



PLEASE READ IMPORTANT INFORMATION

Dear Participant:

- You must complete and bring the attached Recertification Packet by the date stated on your appointment letter.
- All household members must be listed on the Housing Application and include income (e.g., social security benefits, child support, unemployment, and temporary cash assistance, **FOR ALL HOUSEHOLD MEMBERS, EVEN INCOME EARNED BY MINORS.** *If a minor (under 18) is earning income, please supply pay stub and/or a written statement from parent stating income minor earns).*

WRITTEN VERIFICATION MUST BE PROVIDED FOR THE FOLLOWING:

- Proof of SSA, SSI, SSDI, i.e. **Current Award Letter from the Social Security Administration** or if you need to obtain written verification please call the Social Security Administration Office at 1-800-772-1213.
- W-2's, tax returns, pay stubs or receipts for employment, unemployment, self-employment, Welfare and Pension funds, Alimony/Child Support payments, etc.
- Current statement regarding Savings and Checking Accounts, Money Market Funds, Trusts, Certificates of Deposits, Stocks/Bonds, IRA/Keogh or other Retirement Investment Accounts, etc.
- If you are working and or qualify for a child care expense deduction, please provide written documentation, i.e., receipts, letter from Office for Children.
- If you are elderly, handicapped, or disabled, please provide documentation of anticipated medical expenses, including medical statements of upcoming treatment, bills for medical insurance payments, health care professionals and facilities, eye doctors, dentists, hearing aids, prescription drugs, medical assistance etc.
- Student status at any educational institution, including primary school, high school, college or any other educational institution.





IF YOUR HOUSEHOLD MEETS THE CRITERIA FOR A MEDICAL ALLOWANCE

MEDICAL EXPENSE DEDUCTIONS ARE PERMITTED FOR HOUSEHOLDS IN WHICH THE HEAD OR SPOUSE IS AT LEAST 62 YEARS OLD OR DISABLED

If your household is eligible for a medical expense deduction all family members qualify for the deduction. Medical expenses are expenses anticipated to be incurred during the 12 months following certification/recertification which are not covered by an outside source such as insurance. They may include:

- Services of doctors and health care professionals
- Services of health care facilities
- Medical Insurance Premiums
- Prescription/Non-prescription medicines
- Transportation to treatment
- Dental expenses, eye glasses, hearing aids, batteries
- Monthly payment on accumulated medical bills
- Medical care of a permanently institutionalized family member if his/her income is included in annual income

PROVIDE WRITTEN DOCUMENT VERIFICATION OF MEDICAL EXPENSES INCURRED IN THE PAST TWELVE (12) MONTHS.

ACCEPTABLE FORMS OF WRITTEN DOCUMENT VERIFICATION ARE:

- Printout from the pharmacy where you fill your prescriptions
- Printout from doctors, health care professionals, and/or dentists or the amount you have paid this year. This printout cannot include amounts paid by insurance unless clearly stated on printout.
- On accumulated medical bills for which you have regular monthly payments, a statement from the provider of the amount paid by you for the previous 12 months.
- Receipts for eyeglasses, medical equipment (such as wheelchairs, hearing aids, over-the-counter medicines, etc.), and/or transportation.
- Cancelled checks for Insurance premiums.
- Printout from medical facility of any permanently institutionalized family member.





APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know.

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

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

So Be Carefull

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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



County of Fairfax, Virginia

FORM A

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

HOUSING APPLICATION

FAIRFAX COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

MAIN OFFICE:

RENTAL SERVICES DIVISION
3700 PENDER DRIVE, SUITE 100
FAIRFAX, VA 22030-7442
PHONE: 703-246-5280
FAX: 703-653-1383 TTY: 711

SOUTH COUNTY:

RENTAL SERVICES DIVISION
8350 RICHMOND HIGHWAY, SUITE 527
ALEXANDRIA, VA 22309
PHONE: 703-704-6790
FAX: 703-653-9444 TTY: 711

THIS IS AN IMPORTANT DOCUMENT. Please contact your Housing Services Specialist if you would like to request this document in Spanish, Korean, Vietnamese or Chinese.

Este es un documento importante. Póngase en contacto con su especialista si desea solicitar este documento en español.

이것은 중요한 문서입니다. 이 문서의 한국어 번역본이 필요하시면 담당자에게 문의하십시오.

