

Briefing Checklist for Section 8

I, _____ certify that I have received a briefing on the Section 8 Voucher Program from a Bloomington Housing Authority Representative. I have also been given materials in the form of a “Tenant Packet” to further explain the Section 8 Voucher Program.

Contents include the following information:

HUD-Debts Owed To Public Housing Agencies and Terminations
HUD- PIH Alert
HUD-52646 Voucher
RHIP-What You Should Know About EIV
HUD-52517 Request for Tenancy Approval
HUD-Lead Based Paint Disclosure
BHA-Property Amenities
BHA-Tenant-Landlord Sign off Sheet
BHA- Landlord Tips For Inspections
BHA-Participants Agreement/Obligations
BHA- Requirement to Report Income
BHA-Lease Addendum for Drug Free Housing
BHA-Acceptance of Unit
BHA-Notice of 90 Days to Find Housing
BHA-Release to Owners
BHA-RAD Housing Intent to Vacate (BHA-RAD Housing Residents Only)
HUD-Applying For HUD Housing Assistance-Is Fraud Worth It
BHA-Fair Housing and Reasonable Accommodation Information
Nan McKay-The Family Handbook
BHA-HCV Informational Brochure for Families
BHA- HCV Informational Brochure for Owners
HAND-Tenants’ & Owners’ Rights & Responsibilities
HUD-1686 Fair Housing
HUD-593-PIH (9)-A Good Place to Live
U.S. EPA-Protect Your Family from Lead in Your Home
BHA-FAQ for Section 8
BHA- Suggestions for Energy Efficiency
BHA-Termination of Tenancy
HUD- Violence Against Women Act (VAWA)
BHA-Policy for Interactions Between Clients/Residents and BHA Staff
HUD-9886 Authorization for the Release of Information/Privacy Act Notice
HUD-903 Housing Discrimination Complaint
How Portability Works
BHA-Getting Ready Checklist
BHA- Accessible Apartments and Accessibility Modifications
BHA-HCV Map
BHA-Local Housing Guide
BHA-Neighboring Housing Agencies
BHA-Family Self Sufficiency-StagesProgram Overview
City of Bloomington-Service Agencies-Quick Reference Guide
Indiana 211 Partnership, Inc.-Agency Hotline/Website
BHA-Child Support Hotline
HUD-Tenancy Addendum-52641-A
BHA-Voucher Payment Standards & Rent Reasonableness
BHA-Utility Schedule

By signing below you are acknowledging that you have received all the documents listed for your records and the BHA Representative has reviewed each with you on this date.

Tenant Signature _____ Date: _____

Tenant Signature _____ Date: _____

BHA Representative _____ Date: _____



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.



Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

PIH Alert

July 10, 2008

Nan McKay & Associates - 800.783.3100 - www.nanmckay.com

HCV Program News

OIG Issues Fraud Alert

Today in the *Federal Register*, HUD's Office of Inspector General (OIG) issued a [bulletin](#) alerting the public to a wrongful practice engaged in by some landlords in the housing choice voucher (HCV) program: charging excess rent. As the bulletin points out, the housing assistance payments (HAP) contract for the HCV program expressly prohibits landlords from requiring tenants to pay rent in excess of what is authorized under their contracts. However, OIG has become aware, through citizen complaints filed throughout the nation, that "numerous" HCV landlords are violating this express prohibition.

Today's bulletin is intended to discourage "this sort of egregious conduct" by describing the penalties associated with it—an assessment equal to three times the amount of the claim, plus a penalty of between \$5,500 and \$11,000 per claim—and by inviting anyone with "pertinent information" to contact OIG's Office of Legal Counsel. "OIG will not tolerate such conduct," says the bulletin, "and rather will cooperate with efforts to bring offending landlords to justice and to remedy their wrongs."

JAIL BOOKINGS

EDITOR'S NOTE: Booking information is provided by the Monroe County Jail. These are preliminary charges and may change as cases are processed. To follow a court case, search the state's court records at <http://mycase.in.gov>.

• [REDACTED], 32, of Ellettsville, arrested Monday by police on a warrant charging welfare fraud; booked into Monroe County Jail at 1:35 a.m. Bond set at \$4,000 surety, \$500 cash.

