



PACKET INSTRUCTIONS

1. **CAREFULLY** read each section of this questionnaire.
2. Be aware that some pages are **DOUBLE SIDED**.
3. Answer **EACH** question and sign **EVERY** page where a signature is required.
4. Make sure **ALL** of your copies are made **PRIOR** to your interview.
5. **ALL MEMBERS** 18 years of age or older are required to attend the interview.

REQUIRED DOCUMENTS FOR YOUR INTERVIEW

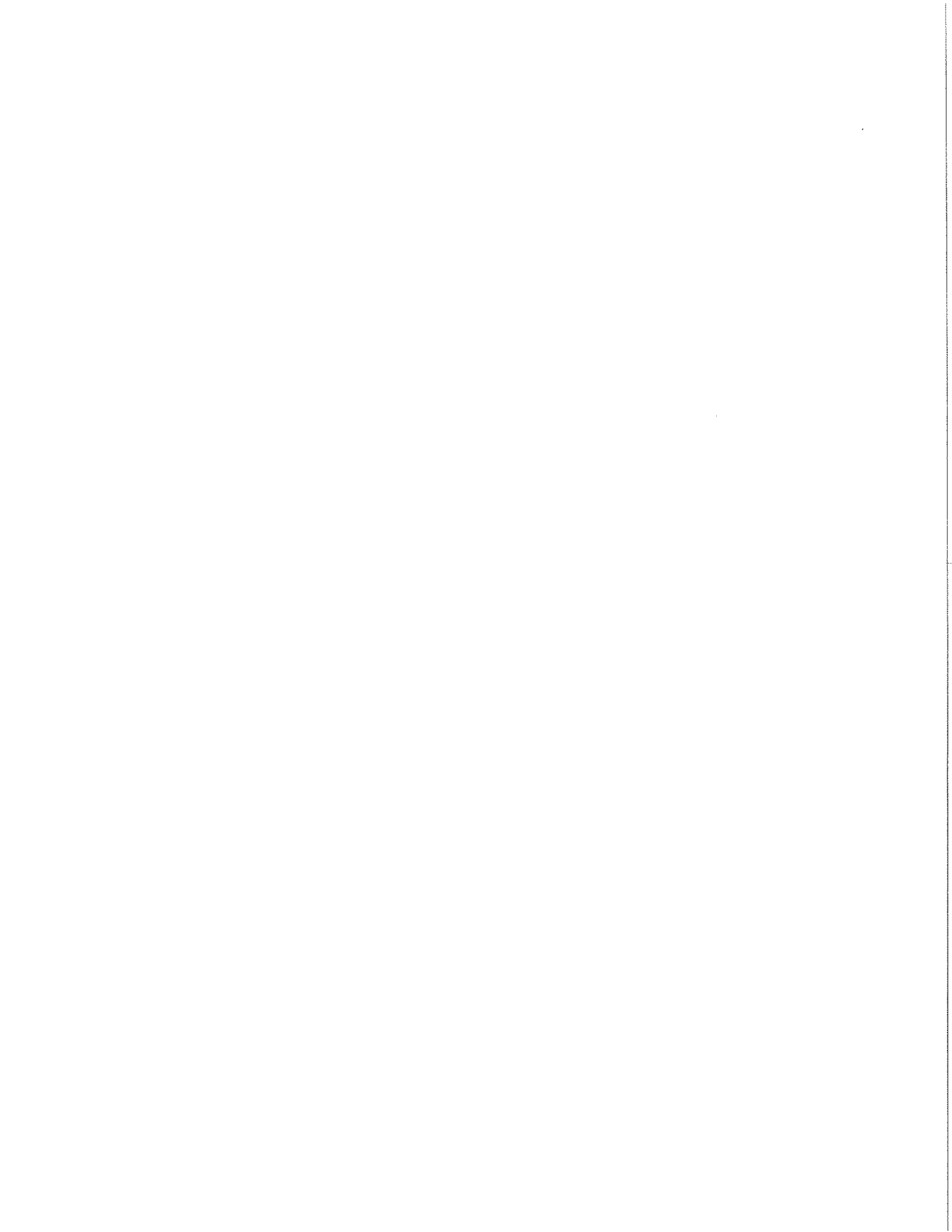
YOU **MUST** PROVIDE COPIES OF ANY OF THE FOLLOWING DOCUMENTS THAT APPLY TO YOUR HOUSEHOLD. FAILURE TO PROVIDE DOCUMENTS MAY RESULT IN TERMINATION.