Đây là một tài liệu quan trọng. Vui lòng liên hệ chuyên viên của quý vị nếu quý vị muốn yêu cầu tài liệu này bằng tiếng Việt

这是一份重要文件。如果您申请本文件的中文版，请联系您的专业人士

This form must be completed **in your own handwriting**. If you are unable to complete this application, please have the person assisting you sign page five. Please print. You must use the **legal** name as it appears on the Social Security card of each member of your household. **All adult members of the household** (anyone 18 years of age and older) **must sign** this application certifying the information pertaining to them is true and correct.

HOUSEHOLD COMPOSITION: List **ALL PERSONS** living in your home. List the head of household first.

Full Name As appears on Social Security Card	Date of Birth	Relationship to Head of Household	Disabled Write "YES" or "NO"
1.		Head of Household	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

1. Is any member of the listed household subject to lifetime sex offender registration in any state?
Yes ☐ No ☐ If yes, who? _____

TOTAL HOUSEHOLD INCOME: Check **YES** or **NO** for **EVERY** line (Do not leave blank). Do you or any household members (**INCLUDING CHILDREN**) receive any of the following income **OR** have any of the following expenses?

INCOME

Wages (Employment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tips or Regular OT	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Self-Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pensions/Annuity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Security/SSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>
General Relief	Yes <input type="checkbox"/>	No <input type="checkbox"/>
AFDC/TANF	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unemployment Comp.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Workers Comp.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Military Pay/Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ASSETS

Savings Acct.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Checking Acct.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CD/Money Market	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stocks/Bonds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IRA/Keogh/401K	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Real Estate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mortgage Held	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cash Value Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Assets disposed of in the past two years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EMPLOYMENT ONLY: List all full-time, part-time and/or seasonal employment for **all adult household members** including self-employed earnings. If you have income from other sources, see next section.

Full Name	Monthly/Weekly Gross	Name & Address of Employer

INCOME FROM OTHER SOURCES: List all income from sources other than employment for all household members **including children**. This includes, but is not limited to, Public Assistance (i.e. TANF), Social Security, SSI, Disability Compensation, Unemployment Compensation, Alimony, Child Support, Pensions, Interest, Dividends, Annuity or other income from an asset, etc.

Full Name	Monthly/Weekly Gross	Source of Income

1. Do you or any household member(s) have a whole life insurance policy (indicate cash surrender value) or have access to this type of account with the ability to withdraw funds? Yes ☐ No ☐
If yes, what is the Cash surrender value? _____

2. Does anyone outside your household give you money OR pay your bills for you? Yes ☐ No ☐
If yes, list bills/expenses _____

How often? _____

Is it a loan? Yes ☐ No ☐ If Yes, when will you pay it back? _____

ASSETS: List all bank accounts, stocks, bonds, certificate of deposit (CD), trust fund accounts, individual retirement accounts (IRA), and or 401K retirement accounts:

Full Name	Bank / Company Name	Type of Account	Balance

EXPENSES: Does any adult member attend school full-time? Yes ☐ No ☐

Student Full Name	School Name & Complete Address

Do you pay for CHILD CARE expenses for a child aged 12 or younger which enables you or another member of your household to work, go to school or seek employment? Yes ☐ No ☐

If yes, is any portion of these child care expenses reimbursed from an outside agency? Yes ☐ No ☐

Minor's Name	Monthly Child Care	Care Provider's Name, Address, and Phone number	Name of Agency reimbursing expense

MEDICAL EXPENSES ELDERLY AND/OR DISABLED HOUSEHOLDS ONLY:

1. Do you pay for a care attendant or equipment that is not reimbursed by insurance or any other source for an elderly household member or a household member with a disability to enable you or another household member to work or go to school? Yes ☐ No ☐

2. Does any household member (s) anticipate having out of pocket medical expenses that are not reimbursed by insurance or any other source in the next 12 months? Yes ☐ No ☐
 Monthly payment \$ _____. If yes, provide a proof of medical expense.

LANGUAGE:

1. Primary language spoken in the home: _____
2. How well does your household speak and understand English?
 Very Well ☐ Well ☐ Not Well ☐ Not at All ☐
3. How well does your household read and write English?
 Very Well ☐ Well ☐ Not Well ☐ Not at All ☐

I do hereby swear and attest the information on this application is true and correct. Any intentional or willful misrepresentation of the facts included on this application may result in termination from any Fairfax County Department of Housing and Community Development assisted housing program, i.e. Housing Choice Voucher, RAD/PBV or the Fairfax County Rental Program.