[REDACTED]
Ellettsville, IN 47429

5' 2", 104 lbs

State Plaintiff State of Indiana

David J. Gohn
Monroe County Prosecutor's
Office
301 N'College Avenue
Bloomington, IN 47404
812-349-2670(W)

CHARGE INFORMATION

Charges:	Statute	Level	Date
1. 35-43-5-7(a)(5)/FC: Welfare Fraud	35-43-5-7(a)(5)	Felony C	07/01/2009
2. 35-43-5-7(a)(5)/FC: Welfare Fraud	35-43-5-7(a)(5)	Felony C	09/01/2011
3. 35-43-5-7(a)(5)/FD: Welfare Fraud - Amt Involved More Than \$250 But Less Than \$2,500 OR Prior <i>Filed As: 35-43-5-7(a)(5)/FC: Welfare Fraud</i>	35-43-5-7(a)(5)	Felony D	08/01/2012
	35-43-5-7(a)(5)	Felony C	08/01/2012

Bonds

Monroe Corporate Surety Bond \$4,000
11/17/2014 SURETY BOND RECEIVED BY CLERK
Counts: 1, 2, 3

Monroe Cash Bond \$500
01/08/2015 CASH BOND RECEIVED BY CLERK
Counts: 1, 2, 3

06/15/2015 Sentenced (Judicial Officer: Harper, Teresa D)
3. 35-43-5-7(a)(5)/FD: Welfare Fraud - Amt Involved More Than \$250 But Less Than \$2,500 OR Prior
Comment ()
Condition - Adult:
1. Community Service, 06/15/2015, Active 06/15/2015
2. Probation, 06/15/2015 - 06/07/2016, Active 06/15/2015
Comment: Defendant to complete 35 hours of community service. kmp
Confinement to Commence 06/16/2015
Indiana Department of Correction
Term: 540 Days
Jail Credit: 1 Days
Suspended: 538 Days

06/15/2015 Abstract of Judgment Completed for non-DOC case
06/16/2015 Clerk Partially Releases Bond Per Order

Voucher

Housing Choice Voucher Program

U.S. Department of Housing and Urban Development

OMB No. 2577-0169
(exp. 04/30/2026)

Office of Public and Indian Housing

OMB Burden Statement: The public reporting burden for this information collection is estimated to be up to 0.05 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This collection of information is required for participation in the housing choice voucher program. Assurances of confidentiality are not provided under this collection. 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. 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.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by 24 CFR § 982.302. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

Please read entire document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)		1. Unit Size
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.		2. Issue Date (mm/dd/yyyy)
3. Date Voucher Expires (mm/dd/yyyy) must be at least sixty days after date Voucher is issued. (See Section 6 of this form.)		3. Expiration Date (mm/dd/yyyy)
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)		4. Date Extension Expires (mm/dd/yyyy)
5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)
7. Name of Public Housing Agency (PHA)		
8. Name and Title of PHA Official	9. Signature of PHA Official	Date Signed (mm/dd/yyyy)

1. Housing Choice Voucher Program

- A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determine the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

2. Voucher

- A. When issuing this voucher the PHA expects that if the family finds an approval unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.
- B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
- C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

3. PHA Approval or Disapproval of Unit or Lease

- A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (of the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**
- B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.
- C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provision of the HUD tenancy addendum shall control.
- D. After receiving the request for tenancy approval and a copy of the lease, the PHA will inspect the unit. The PHA may not give approval for the family to lease the unit or execute the HAP contract until the PHA has determined that all the following program requirements are met: the unit is eligible; the unit has been inspected by the PHA and passes the housing quality standards (HQS); the rent is reasonable; and the landlord and tenant have executed the lease including the HUD-prescribed tenancy addendum.
- E. If the PHA approves the unit, the PHA will notify the family and the owner, and will furnish two copies of the HAP contract to the owner.
 1. The owner and the family must execute the lease.
 2. The owner must sign both copies of the HAP contract and must furnish to the PHA a copy of the executed lease and both copies of the executed HAP contract.
 3. The PHA will execute the HAP contract and return an executed copy to the owner.
- F. If the PHA determined that the unit or lease cannot be approved for any reason, the PHA will notify the owner and the family that:
 1. The proposed unit or lease is disapproved for specified reasons, and
 2. If the conditions requiring disapproval are remedied to the satisfaction of the PHA on or before the date specified by the PHA, the unit or lease will be approved.

