

HOUSING AUTHORITY OF BREVARD COUNTY
PUBLIC HOUSING
APPLICATION CHECKLIST

Send all documents to liphappl@habc.us

You **MUST** provide copies of the following verification documents within 10 days.

ALL DOCUMENTS MUST INCLUDE YOUR NAME as PDF documents

HOUSEHOLD MEMBER INFORMATION

- Birth certificates**, legal guardianship or eligible immigration verification of all household members
- Social security cards** for all household members
- Driver's license** or other photo ID for all members of household 18 years or older
- Marriage license or divorce decree verification** (affidavit may be used instead of divorce decree)

HOUSEHOLD INCOME (include any expected income within the next 12 months)

- Employment verification** (provide income verification form to your employer OR three (3) consecutive paystubs)
- All Household Income** (*Including but not limited to VA, social security, food stamps, cash, regular contributions from a friend or family member, etc.* (verification of support amount & frequency))
- Child support or unenforceable support verification** (court documents that outline current/future support amount and frequency)
- School enrollment verification** for K-12, college, vocational training, and/or job training (current enrollment, class schedule or current transcript)

HOUSEHOLD ASSETS

- Assets verification** (including cash on hand, in banks, stocks, bonds, notes, Real Estate-Home, Trailer, Property, other personal property (i.e. gems, antiques), etc.)
- Bank statements verification** (most recent three (3) monthly statements)

HOUSEHOLD EXPENSES

- Child care expenses verification** - Note: *Per HABC ACOP: 6-II.A. ADJUSTED INCOME - (4) Any reasonable child care expenses necessary to enable a member of the family to be employed or to further his or her education.* If applies, please provide statement on agency's letterhead outlining child care expenses and frequency.
- Medical expenses and insurance verification** (elderly and persons with disabilities only)

PREFERENCE VERIFICATIONS

- Working (30 hours or more per week for the last 3 months or more)
- Displacement due to domestic violence verification (court documents)
- Displacement due to natural disaster (i.e. flood, hurricane, earthquake, etc.) verification
- Veterans (DD214)
- Participants of educational and training program verification.
- Participants of transitional housing verification.

OTHER VERIFICATIONS

- Pregnancy verification (from medical facility or provider)
- Special accommodations verification (from medical facility or provider)

<input type="checkbox"/> Housing Authority of Brevard County (South) 4000 N. Riverside Drive, #100 Indian Harbour, Florida 32937 (321) 775-1583 (O) * (321) 773-9918 (F)	<input type="checkbox"/> Melbourne Housing Authority 4000 N. Riverside Drive, #100 Indian Harbour, Florida 32937 (321) 775-1583 (O) * (321) 773-9918 (F)	<input type="checkbox"/> Housing Authority of Brevard County (North) 584 Player Lane Merritt Island, Florida 32953 (321) 775-1577 (O) * (321) 704-8103 (F)
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Authorization for Criminal and Landlord History

I hereby authorize the Housing Authority of Brevard County to complete a criminal and landlord history check for all household members age 18 or older. This check will be conducted according to the Admissions and Continued Occupancy Policy for Public Housing and HUD regulations.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

ADDITIONAL ADULTS:

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

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

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

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.

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.

<input type="checkbox"/> Housing Authority of Brevard County (South) 4000 N. Riverside Drive, #100 Indian Harbour, Florida 32937 (321) 775-1583 (O) * (321) 773-9918 (F)	<input type="checkbox"/> Melbourne Housing Authority 4000 N. Riverside Drive, #100 Indian Harbour, Florida 32937 (321) 775-1583 (O) * (321) 773-9918 (F)	<input type="checkbox"/> Housing Authority of Brevard County (North) 584 Player Lane Merritt Island, Florida 32953 (321) 775-1577 (O) * (321) 704-8103 (F)
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EXTRACT

**STATE OF FLORIDA
HOUSING AUTHORITIES LAW
CHAPTER 421.101**

421.101 False representations to obtain lower rent in housing accommodations; penalty.--Whoever makes a false statement or representation, knowing it to be false, or knowingly fails to disclose a material fact in order to obtain a lower rent for housing accommodations in a low-rent housing development operated pursuant to this chapter, than the rental such person is required to pay pursuant to federal or state statutes, schedule of rents or rules and regulations as determined and fixed by housing authorities created pursuant to this chapter, aforesaid, shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083; and each such false statement or representation or failure to disclose a material fact as aforesaid shall constitute a separate offense.