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.



HEAD OF HOUSEHOLD SIGNATURE

DATE



SPOUSE/OTHER ADULT SIGNATURE

DATE



OTHER ADULT SIGNATURE

DATE



OTHER ADULT SIGNATURE

DATE

CONTACT INFORMATION:

Home Phone Number _____

Cell Phone Number _____

Head of Household email address: _____

ANNUAL STUDENT CERTIFICATION

Effective Date: _____
Move-in Date: _____
(MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____
_____ Building Address: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
- C. _____ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1.	Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)	YES	NO
2.	Are all adults single parents <i>and</i> neither they nor any of their children is a dependent of a third party except that the child(ren) may be claimed by the absent parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return)	YES	NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF), (provide release of information for verification purposes)	YES	NO
4.	Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)	YES	NO
5.	Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	YES	NO

*Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household. Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.*

All household members age 18 or older must sign and date.

_____ Signature	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)

This form was translated by:

Name: _____ Phone number: _____

This form was prepared or completed by:

Name: _____ Phone number: _____

Notice to All Applicants/Program Participants:

Reasonable Accommodations for Applicants and Program Participants with Disabilities

The Fairfax County Department of Housing and Community Development (DHCD) is a public agency that provides low rent housing assistance to eligible families and single people. The Fairfax County Department of Housing and Community Development is not permitted to discriminate against applicants/residents on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, DHCD has a legal obligation to provide "reasonable accommodations" to applicants/residents if they or any family members have a disability. A reasonable accommodation is some modification or change to Fairfax County Redevelopment and Housing Authority owned units or its procedures that will assist an otherwise eligible applicant or program participant with a disability to take advantage of its programs. Examples of reasonable accommodations would include:

- Making alterations to a Fairfax County Redevelopment and Housing Authority unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features, such as grab bars in the bathroom, so they can be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a Fairfax County Redevelopment and Housing Authority family development where the size of dogs is usually limited;
- Making a sign language interpreter available to an applicant or program participant with a hearing impairment during the interview or meetings with Fairfax County Department of Housing and Community Development staff;
- Permitting an outside agency or individual to assist an applicant or program participant with a disability to meet the Fairfax County Department of Housing and Community Development applicant screening criteria and recertification requirements.



Fairfax County is committed to nondiscrimination on the basis of disability in all County programs, services, and activities. Special accommodations will be provided upon request. For information call 703-246-5101 or TTY 711."

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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)

FAIRFAX COUNTY DEPARTMENT OF HOUSING
AND COMMUNITY DEVELOPMENT
3700 PENDER DRIVE, SUITE 100
FAIRFAX, VA 22030-6039

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(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 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.

CONSENT FOR AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Fairfax County Department of Housing and Community Development (HCD) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Housing Choice Voucher, Fairfax County Rental, Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the Public Housing Authority (PHA) to release information from my file about my rental history to HUD, credit bureaus, collection agencies and future landlords. This includes records on my payment history, and any violation of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to: Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Credit and Criminal Activity and Medical or Child Care Allowances.

Any information provided to and obtained by any employee of HCD may be reviewed for relevance to eligibility status. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in 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)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Courts, Probation and Parole	Social Security Administration	Credit Providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers	Educational Institutions	Other service providers (cell phone, cable, etc)
Coordinated Services Planning	Family Services	

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the PHA may conduct computer matching programs to verify the information supplied for my application or recertification. 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 PHA 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, the U.S. Postal Service, the Social Security Agency, and State and local 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 PHA and will stay in effect for thirty-six (36) 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.

SIGNATURES: NOTE: This release information form 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 copy of tax form" must be prepared and signed separately.

_____ Head of Household - signature	_____ (Print Name)	_____ Date
_____ Adult Member - signature	_____ (Print Name)	_____ Date
_____ Adult Member - signature	_____ (Print Name)	_____ Date
_____ Adult Member - signature	_____ (Print Name)	_____ Date



Fairfax County is committed to nondiscrimination on the basis of disability in all County programs, services and activities.

Special accommodations will be provided upon request. To request Reasonable Accommodations or an alternative format of material, call 703-246-5101 or TTY 711. Please allow 48 hours in order to make the necessary arrangements.

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.



