335 S. Mitchell St. Conway, AR 72034 * TELEPHONE 501-327-0156. Equal Opportunity Employer/Program – Auxiliary Aids and Services are available upon request to individuals with disabilities

Dear Tenant:

Please read, initial, and sign each of the following pages. Answer each question on the forms that apply to you and or any household member. Families must supply any/all information from the **(Required Documents list)** that this Housing Agency or HUD determines necessary in the administering of the Housing Assistance Program.

Failing to complete, initial, sign and respond by the date of your re-exam notice letter; is in violation of your Statement of Family Obligations and **is a basis for termination of rental assistance under the Section 8 Rental Assistance Program.**

If you have any questions, please call 501-327-0156.

Sincerely,

Housing Department

REQUIRED DOCUMENTS LIST

Listed below is the documentation you **MUST SEND with a completed reexam packet**

All documentation must be dated within sixty (60) days

Please call if you have any questions regarding this documentation

INCOME

We need proof of the type and amount of all income from all sources for all members of your household. Information needed to document income may include:

Most recent three (3) check stubs showing gross pay (must include your name or Social security number) or a signed and dated statement from employer listing business address, rate of pay and average number of hours worked or expected to be worked per pay period
Verification of self-employment income (most recent tax return or profit/loss statement)
Verification of Social Security benefits
Verification of Supplemental Security Income (SSI)
Verification of unemployment benefits
Verification of pension amount (must include name and address of payer)
Verification of Welfare Assistance ***SNAP, TANF, ETC.***
Verification of child support (most recent three (3) check stubs or printout from Attorney General's office or District Clerk's office)
Verification of alimony (copy of divorce decree or statement from court)
Verification of educational grants, loans or scholarships for current school year
Signed and dated statement from any other government agencies or individuals who provide for your needs or give you money including their mailing address and telephone number

ASSETS

To document the value of assets, we need documentation of the following:

Bank statement(s) ***CHECKING, SAVINGS, OR DEBIT CARD ACCOUNTS***
Passbook savings account book(s) – Up-to-date
Certificates of Deposit or Money market funds
Statement of year to date interest earned or annual interest rate on any savings accounts, Certificates of Deposit, or money market funds
Stocks and/or bonds
Real estate market value (most recent property tax receipt)
Cash value on any life insurance policies

EXPENSES

If you are 62 years of age or older, disabled or handicapped, ***bring one year printout from each pharmacy*** for prescriptions expenses not covered by medical insurance, signed and dated statements from providers of anticipated medical, dental or optical expenses, health insurance premium verification, and verification of any agreements to make payments on such expenses incurred in the past.

If you must pay for *child care* in order to work or *attend school* (verification of your school attendance will be required), bring a signed and dated statement from the child care provider, including their name, mailing address and phone number, stating the amount you pay weekly or per day and the number of days per week.

335 S. Mitchell St* Conway, AR 72034 * TELEPHONE 501-327-0156 TOLL- FAX 501-327-8181. Equal Opportunity Employer/Program – Auxiliary Aids and Services are available upon request to individuals with disabilities.

Tenant Information

DATE:

_____

HEAD OF HOUSEHOLD NAME & SOCIAL SECURITY NO.

_____

EMAIL ADDRESS

Do we have permission to communicate and send documents to this email address? ☐ YES NO ☐

_____

MAILING ADDRESS

_____

CITY STATE ZIP CODE

_____ _____

Telephone Number Message Phone Number

_____

Applicant/Participants Signature

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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.

OMB Control Number: 2577-0295
Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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

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

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

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

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

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

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

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

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 record keeping 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 06/30/2026.

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 N*otice:**
Conway Housing Authority 335 S. Mitchell St. Conway, AR 72034	**Signature** **Date** **Printed Name**

Conway Housing Authority

EQUAL HOUSING OPPORTUNITY

335 S. Mitchell St* Conway, AR 72034 * TELEPHONE 501-327-0156 TOLL- FAX 501-327-8181. Equal Opportunity Employer/Program – Auxiliary Aids and Services are available upon request to individuals with disabilities.