4. Obligations of the Family

- A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.
- B. The family must:
 1. Supply any information that the PHA or HUD determined to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly schedule reexamination or interim reexamination of family income and composition.

2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
 3. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
 4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
 5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
 6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
 7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
 8. Promptly notify the PHA in writing of the birth, adopting, or court-awarded custody of a child.
 9. Request PHA written approval to add any other family member as an occupant of the unit.
 10. Promptly notify the PHA in writing if any family member no longer lives in the unit. Give the PHA a copy of any owner eviction notice.
 11. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- C. Any information the family supplies must be true and complete.
- D. The family (including each family member) must not:
1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
 2. Commit any serious or repeated violation of the lease.
 3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
 4. 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.
 5. Sublease or let the unit or assign the lease or transfer the unit.
 6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or local housing assistance program.
 7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
 8. Receive housing choice voucher 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 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.
 9. 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.

5. Illegal Discrimination

If the family has reason to believe that, in its search for suitable housing, it has been discriminated against on the basis of age, race, color, religion, sex (including sexual orientation and gender identity), disability, national origin, or familial status, the family may file a housing discrimination complaint with any HUD Field Office in person, by mail, or by telephone. The PHA will give the family information on how to fill out and file a complaint.

6. Expiration and Extension of Voucher

The voucher will expire on the date stated in item 3 on the top of page one of the voucher unless the family requests an extension in writing and the PHA grants a written extension of the voucher in which case the voucher will expire on the date stated in item 4. At its discretion, the PHA may grant a family's request for one or more extensions of the initial term.

If the family needs and requests an extension of the initial voucher term as a reasonable accommodation, in accordance with part 8 of this title, to make the program accessible to a family member who is a person with disabilities, the PHA must extend the voucher term up to the term reasonably required for that purpose.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

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

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/hiip/iv/cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

Request for Tenancy Approval

Housing Choice Voucher Program

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance.

1. Name of Public Housing Agency (PHA) <div style="text-align: center; font-size: 24pt; font-weight: bold;">BHA</div>			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by	
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Other (specify)			
			Provided by
Refrigerator			
Range/Microwave			

Give To Landlord

12. Owner's Certifications

- a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

- b. The owner (including a principal or other interested party) is not the 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 leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

- c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. 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. 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.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date





Property Amenities Form

Address of dwelling unit: _____

Date Constructed: _____ Square footage of unit: _____ Number of bathrooms _____

Prospective Tenant's Name: _____ Accessible unit: Yes No

Unit Type (Circle only one): Single Family Detached Apartment/Townhouse Duplex Manufactured Home

Utilities are in service and in working order: Yes No (If No, inspection will not be scheduled.)

Unit has been painted, cleaned and received turnover maintenance within the past 30 days: Yes No

Unit is within 5 miles of public transportation and/or medical facilities: Yes No If yes how many miles? _____

Unit has the following amenities, facilities and services: (Circle all that apply)

- Drapes/Blinds Ceiling Fans Dishwasher Garbage Disposal Microwave Refrigerator
- Central Air Window Air On-Site Laundry Facility Wi-Fi/High-Speed Internet Patio/Balcony Stove-hood
- Washer/Dryer Hook-up Washer/Dryer Finished Basement Unfinished Basement Playground
- Storage Shed Deck/Porch Fitness Center Pool Garage On-site Parking Large Yard/Common Area
- On-Site Maintenance Owner-Provided Snow Removal Owner-Provided Lawn Care

Unit has had the following upgrades within the past five years: (Circle all that apply)

- Floor Covering Windows Exterior Doors Siding Roof Insulation
- Furnace Water Heater Countertops

Owner/Landlord Name: _____

Preparer's Name and Title (if different from above): _____

By signing below, I certify that I have disclosed true and accurate information on this form. I understand that if all of the above questions are not answered, the inspection will not be scheduled and the proposed tenancy may not be able to be approved. I further understand that the unit must be in a "move-in ready" condition and all utilities on in order for the inspection to be scheduled. I further acknowledge that if the unit fails the initial inspection, only one follow-up inspection will be conducted to verify all required repairs have been completed.