I (we) have read or had read to me (us) by HOUSING AUTHORITY OF BREVARD COUNTY Chapter 421.101, Housing Authorities Law of the State of Florida and understand its meaning and the penalties which may result from its violation. I (we) further understand that family income as defined in housing authority policy determines eligibility for low income housing and rent, and that any and all changes in family income must be reported to housing management immediately following the change.

I (we) further understand that all persons residing on the premises, excepting bona fide guests as defined in housing authority policy, must be reported to management at admission or immediately following any change in family composition. It is understood that all persons residing on the premises are considered family members. With this knowledge I (we) state that I (we) have reported to housing management all persons residing on the premises and all family income and that no family member received, receives, or expects to receive any other income from any source as of this day.

WITNESS:

Signature

Date: _____

TENANT(S):

Signature

Date: _____

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Income Verification

We are required by law to verify the income of all individuals living in or applying for Public Housing. We ask your cooperation by supplying the information requested below about the referenced person. This information will be held in confidence for use only in determining the family's eligibility and rent.

We would greatly appreciate your prompt return of this letter. You may fax it to the number listed above or mail it to the office address listed above.

Sincerely,

Management

I, _____ authorize the release of the information requested by the Housing Authority.

Tenant / Applicant signature

Employee Name: _____

Address: _____

City State Zip

Date employed: _____ Date terminated / resigned: _____

Job Title: _____

Current Base Pay Rate: \$ _____ per hour, \$ _____ per week, \$ _____ per month

Average hours worked at Base Pay Rate: _____ hrs/week, or _____ hrs/month in year

Is this person likely to get Overtime? No Yes If yes, Overtime Pay Rate: \$ _____ hour

Average number of Overtime hours expected during the next 12 months: _____ hrs/month

Any other compensation not listed: *Please specify for commissions, bonuses, tips, different pay, etc?*

For: _____ \$ _____ per _____

Is increase in earnings anticipated? No Yes If yes, amount \$ _____ Eff. Date: _____

Effective date of last increase: _____ Amount \$ _____

Total Gross pay (without overtime) earnings for the last 12 months: \$ _____

Total Overtime earnings for the last 12 months: \$ _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Name of Person Completing this Form: _____

Date: _____

Title: _____

Signature: _____

Housing Authority of Brevard County

Melbourne Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the Public Housing Program is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance in the Public Housing Program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the Public Housing Program, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the Public Housing Program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

If HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY chooses to remove the abuser or perpetrator, HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY must follow Federal, State, and local eviction procedures. In order to divide a lease, HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HOUSING AUTHORITY OF BREVARD AND THE MELBOURNE HOUSING AUTHORITY's emergency transfer plan provides further information on emergency transfers, and HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY must be in writing, and HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY as documentation. It is your choice which of the following to submit if HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

- Any other statement or evidence that HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY does not have to provide you with the protections contained in this notice.

If HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY does not have to provide you with the protections contained in this notice.

Confidentiality

HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY must not allow any individual administering assistance or other services on behalf of HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY must not enter your information into any shared database or disclose your information to any other entity or individual. HOUSING AUTHORITY OF BREVARD AND THE MELBOURNE HOUSING AUTHORITY, however, may disclose the information provided if:

- You give written permission to HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY to release the information on a time limited basis.
- HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY or your landlord to release the information.

VAWA does not limit HOUSING AUTHORITY OF BREVARD AND THE MELBOURNE HOUSING AUTHORITY's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY can demonstrate the above, HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with Maryanne Wilcox, Director of Public Housing Authority for the Melbourne Housing Authority or Miami Field Office for Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>

Additionally, HOUSING AUTHORITY OF BREVARD AND/OR THE MELBOURNE HOUSING AUTHORITY must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your Housing Manager Debra Hunter (321-403-2641) or Jenny Slocum (321-482-2379).