INCOME	REQUIRED DOCUMENT
Employment:	2 - 4 current & consecutive pay stubs from each job and Current Income Tax Return
Unemployment:	Statement of weekly benefits
Self Employment:	Current year's tax return (e.g. Independent Hairdresser, Babysitter, Business Owner)
Child Support:	Payment History Printout (e.g. OAG letter, online printout from any state)
Social Security/ SSI:	Current year award letter
Contributions:	Document stating source, name, amount of income, full address & phone number
TANF/Food Stamps:	Current year award letter
Tax Return	Tax return for Current year or a Non-filer's form from IRS
Education Scholarships/Grants	Financial Aid Award Letter
ASSETS	
Bank Accounts:	Most recent full bank statements (e.g. savings, checking, money market)
Certificate of Deposit:	Current account statement (Must show interest earned)
Stocks, Bonds, Mutual Funds, or Recent Property Sales	Current bank or financial institution statement that shows real value of asset
Life Insurance:	Policy statement (Must show cash & face value)
EXPENSES	
Medical Expenses: <i>(For 62 years of age & older or Person with</i>	Medical Expense Receipts Full year Pharmacy Printout for prescriptions
Disability Expenses:	Receipts for expenses that allow disabled member to be employed
Childcare Expenses: <i>(For Children 12 yrs old & under)</i>	Statement from childcare provider and/or NCI (for Participants who are employed, or Students ONLY)

IDENTIFICATION

Birth Certificates (new household members only)
Social Security Card (new household members only)
Enrollment Verification from Registrar (full-time students/18 or older)
Marriage Certificate / Divorce Decree
Valid State OR Military ID For everyone 18 years and older

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.





RECERTIFICATION COMPLIANCE FORM

HEAD OF HOUSEHOLD INFORMATION

Legal Name of Head of Household _____

Present Street Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Cell Number _____ Emergency Number _____ Email Address _____

HOUSEHOLD MEMBERS

Please list the legal names of all persons who will live with you in the assisted unit. Start with the Head of Household then spouse or co-head, No one except those listed on this form may live in the unit.

Legal Names	Relation to Head	Sex M/F	Age	Date of Birth	US Citizen Y/N	Social Security Number	Occupation/ School Name	Race	Disable Y/N
1)	Head								
2)									
3)									
4)									
5)									
6)									

If any child or foster child under age six residing in the assisted unit tested positive for EBL (Elevated Blood Lead Level) , list the first name of each child with EBL here: _____

1. Is there anyone not listed on the form who is temporarily absent from the home? Yes No
If yes, who? _____ Explain Absence: _____

2. Has anyone who will be living in the home ever used another name or Social Security number, other than the one they are using now? Yes No If yes, who? _____

3. Is anyone who will be living in the home 18 or over AND a full-time student in high school or college?
 Yes No If yes, who? _____

College Name _____ Address _____ State _____ Zip _____

4. Will you be moving at the end of your lease?..... Yes No

If yes, explain _____

5. Does anyone in your household need any type of reasonable accommodation for a person's disabilities to fully utilize our programs and services? Yes No

If yes, please contact the Rosenberg Housing Authority at 281-342-1456 to make arrangements.
We need your help to ensure all our programs, services, and activities are fully accessible. Please contact the RHA, if you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities.



HOUSEHOLD INCOME

(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

- 1. Please list any family member who filed a tax return last year. _____
- 2. Please list any household member who is disabled and employed _____
(RHA Staff-determine if the household qualifies for the Earned Income Disallowance)

HOUSEHOLD INCOME (Continued)

3. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?