Signature: _____ Date: _____



TENANT-LANDLORD SIGN OFF SHEET

I agree that an initial joint inspection between the landlord (or their designee) and the tenant was conducted on _____ at the following address _____.

We are both in agreement that the following were the only damages at the time of this inspection:

ATTENTION LANDLORDS IMPORTANT INFORMATION

The Bloomington Housing Authority will make every effort to accommodate both you and your tenant. We strive to make every transaction an “efficient and stress free” experience”. All new “Move-Ins” will begin on the first of the month. To ensure your HAP payments (The Bloomington Housing Authority’s portion of the rent) are made in a timely manner the following **must** occur:

1. Once the inspection has been completed and passed, the tenant **MUST** move into the unit.
1. The Tenant/Landlord Sign Off Sheet must be completed and signed by both the landlord and the tenant and returned to the BHA office.
2. Both you and your tenant must sign the lease.

It is very important that the above items are completed; **if any of the above are not completed the rent will default to the next “Move-In” date.**

Landlord Name (Please Print)

Tenant Name (Please Print)

Landlord Signature Date

Tenant Signature Date

Landlord Contact Phone Number

Tenant Contact Phone Number



Bloomington Housing Authority

Housing Quality Standards

Self-Inspection Checklist

Major Areas of Unit		Questions to Ask	Yes or No	Repairs needed
Mechanical Items	Electricity	1. Do all fixtures and outlets work (at least 2 outlets/room or one outlet and one light fixture/room)?		
		2. Is there lighting in the common hallways and porches?		
		3. Are all outlets, light switches and fuse boxes properly covered with no cracks or breaks in the cover plates/doors?		
		4. Are light/electrical fixtures securely fastened without any hanging or exposed wires?		
		5. Have you arranged for all utilities to be on the day of the inspection?		
	HVAC	6. Is there adequate heat in all living spaces?		
Plumbing	Bathroom	7. Is the toilet securely fastened with no leaks? Does it leak?		
		8. Sink - is there hot and cold running water? No stoppage or leaks?		
		9. Bathtub/Shower - Is there hot and cold running water? No stoppage or leaks?		
		10. Is the bathroom vented with either an exterior window or exhaust fan?		
		11. Is bathroom free of any sewer odor or drainage problems?		
	Kitchen	12. Sink - Is there hot and cold running water? No stoppage or leaks?		
		13. Stove - Do all burners work? If gas is there a hand-operated shut off valve?		
	Other	14. Is there hot water?		
		15. Does the water heater have a proper extension pipe from the TPR valve?		
16. If radiators are present are they functioning and not leaking?				
Health and Safety	Wall Condition	17. Are walls free of air and moisture leaks? Are there any large holes or cracks?		
	Ceiling Condition	18. Are ceilings free of air and moisture leaks? Are there any large holes or cracks?		
	Floor Condition	19. Are floors free of weak spots or missing floor boards?		
		20. Are floors free of tripping hazards from loose flooring or covering?		
	Cabinetry/ Interior Doors	21. Are cabinets securely fastened to the wall?		
		22. Is there space for food preparation and storage?		
		23. Are all doors securely hung?		
	Security	24. Is there free and clear access to all exits?		
		25. Are there functioning locks on all exterior doors? If they have a deadbolt does it open with a key from the outside and a knob/latch from the inside?		
		26. Are exterior doors free from structural damage?		
27. Do all windows have locks?				