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

OBLIGATIONS OF THE FAMILY HOUSING CHOICE VOUCHER PROGRAM

(a) Purpose

The following states the obligations of an applicant or participant family under the Housing Choice Voucher (HCV) program. Your housing assistance comes to you as part of a federal government program, and as such is regulated by federal laws. Failure to fulfill your obligations under the HCV program is grounds for denial or termination of your assistance.

(b) Supplying Required Information:

- (1) The family must supply any information that the Fairfax County Redevelopment and Housing Authority (FCRHA) or the U.S. Department of Housing and Urban Development (HUD) determines necessary in the administration of the program, including required evidence of citizenship or eligible immigration status.
- (2) The family must supply any information requested by the FCRHA or HUD for use in regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
- (3) The family must disclose and verify Social Security Numbers.
- (4) The family must sign and submit consent forms for obtaining information.
- (5) Any information supplied by the family must be true and complete.

(c) Change in Income and/or Household Composition:

- (1) The family must report in writing any changes in: **income, assets, expenses, Student status and/or household composition**, to their HCV Housing Services Specialist. Report any changes of income or household composition within the below specified time frames:
 - **Applicants:** must report changes in writing within 48 hours of the event.
 - **Participants:** must report changes in writing within 10 calendar days of the event
 - Changes relayed by Phone messages will NOT be accepted.
- (2) The reporting requirement means that the family must report the change within the above specified time from the effective date of the change, (i.e.) If any member of a Participant family found a job, the family must inform the FCRHA of the change 10 days of starting the job – NOT 10 days after receiving the first pay check. An Applicant family must report the change within 48 hours of starting the job.

(d) Use & Occupancy of Unit:

- (1) The family must use the assisted unit for residency by the family. The unit must be the family's only residence.
- (2) The composition of the assisted family residing in the unit must be approved by the FCRHA. The family must promptly inform the FCRHA of the birth, adoption, or court-awarded custody of a child. The family must request FCRHA approval to add any other family member as an occupant of the unit. No other person [i.e., nobody but members of the assisted family] may reside in the unit (except for a foster child or lived in aide as provided in paragraph (d)(4) of this section).

- (3) The family must promptly notify the FCRHA if any family member no longer resides in the unit.
- (4) If the FCRHA has given approval, a foster child or a live-in-aide may reside in the unit.
- (5) 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.
- (6) The family must not sublease or let the unit.
- (7) The family must not assign the lease or transfer the unit.
- (8) The family must not receive HCV program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the FCRHA 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. However, this type of reasonable accommodation will never be approved in the case of shared housing with such owner.

(e) Housing Quality Standards (HQS) breach caused by family. (1) The family is responsible for a HQS breach caused by the family for any of the following:

- (i) 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;
- (ii) 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
- (iii) Any member of the household or guest damages the dwelling unit or premises (damages beyond ordinary wear and tear).

(f) Allowing FCRHA Inspection. The family must allow the FCRHA to inspect the unit at reasonable times and after reasonable notice.

(g) Violation of Lease. The family may not commit any serious or repeated violation of the lease.

(h) Family Notice of Move or Lease Termination. The family must notify the FCRHA and the owner before the family moves out of the unit, or terminates the lease on notice to owner.

(i) Owner Eviction Notice. The family must promptly give the FCRHA a copy of any owner eviction notice.

(j) Absence from Unit

The family must supply any information or certification requested by the FCRHA to verify that the family is living in the unit, or relating to family absence from the unit, including any FCRHA-requested information or certification on the purposes of family absences. The family must cooperate with the FCRHA for this purpose. The family must promptly notify the FCRHA of absence from the unit.

The family may not be absent from the unit for a period of more than 180 consecutive calendar days (6 months) in any circumstance or for any reason. Housing Assistance Payments (HAP) contract terminates automatically if the family is absent for longer than the maximum period permitted. When the term of the HAP contract ends, the assisted lease also terminates.

If the family absence is due to health problems, the family may be readmitted to the program within one year of the HAP contract termination. The family will be required to provide physician verification.

(k) Interest in Unit. The family must not own or have any interest in the unit.

(l) Other Housing Assistance. An assisted family, or members of the family, may not receive HCV program assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) federal, State, or local housing assistance program.

(m) Fraud or other Program Violation. The members of the family must not commit fraud, bribery, or any other corrupt or criminal act in connection with the programs.