Wages, salaries, tips, fees or commissions from an employer? (Full or Part Time)	Yes	No
Compensation for personal services or income from the operation of a business or profession? .	Yes	No
Interest, dividends or other income from real or personal property?	Yes	No
Payments from Social Security or SSI?	Yes	No
Periodic payments from annuities?.....	Yes	No
Periodic payments from insurance policies?.....	Yes	No
Periodic payments from retirement funds or pensions?	Yes	No
Periodic payments from disability benefits (Other than Social Security or SSI)?	Yes	No
Unemployment compensation	Yes	No
Worker's compensation	Yes	No
Severance pay?	Yes	No
TANF payments?	Yes	No
Alimony payments?	Yes	No
Child support payments?	Yes	No
Regular contributions or gifts from anyone?	Yes	No
Regular or special military pay?.....	Yes	No
Financial assistance to attend school?	Yes	No
Food stamps?.....	Yes	No

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS YOU ARE REQUIRED TO PROVIDE DOCUMENTS SHOWING THE INCOME YOU RECEIVE FROM EACH SOURCE. PLEASE PROVIDE THE MOST CURRENT DOCUMENTATION THAT YOU HAVE.



List the sources and amounts of all income (money) for ALL family members from ANY & ALL sources. Please provide proof of all income.

Name of Person who has Income FIRST LAST	Source of Income	Amount\$	HOW OFTEN?	
			Weekly Twice Monthly	Every 2 weeks Monthly
1.				
2.				
3.				
4.				
5.				

HOUSEHOLD ASSETS

(An asset is something of value that can be converted to cash)

1. Does any member of your family have ACCESS to any of the following?

(If you have any of the following, but have a zero balance, you MUST still check "Yes" and provide proof.)

Savings Account.....	Yes	No	Certificate of Deposit.....	Yes	No
Checking Account.....	Yes	No	Money Card.....	Yes	No
Explain any "Yes" answers below.			Money Market Account.....	Yes	No

Family Member Name	Bank Name	Account Number	Balance
1.			
2.			
3.			
4.			

2. Does any member of your family own or have access to any of the following?

Stock.....	Yes	No	Individual Retirement Account (IRA)	Yes	No
Bonds	Yes	No	Inheritances.....	Yes	No
Real Estate (Property/Land)	Yes	No	Life Insurance Policies	Yes	No
Trust Funds	Yes	No	401K or 403B Accounts	Yes	No
Pensions.....	Yes	No	Any other type of Capital Investment	Yes	No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

IF YOU ANSWERED YES TO ANY QUESTION ABOVE ABOUT ASSETS, YOU ARE REQUIRED TO PROVIDE THE MOST RECENT MONTHLY STATEMENT OR THE MOST RECENT QUARTERLY STATEMENT FOR EACH ASSET.



HOUSEHOLD EXPENSES

As a participant in the Housing Choice Voucher Program, you may be eligible for a deduction in your rental portion. To claim a potential deduction, please answer the following questions and provide documentation that shows how much you have paid for each qualified expense during the last 12 months.

1. Does any family member have expenses for child care of a child age 12 or younger? Yes No
 If yes, complete the following:

Who pays this Expense?	Child Name & Age	How Much is Paid?	How Often? (Circle One)	
			Weekly Twice Monthly	Every 2 weeks Monthly
			Weekly Twice Monthly	Every 2 weeks Monthly
			Weekly Twice Monthly	Every 2 weeks Monthly

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? Yes No
 If yes, how much is reimbursed per month? \$ _____

Name of Agency/Person _____ Agency/Person's Address _____

3. Do you pay a care attendant to provide care for a family member with a disability so that an adult family member can work? Yes No If yes, complete the following:

Who pays this Expense?	Family Member Name	How Much?	How often? (Circle One)	
			Weekly Twice Monthly	Every 2 weeks Monthly
			Weekly Twice Monthly	Every 2 weeks Monthly

4. Are you paying for any type of equipment for a family member with a disability that enables an adult member to work? Yes No If yes, what is the anticipated monthly cost? \$ _____

Medical Expenses (This section applies ONLY if the head, spouse, or co-head is 62 years or older or is a person with a disability)

5. Does your household have any unreimbursed or paid out of pocket medical expenses? Yes No
 (examples include: insurance premiums, Medicare deduction, prescription drugs, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc)

Who pays this Expense	Family Member Name & Age	How Much?	How often? (Circle One)	
			Weekly Twice Monthly	Every 2 weeks Monthly
			Weekly Twice Monthly	Every 2 weeks Monthly

IF YOU ANSWERED YES TO ANY QUESTION ABOVE, YOU ARE REQUIRED TO PROVIDE DOCUMENTATION SHOWING HOW MUCH YOU PAY FOR EACH EXPENSE TO ENSURE THAT YOU ARE GIVEN EACH DEDUCTION THAT YOU ARE ELIGIBLE FOR.