Health and Safety		28. Is there a working smoke alarm on each level of the unit?	
		29. Are smoke alarms installed on either the ceiling or no more than 7 inches from the ceiling?	
		30. Is the unit free of any evidence of infestation?	
		31. Is the unit free of excessive mildew or mold?	
Interior of Unit	Appliances	32. Do all burners on the stovetop work, does the oven work and are all knobs present?	
		33. Is the refrigerator/freezer working properly?	
		34. Is the refrigerator/freezer large enough for the family occupying the unit?	
Exterior of Unit	Windows	35. Is there at least one exterior window in each bedroom and in the living room?	
		36. Do windows open, close, stay up and lock properly?	
		37. Is the unit free of any cracked, broken or leaky windows?	
Exterior of Unit	Other	38. Is the roof free of leaks?	
		39. Are gutters firmly attached?	
		40. Are exterior surfaces in a condition to prevent moisture, leakage and rodent infestation?	
		41. Is chimney secure? Is flue tightly sealed with no gaps?	
		42. Is foundation sound?	
		43. Are openings around doors and windows weather-tight?	
		44. Are sidewalks free of tripping hazards?	
Common Areas	Stairways: Interior and Exterior	45. Are all handrails properly secured?	
		46. Is a handrail present when there are 4 or more consecutive steps?	
		47. Are stairs free of any loose, broken or missing steps?	
		48. Are Stairways free of any tripping hazards?	
		49. Are there secure railings on porches, balconies and landings 30" high or higher?	
		50. Are there proper exit signs?	
General		51. Is the interior and the exterior free of debris?	
		52. Units built before 1978. Interior and exterior of units with children under the age of six must be free of chipping, peeling, flaking chalking or cracking painted surfaces. This includes windows, window wells, door frames, walls, ceilings, porches, garages, fences or play equipment.	
		53. Is unit clean and ready for move-in?	
		54. Is the elevator certification current?	

Disclaimer: The criteria listed above is provided as a generalized checklist to determine if a unit is rent ready for Housing Choice Voucher Program participants. This checklist is to be used as a guide only as other items not listed may cause the unit to fail an HQS inspection. In addition, all city, county and state codes must be followed. For multi-unit properties and cooperatives, common areas are the responsibility of the property owner/manager.

Section 8 Program Participant's Agreement/Obligations

Name of Participant: _____

Current Address: _____

I agree to perform all obligations under the Section 8 Program and to be bound by all obligations found in the Bloomington Housing Authority's Administrative Policy. I understand that the Bloomington Housing Authority may terminate assistance for violation of any of the stated family obligations.

1. I agree to supply documentation as HUD or the Bloomington Housing Authority determines necessary in the administration of this program.
2. I agree to comply with the requirements of the BHA in conducting annual renewals or interim changes of household income or household members.
3. I agree to report, in writing, any changes in my household income and/or household members within 14 days of the occurrence. I understand that household members include all minors and adults in the household. Failure to report these changes in a timely manner may result in a payment agreement with the BHA. The BHA will define "occurrence" as the first day of employment or the first day any other household income such as child support, etc., begins.
4. I agree to allow the BHA to inspect my leased unit after reasonable notice (24 hours).
5. Prior to vacating my assisted dwelling unit, I agree to notify BHA and my landlord in writing and in accordance with the terms of my lease agreement. I understand that I may not move more than one time each twelve months. I understand that BHA will not certify me to move until I have provided BHA with written permission from my landlord releasing me from my lease agreement. Further, I understand that I must notify BHA of any notice of eviction within 14 calendar days and if evicted from my assisted unit, BHA will file termination of my assistance.
6. I agree to use the leased dwelling unit as my sole residence and shall not assign, transfer or sublease my unit.
7. I understand that I cannot permit any person or persons who are not on my Section 8 lease agreement to reside in my dwelling unit without the written consent of the landlord and the BHA. Guests cannot stay longer than 14 days per calendar year.
8. I agree that I cannot have a financial interest in the dwelling unit leased under Section 8.
9. I agree not to commit any fraud in connection with the Section 8 Voucher Program. I understand I cannot pay any additional rent to the landlord or pay any utilities that are the responsibility of the landlord. I agree to report any requests to do so to the BHA.
10. I understand that I cannot have Housing Assistance with any other HUD assisted housing program while receiving assistance from the BHA Voucher Program.
11. I understand if I am responsible for utilities they must be on in my own name. If I have outstanding debt(s), I must pay it in full or enter into a payment agreement with the utility vendor(s).
12. I agree to repay the BHA/landlord for any charges against me including but not limited to damages and/or unpaid rent. The maximum amount the BHA will enter into a payment agreement with a family is \$5000.00 and will not exceed a period of more than three (3) years. Any amounts exceeding \$5000.00, must be paid prior to the execution of a repayment agreement.
13. I agree to keep my leased dwelling unit in a clean and sanitary condition and shall comply with state and local laws requiring tenant to maintain rented premises.
14. I agree and shall be responsible for any damages (other than normal wear and tear) caused by acts of neglect by myself or my guests.
15. I agree and understand that BHA may deny or terminate assistance for the household due to action or failure to act by household members.
16. I agree and understand that BHA is required to deny admission or terminate assistance for illegal drug use, other criminal activity, and alcohol abuse that would threaten other residents.