- (1) if the family breaches an agreement with the FCRHA or any other Housing Authority to pay amounts owed to a Housing Authority, or amounts to an owner on behalf of a participant by a Housing Authority

(n) Crime by Household Members. The members of the household may not engage in:

- (1) drug-related criminal activity,
- (2) violent criminal activity,
- (3) 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,
- (4) other criminal activity which may threaten the health, safety of the owner, property management staff, or persons performing a contract administrative function or responsibility on behalf of the PHA.

(o) Alcohol Abuse by Household Members. The members of the household must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

(p) Abuse by Household Members. If the family has engaged in or threatened abusive or violent behavior toward FCRHA/HCD personnel.

YOUR RIGHTS as an APPLICANT: Until a Choice Voucher Housing Assistance Payment (HAP) contract has been signed on your behalf, you are considered an *APPLICANT*. If you are denied assistance as an *APPLICANT*, you may request an informal review of the decision.

APPLICANTS ARE NOT ENTITLED FOR A REVIEW FOR:

1. Failure to keep appointments.
2. Review of bedroom size determinations.
3. Denial of Voucher extensions, or suspensions.
4. Decisions that the unit selected does not meet HQS.
5. Decisions that the unit is not in accordance with HQS because of the family size or composition.
6. Discretionary administrative procedures of the HCD.
7. General Policy issues or class grievances.

YOUR RIGHTS as a PARTICIPANT: Once a Choice Voucher HAP contract has been signed on your behalf, you are considered a *PARTICIPANT* and you have the right to a written notice and informal hearing if your assistance is terminated or reduced.

PARTICIPANTS ARE NOT ENTITLED FOR A REVIEW FOR:

1. Decisions that units selected do not meet Housing Quality Standards.
2. Remedies against owner under outstanding contracts, including termination of contracts.
3. Denial of Voucher extensions, or suspensions.
4. Exercise of discretionary administrative procedures of HCD.
5. Establishment of the schedule of utility allowance for families in the program.

6. Determination by HCD not to approve a unit or lease.
7. Decisions that the unit is not in accordance with HQS because of the family size or composition.
8. Determination by HCD to exercise or not to exercise any right or remedy against the owner under a HAP contract.
9. General Policy issues or class grievances.

APPLICANTS AND PARTICIPANTS: If you feel that your denial or termination may be the result of a disability, you have the right to request Reasonable Accommodation. The Reasonable Accommodation request should be made prior to any review/hearing. Otherwise, if you request an informal review or an informal hearing, it will be conducted by any person(s) designated by the FCRHA other than the person who made the decision to deny the assistance or a subordinate of that person. You may retain counsel or other representative, if desired, at your own expense. You and your counsel/representative will have the opportunity to examine, before review, any documents that are directly relevant to the review/hearing. The FCRHA will pay the cost of copying 50 pages of documents associated with informal review/hearing procedures. The charge for copying additional pages will be ten cents per page. You and your counsel/representative will also have the opportunity to question any adverse witnesses, examine evidence, and present testimony in your favor. You also have the right to bring an interpreter of your own choosing to the hearing. If you need an interpreter to assist you and you cannot provide one, please notify your housing specialist at the time you request the review/hearing if you wish to have an interpreter present, and the interpreter will be provided at the expense of the FCRHA. Also please specify the language needed by the interpreter. A review/hearing with the requested interpreter will then be scheduled as soon as the service can be obtained. The decision of the review/hearing officer will be based only on the evidence provided at the review/hearing. Prompt written notice of the final decision will be given, including a statement of the reason or legal and evidential grounds for the final decision.

(Print Name on the one that applies)

WARNING: Title 18, Section 1001 of the United States Code, states that it is unlawful to knowingly and willingly make false statements or misrepresentations to any department or agency of the United States.

I / WE _____ HAVE READ AND RECEIVED A COPY OF THE HOUSING CHOICE VOUCHER OBLIGATIONS OF THE FAMILY AND FULLY UNDERSTAND THAT THE FCRHA MAY TERMINATE ASSISTANCE FOR NOT COMPLYING WITH THE FAMILY OBLIGATIONS.

I / WE _____ REFUSE TO COMPLY WITH THE FCRHA HCV FAMILY OBLIGATIONS AND FULLY UNDERSTAND THAT AS A RESULT OF MY REFUSAL TO COMPLY WITH THESE REQUIREMENTS I AM NOT ELIGIBLE FOR PARTICIPATION IN THE HCV PROGRAM.