Please complete each question

SECTION 8 RENTAL ASSISTANCE PROGRAM

1. Are you or any member of your household employed? ☐ Yes ☐ No If yes, list household member's name, their employer's name, address, and telephone number:

   _____
   _____
   _____

2. Are you or any member of your household self-employed? (Examples: sew, cook, clean, recycle cans, lawn work, hair stylist, baby sit, own a business of any kind, etc.?)
   ☐ Yes ☐ No

   If yes, explain: _____

3. Do you or any member of your household receive income from benefits? (TANF, Social Security SSI, VA (Pension), Retirement, Unemployment, Worker's Compensation, etc.)
   ☐ Yes ☐ No

   If yes, explain: _____

4. Do you or any member of your household receive income from any source? (Court awarded or voluntary child support, alimony)
   ☐ Yes ☐ No

   If yes, explain: _____

5. Do you or any member of your household receive contributions from any source? (relative friend/boyfriend, church, government agency/other agency assistance, etc.)
   ☐ Yes ☐ No

   If yes, explain: _____

6. Do you or any member of your household receive educational grants, loans or scholarships?
   ☐ Yes ☐ No

   If yes, explain: _____

TURN PAGE – COMPLETE BACK SIDE

7. Do you or any member of your household receive any income not previously mentioned in Questions 1 – 6?
   ☐ Yes ☐ No

   If yes, explain: _____

WARNING: ***Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.***

I certify that the statements provided by me on this form to the Conway Housing Authority are true and complete to the best of my knowledge and belief. I understand that it is my responsibility to report all circumstances related to my eligibility for the program. I also understand that false statements or information are punishable under federal law and are grounds for termination of rental assistance under the Section 8 Rental Assistance Program.

_____ _____

Signature of Head of Household ***Date Signed***

_____ _____

Signature of Authorized Official And Title ***Date Signed***

Conway Housing Authority

Equal Housing Opportunity

EQUAL OPPORTUNITY EMPLOYER/PROGRAM- AUXILLIARY AIDS AND SERVICES ARE AVAILABLE UP0ON REQUEST TO INDIVIDUALS WITH DISABILITES. 335 S. Mitchell St. Conway, AR 72034 * Telephone (501) 327-0156 * Fax (501) 327-8181

STATEMENT OF FAMILY OBLIGATIONS

Please read each item and initial in the blank provided.

A. The family must follow the rules listed below in order to continue participating in the Section 8 Rental Voucher Program.
B. The family must:

_____Supply any information that the HA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.

_____A family receiving assistance from the program is required to report *ANY CHANGE* in its eligibility status to the Conway Housing Authority. Changes that would affect eligibility status include: income, employment, family size, childcare or medical expenses. These changes must be reported IN WRITING WITHIN 10 BUSINESS DAYS of their occurrence. In addition, the family must understand that failure to report any change is in violation to Federal law and may result in criminal prosecution.

_____Disclose and verify social security numbers and sign and submit consent form for obtaining information.

_____Supply any information requested by the HA to verify that the family is living in the unit or information related to family absence from the unit.

_____Promptly notify the HA in writing when the family is away from the unit for an extended period of time in accordance with HA policies.

_____Allow the HA to inspect the unit at reasonable times and after reasonable notice.

_____Notify the HA and the owner in writing before moving out of the unit or terminating the lease.

_____Use the assisted unit for residence by the family. The unit must be the family's only residence.

_____Promptly notify the HA in writing of the birth, adoption, or court-awarded custody of a child.

_____Request HA written approval to add any other family member as an occupant of the unit. (BEFORE moving into the rental unit.)

_____Promptly notify the HA in writing if any family member no longer lives in the unit.

_____Give the HA a copy of any owner eviction notice.

_____Pay utility bills and supply appliances that the owner is not required to supply under the lease.

C. Any information the family supplies must be true and complete.
D. The family (including each family member) must not:

_____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.)

_____Commit any serious or repeated violation of the lease.

_____Commit fraud, bribery or any other corrupt or criminal act in connection with the program.

_____Participate in illegal drug or violent criminal activity.

_____Sublease or let the unit or assign the lease or transfer the unit.

_____Receive Section 8 Tenant-based 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.

_____Damage the unit or premises (other than damage from the ordinary wear and tear) or permit any guest to damage the unit or premises.