Signature of Head of Household

Date

Signature of Other Household Adults

Signature of Occupancy Specialist

Date



Requirement to Report Income

I understand that I **MUST** report **ALL** income regardless of my situation. Even if I qualify for the Earned Income Disallowance (EID) I **MUST** report any change in income within fourteen (14) days.

Per the Section 8 Participant's Agreement item number 3:

I agree to report, in writing, any changes in my household income and/or household members within 14 days of the occurrence. I understand that household members include all minors and adults in the household. Failure to report these changes in a timely manner may result in a payment agreement with the BHA. The BHA will define "occurrence" as the first day of employment or the first day any other household income such as child support, etc., begins.

Client

Date

BHA Staff

Date

We want to help you keep your rental assistance. Each month, people are terminated from BHA Programs. They are terminated, not because they have increased their income or improved their situation to the point they no longer need the program, but because they have failed to meet their responsibilities as residents/participants.



LEASE ADDENDUM FOR DRUG FREE HOUSING

In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, Owner and Tenant agree as follows:

1. Tenant, any members of Tenant’s household, any guest, and any other person under Tenant’s control shall not:
 - a. Engage in any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents or other persons residing in the immediate vicinity of the premises, including management staff;
 - b. Engage in any drug-related criminal activity on or off the premises. “Drug-related criminal activity” means the illegal use, manufacture, selling, or distribution of a controlled substance, or possession with the intent to use, manufacture, sell, or distribute a controlled substance (as defined in Section 102 of the Controlled Substance Act-21 U.S.C. 802);
 - c. Illegally use any drug;
 - d. Engage in a pattern of illegal use of a drug or alcohol abuse which interferes with the health, safety or right to peaceful enjoyment of the premises by other residents;
 - e. Engage in any violent criminal activity on or near the premises;
 - f. Engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near project premises; and,
 - g. Permit the dwelling to be used for or to facilitate, criminal activity, including drug-related criminal activity.

2. Owner will evict Tenant and Tenant’s household if any member of the household is fleeing to avoid prosecution, custody, or confinement for a crime that is a felony under the laws of the place from which the individual is fleeing.

3. Owner will evict Tenant and Tenant’s household if any member of the household is violating a condition of probation or parole imposed under Federal or State law.

4. **VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY.** A single violation of any of the provisions of this Lease Addendum shall be deemed a serious violation and a material noncompliance with the lease. It is understood and agreed that a single violation shall be good cause for termination of the lease. Unless otherwise provided by law, proof of a violation shall not require criminal conviction, but shall be by the preponderance of the evidence.

5. In the case of a conflict between the provisions of this Addendum and any other provision of the lease, the provisions of this Addendum shall govern.

6. This Lease Addendum is incorporated into the lease executed or renewed on this day.

7. I understand by signing this document I give the Bloomington Housing Authority permission to obtain information from any persons and/or agencies regarding any issues involving illegal drugs. I understand this permission will remain in effect for the duration of time I am receiving assistance through HUD for my housing needs.

Head of Household:_____

Date:_____

Other Adult Member:_____

Date:_____

Landlord:_____

Date:_____





Agreement to Accept Unit

Bloomington Housing Authority (BHA) strives to facilitate a positive and successful housing experience for both you and your landlord. By signing below, you understand and agree to the following:

- 1) I understand that when I submit a Request for Tenancy Approval (RTA) to my landlord, and the RTA has been submitted to and approved by BHA, a Housing Quality Standards (HQS) inspection will be completed for my prospective unit.
- 2) I understand that I may not submit multiple RTA's to different landlords.
- 3) I understand that once my prospective unit has passed inspection, I must move into the unit.
- 4) I understand that failure to do so will result in the termination of my Housing Choice Voucher assistance.
- 5) I understand I may only change residences one time each twelve (12) month period.
- 6) Prior to vacating my assisted dwelling unit, I agree to notify BHA and my landlord in writing and in accordance with the terms of my lease agreement.
- 7) I understand that BHA will not certify me to move until I have provided BHA with written permission from my landlord releasing me from my lease agreement.
- 8) I understand if I currently reside in a unit with voucher assistance and have certified to move but then decide to not move, I must notify both BHA and my current landlord.