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact the Women's Center, 1425 Aurora Rd, Melbourne, FL 32935 321-242-1526.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault or are a victim of stalking, contact the Brevard County Sheriff's Office Special Victims Unit 321-633-8419

<http://www.brevardsheriff.com/home/commands-services/criminal-investigative-services/victim-services-unit/> or The Women's Center <http://womenscenterinbrevard.org/services/victim-services/sexual-assault/>

Attachment: Certification form HUD-5382

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

The Housing Authority of Brevard County provides equal opportunity to participate in our housing programs. Any disabled person, as outlined by the Americans with Disabilities Act, requiring a reasonable accommodation to make this process accessible may request such by contacting the Asset Management/Public Housing Department at (321) 452-8006, extension 152. The Housing Authority operates a site-based application and waitlist system and applicants should apply at the property (ies) where they desire to live.

Please Note: We are accepting applications for public housing communities with 0-5 bedroom apartment homes.

QUALIFICATION:

- You must be an adult, 18 years of age or older.
- You must pass a criminal history check (if any family member has been arrested or convicted for drug-related, violent criminal activity, or is subject to sexual predator registration with the State Law Enforcement, you will be denied).
- You must pass a landlord reference check, and credit check on all applicants age 18 years and older
- You must meet income guidelines.
- You must have good creditable landlord references with **no evictions in the last three years.**

PLEASE PROVIDE THE FOLLOWING REQUIRED DOCUMENTS WITH YOUR APPLICATION:

- Birth certificates for all family members or voter's registration card & Resident Alien Card for Citizenship
- Social Security cards for all family members
- Driver's License or other Picture ID for all adult members 18 years old or older
- Marriage License, Divorce Decree, or Affidavit certifying separation
- Verification of Employment and Income information (wages, social security, SSI, TANF, veterans benefits, child support, unemployment, gifts, workers comp, or other sources where you obtain money to pay your bills)
- Verification of Food Stamps
- Veterans DD214
- Verification of all Assets; Bank Statements, Real Estate, Boat, etc.
- Child Care expenses (employed & students only) must be notarized if other than from a licensed Child Care Agency
- Verification of Pregnancy
- All out of pocket medical expenses and Insurance (for elderly and disabled only)
- Verification of housing expenses (rent receipt, lease agreement, or a letter from the person or agency you live with at the present time). Landlord names & addresses for the past 5 years
- Verification of Special Accommodations

IMPORTANT INFORMATION FOR YOU TO KNOW:

- Please keep your mailing address and phone number current in order for our office to reach you. If we are unable to update your file at the necessary time, you will be withdrawn and must re-apply.
- We cannot accept an incomplete application. We must have all the documents in order to process your application. We appreciate your attention to detail with this requirement.

**** At the time of submission you must provide copies of the following or your application will not be accepted:**

- Birth certificates, legal guardianship or eligible immigration verification of all household members
- Social security cards for all household members
- Driver's license or other photo ID for all members of household 18 years or older
- Marriage license or divorce decree
- Verification of employment
- Child support or verification of unenforceable support
- VA, SS, SSI, AFDC, and all other income
- Verification of all assets
- Bank statements
- Child care expenses
- Medical expenses medical expenses and insurance (elderly and disabled only)
- Verification of pregnancy
- Landlords names and addresses for past 5 years
- Verification of special accommodations
- Verification of food stamps
- Veterans DD214

Additional information requested by us to complete your application must be in our office ten (10) days from the date of your application. If not received, your application will be discarded and you must re-apply.

Applications are accepted on Tuesday's only from 8:00 am – 11 am business hours.

PUBLIC HOUSING APPLICATION PROCEDURES

1. Fill out the attached application and "Release" forms. Please print clearly.
2. Additional adults must fill out additional forms.
3. All adults must also submit a copy of a Picture ID, Social Security Card, and Proof of Income.
4. Bring or mail completed application with picture ID and social security card to the Housing Authority of Brevard County. ***Applications are accepted on Tuesday's only from 8:00 am – 11 am business hours.***
5. You will be notified if your application has been approved. If approved, you will be required to sign additional paperwork at the time you move in.
6. Pursuant to 24 CFR 960.206, HABC has adopted a preference for working families. An applicant will also be given the benefit of the working family preference if the head of household or spouse is elderly (62 or older) or is a person with disabilities. Applicants are placed on waiting lists according to any claimed preference first, following by date and time of application.