CRIMINAL HISTORY

Have you or any household member ever been arrested and/or convicted for any crime within the last year? Yes No
 If yes explain, who, when arrested, where arrested (city and state) and the reason for the arrest (s).

Who	Date of Arrest and /or Conviction	Where City and State	Reason for arrest and/or conviction

Is any household member subject to lifetime sex offender registration? Yes No
 If yes, who? _____ In what State(s)? _____



117 Lane Dr. Suite 22 | Rosenberg, TX 77471 | Phone: 281-342-1456 | www.rosenbergha.org



Indicate the dollar amount for your current monthly expenses as listed below and
PROVIDE COPIES OF UTILITY BILLS FOR ALL EXPENSES:

Item	Monthly Amount	Last Date Paid	Paid by Whom
Rent			
Electric			
Gas			
Water			
Cell Phone			
Home Phone			
Car Payment (s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan (s)			
Rentals			
Furniture			
Food			
Credit Cards			
TV/Cable			
Other Expenses			

CERTIFICATION OF INFORMATION

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

I/We hereby certify that all of the information above about me (us) is true, correct and complete. Any information not true, correct or complete will be grounds for termination and/or denial of housing assistance. (Initial here) _____

Signature of Head of Household

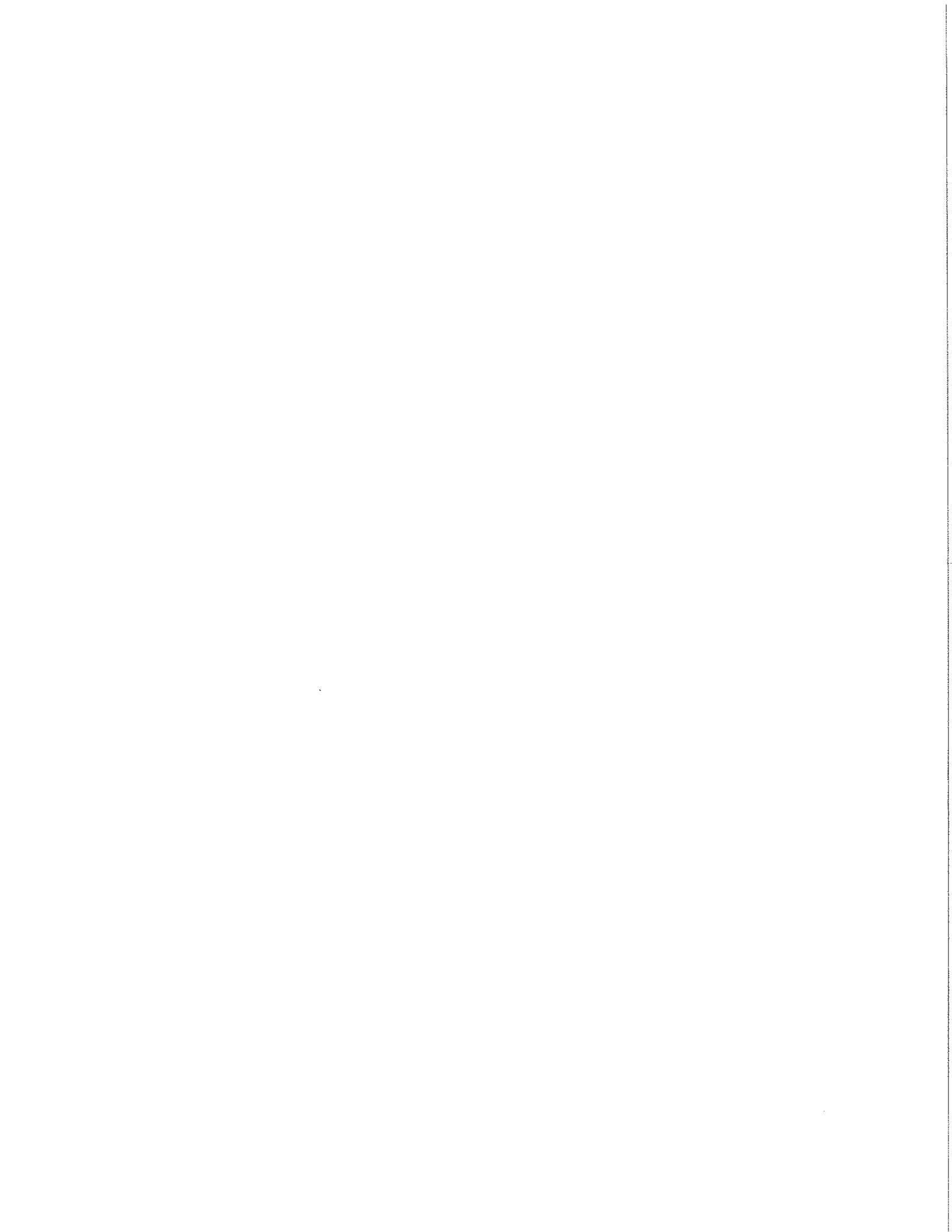
Date

Signature of Spouse or Co-head

Date

Interview Conducted by: _____

Date: _____



Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban
Development and the Housing Agency/Authority (HA)**

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Rosenberg Housing Authority
117 Lane Dr. Ste. 22
Rosenberg, TX 77471

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: if you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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(l)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Housing Choice Voucher Program

FAMILY OBLIGATIONS

When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below to continue participating in the Housing Choice Voucher program.

- 1) The family must supply any information that the Housing Authority (HA) or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status, any requested certification, release, or other documentation.
- 2) The family must supply any information requested by the HA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- 3) The family must report all changes in income and family composition in writing before 30 days of the date of the occurrence. (Family Composition, Income Increases and Income Decreases)
- 4) The family must disclose and verify social security numbers and must sign and submit consent forms for obligating required information.
- 5) Any information supplied by the family must be true and complete.
- 6) Repair of the assisted unit for maintenance or normal wear and tear is the responsibility of the owner, however the family is responsible for a Housing Quality Standards (HQS) breach caused by any of the following:
