years?

_____ Yes _____ No

If yes, please explain by listing the value of the asset and the amount received. Please indicate how the proceeds from the disposed asset were invested and/or spent. _____

MEDICAL AND CHILDCARE EXPENSES:

Medical expenses for elderly, handicapped or disabled persons are allowable deductions to income. Child care expenses related to work or to attend school are also allowable deductions to income. Please list the requested information for costs in the **past 12 months**.

Name of Family Member	Physician, Hospital, Clinic, Drug Store or Child Care Provider	Address	Cost Monthly/Annually

Health Insurance Company: _____

Mailing Address: _____

Premium: \$ _____ How often paid? (Circle One) Monthly, Quarterly, Semi-Annually, Annually

HOUSING INFORMATION:

Does your family lack a regular nighttime residence, live in a shelter, or other non-residential place? Yes No

Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program or any other type of federally subsidized housing? Yes No

If "Yes", when and where? _____

Do you owe money to any Public Housing Authority or a provider of any type of federal housing assistance? Yes No

If "Yes", please list the name and address of the Public Housing Authority or other provider and how much you owe.

Do you owe any utility provider money for unpaid utility bills? Yes No

If "Yes", please list. _____

Have you or anyone in your household been evicted? Yes No

Does anyone living outside your household pay for or provide money of any of your household bills or living expenses?

Yes No If yes, who? _____

What type of dwelling do you currently live in? (Check one)

- Rented Home Rented Mobile Home
 Own Home Own Mobile Home - Lot Rent \$ _____
 Rented Apartment In the Home of Relative or Friend
 Other: _____

Present amount of Monthly Rent: \$ _____

List all landlords within the past 2 years, listing most current landlord first:

Landlord Name	Address	Phone	Dates		
			From		To

Please name all the states you have lived in other than South Dakota: _____

I declare that I have read and understand this application, and to the best of my knowledge and belief, it is true, correct and complete. Further, I am aware that under SDCL 4-9-5, a person is guilty of a felony if in a governmental matter such as this, he makes false written statements when the statement is material and he does not believe it to be true.

I agree to inform the Huron Housing Authority Staff immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for housing.

My signature below constitutes my consent for the Huron Housing & Redevelopment Authority to obtain verifying information from any necessary source.

Head of Household

Spouse or Co-Head of Household

Date

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.

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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.

AUTHORIZATION FOR RELEASE OF INFORMATION
USE FOR ALL PURPOSES

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Huron Housing Authority (HHA) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8 Program, and/or other housing assistance programs administered by the HHA. I understand and agree that this Authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD), USDA Rural Development, and/or South Dakota Housing HOME program in administering and enforcing program rules and policies.

In addition, I authorize and consent to the exchange of information between the HHA and supportive service agencies from whom I am receiving services, i.e. Community Counseling Services, Center for Independence, Department of Social Services, etc. concerning my family's circumstances, and/or other matters relating to my disability and/or medical condition.

INFORMATION COVERED

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

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

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in housing assistance programs.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

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

CONDITIONS

I agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file with the HHA and will stay in effect for a period of fifteen (15) months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

_____	_____	_____
Head of Household	[State(s) of Residency In Past 5 Years]	Date
_____	_____	_____
Spouse	[State(s) of Residency In Past 5 Years]	Date
_____	_____	_____
Adult Member Signature	[State(s) of Residency In Past 5 Years]	Date