If your family situation changes, your ability to qualify for a preference may also change. You should notify the Housing Authority in writing if you wish to claim a preference or no longer qualify for a preference.
7. Each applicant who meets the above qualification will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. ***If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.***
8. The PHA will conduct a criminal record, registered sex offender check, landlord reference check, and credit check on all applicants age 18 years and older.
9. It is your responsibility to report (in writing) all changes in income, family size, residence and phone numbers and to update your application at least once every 12 months.
10. Pursuant to Section 504 [24 CFR 8.4(b)(i), 8.24 and 8.33] and Fair Housing Act [24 CFP 100.204] Qualified individuals/families with disabilities may request Reasonable Accommodations to any rules, policies, practices or services when such accommodation is necessary to assure equal opportunity to the housing program(s) or dwellings.
11. **YOU MUST ANSWER ALL QUESTIONS ON THE APPLICATION OR YOUR APPLICATION MAY BE DENIED.**

HABC **must** have an accurate address for you. You must notify HABC in writing within 10 business days **every** time you change your address. Your name may be removed from all waiting lists if the address on file for you is incorrect.

HEADS OF HOUSEHOLD INFORMATION

FIRST HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ MI _____
 Soc. Sec. # _____ - _____ - _____ Date of Birth ____ / ____ / ____ Place of Birth _____
 Sex Male or Female Driver's License # _____ Race _____
 Maiden Name _____ Also Known As _____

CO-HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ MI _____
 Soc. Sec. # _____ - _____ - _____ Date of Birth ____ / ____ / ____ Place of Birth _____
 Sex Male or Female Driver's License # _____ Race _____
 Maiden Name _____ Also Known As _____

Current Address _____ City/State _____ Zip _____
 Mailing Address _____ City/State _____ Zip _____
 Day/Work Phone _____ Alternate/Message Phone _____ Home Phone _____

EMERGENCY CONTACT INFORMATION

Name	Address	City	State/Zip	Phone	Relationship to Head

PLEASE CIRCLE THE ONE THAT APPLIES TO YOU

Marital Status		Ethnicity		Language		Are You Living With Another Family Member		Which Of The Following Family Members Are Disabled?			
C	Separated	1	Hispanic	C	Chinese	<input type="checkbox"/>	Yes	H	Head of Household		
D	Divorced	2	Non-Hispanic	E	English	<input type="checkbox"/>	No	C	Co-Head of Household		
L	Legal	3	Other	F	French	Are You A Resident of Brevard County?		F	Family Member		
M	Married			G	German			<input type="checkbox"/>	Yes	Do You Or A Family Member Need An Accessible Unit?	
S	Single			I	Italian	<input type="checkbox"/>	No				
W	Widowed			J	Japanese	Do You Pay Rent?		Yes <i>How Much?</i> _____			
				P	Polish						
Veteran Status		U.S. Citizen		R	Russian						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	S	Spanish						
<input type="checkbox"/>	No	<input type="checkbox"/>	No	V	Vietnamese						
Race Codes											
1	White	4	Asian Pacific Islander	7	Unknown						
2	Black	5	Hispanic								
3	American Indian/Alaskan Native	6	Other								

Application Date: _____

Time: _____

FAMILY MEMBER INFORMATION

CHILDREN OR OTHER ADULTS OTHER THAN SPOUSE WHO WILL BE LIVING IN THE HOUSEHOLD WITH YOU ONCE YOU ARE APPROVED.

Last Name, First Name	MI	Relationship	Sex <small>M-Male F-Female</small>	Age	SS#	Date of Birth	Place of Birth	Race
					- -	/ /		
					- -	/ /		
					- -	/ /		
					- -	/ /		
					- -	/ /		
					- -	/ /		
					- -	/ /		
					- -	/ /		

Are all family members Citizens or Legal Aliens? Yes No If no, please explain: _____

If applicable please provide alien registration numbers for the household members who are alien's. _____

Have you lived in any other cities or states? Yes No If yes, please list all that apply: _____

Have you ever lived in Public Housing, Section 8 or any subsidized housing complex? Yes No
 If yes, When? _____ Where? _____ Under what name? _____
 Name of Housing Agency? _____ Do you owe a balance? Yes No

Do you have any past due utility bills? Yes No If yes, give amount owed: _____

Have you ever been evicted or terminated from Public Housing, Section 8 or any subsidized housing complex?
 Yes No If yes, When? _____ Where? _____
 Why? _____

Is the applicant family displaced by a Natural Disaster, such as a flood, hurricane, earthquake, etc.? Yes No
 If yes, who can verify this? Please give name, address and phone number: _____

Is the applicant family displaced by domestic violence? Yes No
 If yes, who can verify this? Please give name, address and phone number: _____