 - a) The family fails to pay for any utilities that the owner is not required to pay for, but which are to be paid by the tenant;
 - b) The family fails to provide and maintain any appliances that the owner is not required to provide, but which are to be provided by the tenant; or
 - c) Any member of the household or guest damages the dwelling unit or premises (damages beyond ordinary wear and tear).
 - d) If an HQS breach caused by the family is life threatening, the family must correct the defect within no more than 24 hours. For other family-caused defects, the family must correct the defect within no more than 30 calendar days (or any HA-approved extension). If the family has caused a breach of the HQS, the HA must take prompt and vigorous action to enforce the family obligations. The HA may terminate assistance for the family.
- 7) The family must allow the HA to inspect the unit at reasonable times and after reasonable notice.
- 8) The family may not commit any serious or repeated violation of the lease.
 - a) The RHA will determine if a family has committed serious or repeated violations of the lease based on available evidence, including but not limited to, a court-ordered eviction or an owner's notice to evict, police reports, and affidavits from the owner, neighbors, or other credible parties with direct knowledge.
 - b) Serious and repeated lease violations will include, but not be limited to, nonpayment of rent, disturbance of neighbors, destruction of property, living or housekeeping habits that cause damage to the unit or premises, and criminal activity.
 - c) Generally, the criterion to be used will be whether or not the reason for the eviction was the fault of the tenant or guests
- 9) The family must notify the HA and the owner before the family moves out of the unit, or terminates the lease on notice to the owner. The family must comply with lease requirements regarding written notice to the owner. Proper notice to the HA is considered at least 30 days advanced written notice. When relocating, the family must remove all personal belongings; clothes, furniture, etc., remove any trash and clean the unit.
- 10) The family must promptly give the HA a copy of any owner eviction notice.
- 11) The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- 12) The composition of the assisted family residing in the unit must be approved by the HA. The family must promptly (i.e. within 60 days) inform the HA in writing of the birth, adoption or court-awarded custody of a child. The family must request HA approval to add any other family members as an occupant of the unit.
 - a) If the RHA has given approval, a foster child or a live-in aide may reside in the unit.
- 13) The family must promptly notify the HA in writing if any family member no longer resides in the unit.