HEAD OF HOUSEHOLD (SIGNATURE / DATE)

OTHER ADULT (SIGNATURE / DATE)

OTHER ADULT (SIGNATURE / DATE)

OTHER ADULT (SIGNATURE / DATE)

OTHER ADULT (SIGNATURE / DATE)

OTHER ADULT (SIGNATURE / DATE)



Fairfax County is committed to nondiscrimination on the basis of disability in all County programs, services, and activities. Special accommodations will be provided upon request. For information call 703-246-5101 or TTY 711."

Department of Housing and Community Development
3700 Pender Drive, Suite 100
Fairfax, VA 22030-6039
Tel: 703-246-5280 • Fax: 703-653-1383 • TTY: 711
www.fairfaxcounty.gov/housing

South County Center
8350 Richmond Highway, Suite 527
Alexandria, VA 22309-2344
Tel: 703-704-6790 • Fax: 703-653-9444 • TTY: 711
www.fairfaxcounty.gov/housing



FAIRFAX COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

FAMILY SELF-SUFFICIENCY (FSS) PROGRAM

**Opportunities for Project Based Voucher and Housing Choice Voucher
Participants who are interested in becoming self-sufficient!**

WHAT IS FSS?

Family Self-Sufficiency or FSS is a special program offered to families in HCV or PBV. Over a 5-year period FSS provides participants with individualized case management, referrals to resources and services and, guidance in goal setting and achievement. The program is completely voluntary.

WHAT ARE THE BENEFITS OF ENROLLING IN FSS?

Residents will work with a case manager to set personal goals and obtain resources and referral services for:

- o Job Training and Career Counseling
- o Education/Self-Improvement
- o Credit/Financial Counseling
- o Budgeting
- o Child Care
- o Transportation
- o Personal and Family Counseling
- o Treatment for Substance Abuse
- o Financial incentives through escrow

WHAT IS AN ESCROW AND HOW CAN IT HELP?

An escrow account is a savings account that earns interest and managed by HCD. FSS Participants in the program will have a portion of their rent payment set aside (according to their earned income – see escrow table) in an escrow account.

Once participants complete the goals on their FSS contract/service plan, graduates can choose how they will use their escrow accounts. Most graduates decide to:

- o Pay off debts
- o Pay off student loans
- o Invest in college for children
- o Purchase a car /Purchase a home

Annual Earned Income	Monthly Escrow Credit
\$10,000 - \$14,999	\$50
\$15,000 - \$19,999	\$100
\$20,000 - \$24,999	\$125
\$25,000 - \$29,999	\$150
\$30,000 - \$34,999	\$175
\$35,000 - \$39,999	\$200
\$40,000 - \$44,999	\$225
\$45,000 - \$49,999	\$250
\$50,000 - \$54,999	\$275
\$55,000 - \$59,999	\$300
\$60,000 - \$64,999	\$325
\$65,000 - \$69,999	\$350
\$70,000 - \$74,999	\$375
\$75,000 - \$79,999	\$400
\$80,000 - Above	\$425

For more information, please call to speak with an FSS Coordinator at (703) 246-5100 or TTY : 711



The information in this flyer will be made available to persons with disabilities in an alternative format upon request. Call 703-246-5101 or 703-385-3578. Please allow 48 hours for preparation of materials.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alt. Phone #: _____

T-Code: _____ Email: _____

☒ I am a HOUSING CHOICE VOUCHER PROGRAM (HCV) participant.

☐ I am a PROJECT BASED VOUCHER (PBV) participant.

If you are interested in the FSS program, please complete this form and fax it to 703-653-1382 or send by mail to:

ATTN: FSS Program Coordinator

Fairfax County Department of Housing & Community Development

3700 Pender Drive, Suite 100

Fairfax, VA 22030-6039

..... DETACH INTEREST FORM HERE AND MAIL TO HCD.....

HOW CAN I GET INVOLVED?

Step 1: Discuss the program with your Housing Specialist or contact an FSS Coordinator and determine whether you are willing to make the commitment.

Step 2: Complete the interest form at the top of this sheet and follow mailing instructions.

Step 3: Check the mail! As soon as we receive your information, we will send you an invitation to an FSS Information Session.

Step 4: RSVP to the FSS invitation.

Step 5: Attend the information session and receive your enrollment package.

Step 6: Submit your completed application packet. You will be contacted for an enrollment interview.