- Exception requests to the above requirements must be made in writing and are determined at the sole discretion of BHA. Exceptions will only be considered for medical or family emergencies, unexpected changes in family circumstances, or any other factors beyond the family's control as determined by BHA.

Printed Name

Date

Head of Household Signature

BHA Staff Signature





Bloomington Housing Authority
 1007 North Summit, Bloomington, Indiana 47404
 812-339-3491 fax 812-339-7177

Voucher Extension and Subsidy Standard Policy

By signing below, I understand and agree to the following:

- 1) I understand that I have 90 days from voucher issuance date to locate a unit for program participation and to have a correct and complete Request for Tenancy Approval (RTA) submitted to Bloomington Housing Authority (BHA). I understand that failure to do so will result in the expiration of my voucher without further notice.
- 2) I understand that if I am eligible for a 30-day extension (granting a total of 120 days), that I will submit a written or emailed request for the extension, along with any required verifications, to BHA prior to the original expiration of my voucher (90 days from voucher issuance). I understand that extensions are at the sole discretion of BHA and will only be granted for the following reasons:
 - Medical or family emergency which has affected the family’s ability to locate a unit within the initial 90 day period.
 - The family was prevented from finding a unit due to disability and requires additional time as a reasonable accommodation
 - The family is eligible for a larger-size unit (4 or 5-bedrooms) and has been unable to locate a unit. Verification of the family’s search record will be required.
- 3) I understand BHA will assign one bedroom for each two persons within the household, except in the following circumstances:
 - Persons of the opposite sex (other than spouses, and children under 12) will be allocated separate bedrooms. Single person families will be allocated one bedroom. If you are a person with disabilities and require an accommodation, please notify a BHA staff member.

 Printed Name

 Date

 Head of Household Signature

 BHA Staff Signature





Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404
812-339-3491 fax 812-339-7177

Release of Information

I, _____, give my permission and authorization to Bloomington Housing Authority (BHA) to release any and all relevant information to my new and/or previous landlords (while receiving Housing Choice Voucher assistance). This includes but is not limited to unpaid rent, damages, and legal matters concerning the assisted unit.

Printed Name

Date

Head of Household Signature

BHA Staff Signature



INTENT TO VACATE RAD

Head of Household Must Sign Below and have Picture Identification

I, _____ hereby give my 15 days notice of
(Name of Resident)
intent to vacate _____ on _____.
(Address of Unit) (Move - out date)

List all adults living at this residence.

I intend to move to _____
New Address (Need address to refund deposit)

My reason for moving is: Section 8 Program
 Other: _____

I WANT TO BE PRESENT AT THE MOVE OUT INSPECTION. Yes No

**If you're turning in keys after office hours; you must call Maintenance at 339-3491 Ext. 121
To set up move-out inspection appointment.**

Your move inspection is scheduled for: _____

My working phone number is _____
2nd contact number _____

CLEAN AND CLEAR UNIT

TURN KEYS INTO HOUSING AUTHORITY

NOTE: RENT WILL NOT STOP UNTIL KEYS ARE RETURNED

Date

Signature of Head of Household

Housing Staff Please Initial and Date

Receptionist _____ Date _____
BHA Employee _____ Date _____
Section 8 _____ Date _____

Property Manager _____ Date _____
Assistant Manager _____ Date _____



Equal Opportunity Employer

INTENT TO VACATE
RAD
**Check List for Residents
Move Out Procedures**

(For BHA Use Only)

Date Moved: _____

Name: _____

New Address: _____

Working phone number(s): _____

Comments: _____

★ Old Address: _____

Date Key(s) Returned: _____ Mail Box Shed Door

Your Move out inspection is scheduled for: _____

Housing Staff Please Initial and Date

Receptionist _____ Date _____

Property Manager _____ Date _____

Assistant Manager _____ Date _____

BHA Employee _____ Date _____

Section 8 _____ Date _____