- 14) Members of the household may engage in legal profit making activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family.
- 15) The family must not sublease or let the unit.
 - a) Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.
- 16) The family must not assign the lease or transfer the unit.
- 17) The family must supply any information or certification requested by the HA to verify that the family is living in the unit. The family must promptly notify the HA in writing of an absence from the unit.
 - a) Notice is required under this provision only when all family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to the PHA at the start of the extended absence.
- 18) The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.
- 19) Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- 20) Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises. See
- 21) An assisted family, or members of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicated federal, State or local housing assistance program. A family may only receive assistance with the Tenant Portion of rent.
- 22) A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

23) NOTICE OF ACTIONS WHICH MAY RESULT IN TERMINATION OF HCV ASSISTANCE:

- 1) Failure to comply with any of the above family obligations.
- 2) If the family currently owes rent or other amounts to the HA or to another HA in connection with Section 8 or public housing assistance under the 1937 Act.
- 3) If the family has not reimbursed any HA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.
- 4) If the family breaches an agreement with the HA to pay amounts owed to an HA, or amounts paid to an owner by an HA. (The HA, and its discretion, may offer a family the opportunity to enter an agreement to pay amounts owed to an HA or amounts paid to an owner by an HA. The HA may prescribe the terms of the agreement.)
- 5) If the family has harassed as defined in the HA's harassment procedure, engaged in or threatened abusive or violent behavior toward HA personnel.

Failure to comply with any of the above may result in the termination of Housing Assistance.

I hereby certify that I have read and understood the Housing Choice Voucher Program Family Obligations.

Head of Household Signature

Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



Housing Authority of the City of Rosenberg

NOTICE OF PORTABILITY

Overview of Portability

Portability is a term used to describe a family's ability to rent a dwelling unit outside the jurisdiction of the initial HA and receive Housing Choice Voucher Program assistance.

A voucher holder or participant family has the right to receive tenant-based voucher assistance to lease a unit outside the initial HA jurisdiction, anywhere in the USA in the jurisdiction of a PHA with tenant-based assistance.

Limitations under the Portability Provisions

The HA may not provide portability assistance if the family has moved out of its assisted unit in violation of the lease.

The HA may not provide portability assistance if the family owes money to the housing authority or is in violation of family obligations of the program.

Portability does not apply to families assisted in a project-base program.

Portability is limited to one move during any one year period both within and outside the HA's jurisdiction.

Portability is limited if sufficient funding is not available.

Where a Family May Move

When a family moves under portability to an area outside the initial HA jurisdiction, the receiving HA may administer the assistance for the family or absorb the family into their program if the receiving HA has a tenant based program in the area where the unit is located.

Families are limited to moves to areas with a HA administering a voucher program.

(If there is more than one HA with jurisdiction in an area where a family wishes to exercise portability, the initial HA will designate the receiving HA.)

Residency

If neither the head of household nor the spouse of an assisted family already had a legal residence in the jurisdiction of the initial HA at the time the family first submitted an application for assistance with the initial HA the following will apply:

- ◆ the family must lease a unit anywhere in the initial HA 's jurisdiction during the first 12 month period.
- ◆ after the initial 12 month period the family may exercise portability.

To use your Portability Option

Contact the HA at (281) 342-1456 if you want to move to any location other than the City of Rosenberg, Texas. The HA will assist you in completing a Request for Portability and provide you with important information. If you choose to request portability with less than 30 days on your voucher, be aware the housing authority may not provide an voucher extension to do so, and will no longer make payment to assisted unit once the date of the mutual rescission has passed. Be prepared to have a place to stay if present unit must be vacated.

I HAVE READ THE ABOVE AND UNDERSTAND THAT I MAY MOVE UNDER PORTABILITY SUBJECT TO FEDERAL REGULATIONS AND HA POLICY. I HAVE RECEIVED A COPY OF THIS FORM.