Failure of the family to meet the conditions contained in this statement will be a basis for termination of rental assistance under the Section 8 Rental Assistance Program and will result in a 5-year ineligibility period.

Name of PHA: Conway Housing Authority

Address: 335 S. Mitchell St.
Conway, AR 72034

Telephone: (501) 327-0156

By: _____

(Signature of CHA Representative)
Housing Specialist

Date: _____

By: _____

(Signature of Head of Household)

Date: _____

I HAVE RECEIVED A COPY OF THIS STATEMENT OF FAMILY OBLIGATIONS

_____

(Signature of Spouse/Other person over 18/Family Representative)

335 S. Mitchell St* Conway, AR 72034 * TELEPHONE 501-327-0156 TOLL- FAX 501-327-8181. Equal Opportunity Employer/Program – Auxiliary Aids and Services are available upon request to individuals with disabilities.

HOUSING INFORMAL HEARING PROCESS

A. PURPOSE: Section 882.209 (f) of the regulations provides that if the PHA determines an applicant to be ineligible for a Voucher, the PHA must notify the applicant in writing of the reasons for the ineligibility and the right of the applicant to request, within a reasonable time as specified in the letter, an informal hearing. After conducting such a hearing as requested, the PGA must notify the applicant of the decision in writing.

These informal hearings must be followed before the PHA refuses to renew a Voucher and before it terminates or reduces housing assistance payments under the program.

B. PROCEDURES: If an informal hearing has been requested by an applicant (in writing), voucher holder or tenant as discussed in "A" above, the informal hearing must be conducted by an agency employee or other public official who is not directly involved in the day-to-day administration of the program. In addition:

1. **The family may retain counsel or other representatives, if desired, as its own expenses.**

2. **Either the family or its counsel/representative must be given an opportunity to examine evidence and question any adverse witness(es). The family or its counsel/representative must also be given an opportunity to present testimony and evidence in its favor. The decision of the hearing officials must be in writing and must be based solely on evidence provided at the hearing.**

Tenant Signature: _____

Date: _____

ASSET VERIFICATION

Please write which applies to you; if it does not apply to you- write N/A.

Send verification of such.

ANSWER EACH QUESTION

Below is a list of assets for you to list in order to determine your income eligibility for rental assistance.

1. Checking or savings account.

_____

2. Money market funds, certificates of deposits, stocks, or bonds.

_____

3. Equity in real estate.

_____

4. Cash Value of trusts that are available to the household.

_____

5. IRA's, Keogh.

_____

6. Contributions to company retirement or pension fund.

_____

7. Personal property held as an investment such as jewelry, coin collection, etc.

_____

8. Cash value of life insurance policies.

_____

9. Assets disposed of for less than fair market value.

_____

I, the undersigned applicant, hereby certify that I do not have any assets except as indicated above.

_____ _____

Applicant Date

335 S. Mitchell St* Conway, AR 72034 * TELEPHONE 501-327-0156 TOLL- FAX 501-327-8181. Equal Opportunity Employer/Program
Auxiliary Aids and Services are available upon request to individuals with disabilities.

Dear Participant:

Re: Unreported Income
Fraud and Abuse

Conway Housing Authority's Housing Assistance program assume day-to-day responsibility of enforcing the requirements and the integrity of the Housing Choice Voucher program. Therefore, beginning April 1, 2025, any participants of Conway Housing Authority Housing Choice Voucher program that commit fraud and abuse by not reporting income of all kind (ex. increase of any income, employment, unemployment, child support, pension etc…) will be given 30 days to repay the debt in full or be terminated effective 60 days from date of the Housing agency discovery of unreported income.