Are you or a Co-Head of household employed, over 62, or disabled? Yes No

Have you been working ninety (90) consecutive days or more? Yes No

Are you or any adult over 18 years of age in job training? Yes No

Are you currently enrolled in a program that is preparing you for employment? Yes No

Are you or any adult over 18 years of age enrolled in post-secondary education program full-time? Yes No

Are you currently enrolled in a program at the collegiate or vocational/technical level full-time? Yes No

Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes No

(Please Check All That Apply) Drug Related Activity Violent Criminal Activity Sexual Offenses

If yes, please explain the nature of the problem and who was involved in detail below:

Date	Location	Detailed Explanation

Is anyone in your household currently on parole or probation? Yes No

If yes, please explain below:

Date	Location	Detailed Explanation

PREFERENCES

1. **Involuntary Displacement due to a disaster (3 POINTS)** Yes No
2. **Working Preference (2 POINTS)** Yes No
In order to bring higher income families into public housing, the PHA will establish a preference for “working” families, where the head, spouse, co-head, or sole member is employed at least 30 hours per week for at least the previous three months. As required by HUD, families where the head, spouse, co-head, or sole member is a person age 62 or older, or is a person with disabilities will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].
3. **Participants of educational and training programs: (1 POINTS)** Yes No
This includes families who are participants in educational and training programs designed to prepare the individual for the job market
4. **Veteran Preference: Veterans or surviving spouses of veterans. (1 POINTS)** Yes No
(If yes, applicant must provide copy of DD214)
5. **Participants of transitional housing programs: (1 POINTS)** Yes No
This includes families who are current participants of transitional housing programs for the homeless or victims of domestic abuse

DO YOU QUALIFY FOR ANY OF THE ABOVE PREFERENCES? Yes No

Head of Household Signature

Co-Head of Household Signature

Date

REFERENCES FOR PUBLIC HOUSING APPLICATION

PLEASE PROVIDE LANDLORD REFERENCES FOR THE PAST FIVE (5) YEARS TO THE HOUSING AUTHORITY OF BREVARD COUNTY, IF YOU DO NOT HAVE LANDLORD/RENTAL REFERENCES, PLEASE LIST THREE (3) PERSONAL REFERENCES. THESE REFERENCES WILL BE VERIFIED IN ORDER FOR THE HOUSING AUTHORITY TO RENT TO THE MOST QUALIFIED APPLICANT. (PLEASE USE ADDITIONAL PAPER FOR LANDLORD REFERENCES)

Applicant Name _____ Social Security Number _____

Unit Address: _____

Landlord Reference

Personal Reference

Name: _____

Address: _____

Phone: _____

Date Moved In _____ Date Moved Out & Reason _____

Unit Address: _____

Landlord Reference

Personal Reference

Name: _____

Address: _____

Phone: _____

Date Moved In _____ Date Moved Out & Reason _____

Unit Address: _____

Landlord Reference

Personal Reference

Name: _____

Address: _____

Phone: _____

Date Moved In _____ Date Moved Out & Reason _____

Have you ever been prosecuted for writing bad checks? Yes No If yes, please explain:

I give permission for the Housing Authority of Brevard County to gain any information necessary to process my public housing application which will allow me to have the potential to become a resident at a Housing Authority of Brevard County Public Housing.

Applicant Signature

Date

Qualifying for Deductions in Calculating Rent:

- a) Is the head of household or spouse age 62 or older or a person with a disability: Yes No
- b) Do you have child care expenses paid out of your pocket for children under age 13 so an adult in the family can work, go to school or attend job training: Yes No
- c) Is any member of the household age 18 or older other than the family head and spouse a full time student or a person with a disability? Yes No
- d) Is anyone who will be living in the home expecting a child? Yes No
- e) Does anyone in your household require any type of accommodations to fully utilize our program and services? Yes No

If yes, who? _____

What do they require? _____

ADDITIONAL DISCLOSURES

Are you an employee of the Housing Authority of Brevard County? Yes No

If yes, in which department? _____

Do you have any relatives working for the Housing Authority of Brevard County? Yes No

If yes, in which department? _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentation to any department or agency of the U.S as to any matter within its jurisdiction.

Consent: My signature is the consent which will allow the Housing Authority of Brevard County to acquire my criminal record in order to determine my eligibility for public housing.

Head of Household Signature

Co-Head of Household Signature

Date