Signature of Head of Household

Date

SURROUNDING HOUSING AUTHORITY

LOCATIONS REGARDING PORTABILITY

Bay City Housing Authority
Portability Person
3012 Sycamore
Bay City, Texas 77414

Phone (979) 245-2652
Fax (979) 245-1274
OH: M-F, 8-5

El Campo Housing Authority
Portability Person
1303 Delta Street
El Campo, Texas 77437

Phone (979) 543-6991
Fax (979) 543-5027
OH: M-Thur, 7-6

Harris County Housing Assistance
Portability Person
8933 Interchange Drive
Houston, Texas 77054

Phone (713) 578-2100
Fax (713) 669-4595
OH: M-F, 8-5

Houston Housing Authority
Portability Person
2640 Fountain View Dr.
Houston, Texas 77057

Phone (713) 260-0600
Fax (713) 260-0812
OH: M-F, 8-5

Pasadena Housing Assistance Program
Portability Person
1114 Davis Street
Pasadena, Texas 77506

Phone (713) 475-5544
Fax (713) 477-3819
OH: M-W, 8-5, Thur, 8-7
Fri, 8-3

Texas Department of Housing and Community Affairs
Portability Person
Capital Station
P.O. Box 13941
Austin, Texas 78711-3941

Phone 1-800-237-6500
Fax (512) 475-1511
OH: M-F 8-5



AUTHORIZATION FOR RELEASE OF INFORMATION

ESTE FORMULARIO ESTO DISPONIBLE EN ESPANOLA PETICION.

CONSENT

I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the Rosenberg Housing Authority any information or materials needed to complete and verify my application for housing assistance and/or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority in administering and enforcing program rules and policies.

I also consent for HUD or the Housing Authority to release information from my participant file related to my rental history or credit bureaus, collections agencies and/or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be requested; this includes but is not limited to:

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

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

Previous Landlords (including Public Housing Agencies)	Welfare Agencies Veteran's Administration	Courts and Post Offices Retirement/Pensions
Law Enforcement Agencies	Schools and Colleges	Social Security Administration
Support and Alimony Providers	Credit Bureaus and Providers	Lending Institutions
Utility Companies	Mortgage Companies	Attorneys
Medical and Childcare Providers	The Work Number	



COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that the Housing Authority may conduct computer-matching programs to verify the information supplied to my application or re-examination. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the Housing Authority may, in the course of its duties exchange such automated information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; Department of Defense; office of Personnel Management; U.S. Postal Services; Social Security Agency; and State Welfare and food stamp agencies.

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 PHA and will stay in effect for a year and three 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.

Printed Name

Signature(s)

Date

Head of Household

Spouse/Co-Head

Adult Member

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for a copy of a tax form" must be prepared and signed separately.



Harassment Policy

This policy identifies what the RHA defines as harassment and the general steps that will be taken to minimize such behavior by RHA clients during physical visits, phone calls and emails. Failure to abide by the policy that follows may result in denial or termination of housing assistance as specified in Family Obligation 24.6: *"If the family has harassed as defined in the HA's harassment policy, engaged in or threatened abusive or violent behavior toward HA personnel."*

Employees of the Rosenberg Housing Authority (RHA) deserve to be treated fairly and with respect.

Harassment- unwelcome and offensive conduct by an applicant/participant of the RHA which can include:

- demeaning remarks
- name-calling
- loud speech
- bullying
- threats
- discrimination
- constantly calling the housing authority (back to back and at each extension)
- any speech or behavior that interferes with someone's ability to do their work
- sender emails repeatedly against your wishes
- emails contain obscene and offensive language, image and/or videos
- repeatedly emailing housing personnel the same questions back to back (3 or more times)
- any conduct that intrudes upon the personnel and disrupts their emotional tranquility and personal sense of well-being.

Steps RHA will take to stop harassing behavior:

- 1. Requested to Stop the behavior**
- 2. Please leave/hang up to pursue issue at another time.**
- 3. Employee will call police or state the call will be hung up.**
- 4. Termination for harassment will be issued. You will have the right to appeal.**

Name

Date