All participants are responsible for reporting all changes in income and household composition to the Conway Housing Authority within two weeks of the date of such change. If a participant fail to report these changes an overpayment of Housing Assistance Payments (HAP) may occur. The participant is responsible for repaying any amount overpaid on his/her behalf to Conway Housing Authority's Housing Choice Voucher Program within 30 days when unreported income is determined. **This office receives Unreported Income directly from HUD relayed through the Earned Income Verification system monitored by HUD.**

HUD regulation (24 CFR 792) Fraud and Abuse is defined as: Fraud and abuse means a single act or pattern of actions that constitutes false statement, omission, or concealment of a substantive fact, made with intent to deceive or mislead. The guidance in 24 CFR 792 regulations defines fraud, and encourages PHAs to pursue instances of it and provides information on PHA compensation for efforts involved in initiating or sustaining an action to recover excess subsidy payments.

Sincerely,
Housing Department

Signature:

Date:

EQUAL OPPORTUNITY EMPLOYER/PROGRAM- AUXILLIARY AIDS AND SERVICES ARE AVAILABLE UP0ON REQUEST TO INDIVIDUALS WITH DISABILITES.
335 S. Mitchell St. Conway, AR 72034 * Telephone (501) 327-0156 * Fax (501) 327-8181

A CRIMINAL HISTORY CHECK WILL BE PERFORMED. A "yes" answer will not necessarily make you ineligible, please answer truthfully.

1. Have you or any family member 18 or older, that will be living in your household, been convicted of a **Misdemeanor** or **Felony** crime within the past 5 years? YES ☐ NO ☐

2. Have you or any family member 18 or older, been convicted of any drug related activity within the past 5 years? YES ☐ NO ☐

3. Do you now or have you ever, or any member of your household, lived in Public Housing?
YES ☐ NO ☐
If yes: Where _____ When _____
Did you leave in good standing? YES ☐ NO ☐

WARNING: Section 1001 of the Title 18 of the U.S. Codes make it a criminal offense to make willful false statements of representation to any department of agency of the United States as to any matter within its jurisdiction.

CERTIFICATION: I certify that the information given to Conway Housing Authority is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law. I also understand that false statements or information are grounds for ineligibility for the Section 8 Rental Assistance Program.

Head of Household Signature: _____
Other household member 18 or older: _____
SOC. SEC NO: _____
Date of Birth: _____ DATE: _____

Conway Housing Authority

Equal Housing Opportunity

INCOME VERIFICATION HIERARCHY

Tenant Name: _____

Effective Date: _____ **AR IR MI/UT**

Step 1: EIV Mandatory **Information Used: Yes or No**

If No, give an explanation: _____

Step 2: Upfront Income Verification **Information Used: Yes or No**

If No, give an explanation: _____

Step 3: Documents generated by Third-Party **Information Used: Yes or No**
(SSA benefit letter, check stubs)

If No, give an explanation: _____

Step 4: Traditional Third-Party Forms **Information Used: Yes or No**

If No, give an explanation: _____

Step 5: Oral Third-Party: **Information Used: Yes or No**
(Must document date and time called, name of person contacted and telephone number, along with confirmed information).

If No, give an explanation: _____

Step 6: Tenant Declaration **Information Used: Yes or No**
(Use as last resort and must be notarized statement)

If No, give an explanation: _____

_____ _____

Staff Signature **Date**

Conway Housing Authority

Equal Housing Opportunity

CHANGE REPORT

No change will be made if reported after the 20th of any month. You must provide documentation for reported changes in income. We reserve the right to ask for additional documentation that may be needed to complete your change request.

Name: _____ **Phone:** _____

- **Change in Employment**
  Explain: _____

- **Change in Income**
  Explain: _____

- **Add or Remove a Household Member**
  Add Member Remove Member
  Name of Person to add or remove: _____
  We Must have the birth certificate, social security card, and signed form -9886, to add

- **Other Change**
  Explain: _____

- **Rent Increase or Decrease**
  Increased Amount: _____ Decreased Amount: _____

WARNING. TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF AGENCY OF THE UNITED STATES.

By my signature below, I certify that I have answered the above questions fully and truthfully to the best of my knowledge. I understand that failure to report income is cause for termination of my housing assistance.

_____

Signature **Date**