The Residences at Wood Street / Wood Street Commons
301 Third Avenue
Pittsburgh PA 15222

HOMELESS CERTIFICATION

HCVP Applicant Name: _____ Date: _____

Release of Information: I hereby authorize release of information regarding my current housing situation.

Applicant Signature: _____ Date: _____

I certify that (check only one):

☐ **I am certifying that the above applicant is living in a car, park, abandoned building, or other place not designed for, or ordinarily used as, a regular sleeping accommodation; OR, is fleeing a domestic violence situation.**

☐ **I am certifying that the above applicant is staying in an emergency shelter, transitional housing program, OR a hotel/motel that is temporarily being paid for by a charity or government program.**

☐ **I am certifying that the above applicant is being evicted from their current housing and must leave within the next fourteen (14) days.**

Agency/ Program Name: _____

Address: _____

_____

Phone: _____

I certify that the information that I have provided above is accurate and complete.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

version 2018

HACP Housing Authority City of Pittsburgh

ZERO INCOME HOUSEHOLD QUESTIONNAIRE

12/1/2024 Revision

Name: _____ **Address:** _____ **SSN (last 4 digits):**_____

Instructions

- This form must be completed by the Head of Household (HOH) before admission and as needed thereafter.
- **Any dollar amount listed may be counted as household income and used to determine your rent portion.**
- Complete the form by **explaining how you will pay your monthly expenses once your wages, disbursement check, benefits, and/or any additional income sources stop.**
- Regular contributions and/or gifts received from organizations or people not living in your household are included in income calculations, as per **HUD Regulation 24 CFR 5.609.**

WARNING:

Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U.S.C. 287, 101, 1010, 1012; 31 U.S.C. 3279, 3802).

Title 18, Section 4904 of the Pennsylvania Statutes states that a person commits a misdemeanor of the second degree if they intend to mislead a public servant, by: [1] Making any written false statement they do not believe to be true; [2] Submitting or inviting reliance on any writing they know to be forged, altered or otherwise lacking in authenticity; or [3] Submitting or invites reliance on any sample, specimen, map, boundary mark, or other object which they know to be false.

NOTICE:

Any attempt to fraudulently obtain assisted housing, rent subsidy, or rent reduction will result in fines up to $10,000 or imprisonment for up to five years, or both.

Last Employer

If employed during the past 12 months, complete the following:

[Attach additional page(s) if necessary.]

Name of your last employer: _____

Salary: _____

How long were you employed? _____

Reason for leaving: _____

Benefit Application(s)

Have you applied for any of the following benefits?

❑ **TANF** What is the status? _____ If denied, reason: _____

❑ **Unemployment** What is the status? _____ If denied, reason: _____

❑ **Social Security/SSI** What is the status? _____ If denied, reason: _____

Expenses

*Answer the following questions to identify your monthly expenses and their sources of payment. If **yes** is selected for any question, complete all associated questions for that number. If **no** is selected, move to the next number.*

1) Do you own a car? ❑ Yes ❑ No

Monthly Car Payment $_____ Source of payment?_____

Monthly Gas $_____ Source of payment?_____

Monthly Insurance $_____ Source of payment?_____

2) Do you ride the bus? ❑ Yes ❑ No

Monthly Payment $_____ Source of payment?_____

3) Do you have any loans? ❑ Yes ❑ No

Monthly Payment $_____ Source of payment?_____

4) Do you have any credit cards? ❑ Yes ❑ No

Monthly Payment $_____ Source of payment?_____

5) Do you pay for any utilities? ❑ Yes ❑ No

Monthly Gas Payment $_____ Source of payment?_____

Monthly Electric Payment $_____ Source of payment?_____

Monthly Water Payment $_____ Source of payment?_____

Monthly Sewer Payment $_____ Source of payment?_____

6) Do you have a cell phone? ❑ Yes ❑ No

Monthly Payment $_____ Source of payment?_____

7) Do you have cable/streaming services? ❑ Yes ❑ No

Monthly Payment $_____ Source of payment?_____

8) Do you have internet service? ❑ Yes ❑ No

Monthly Payment $_____ Source of payment?_____

9) Do you order out for food? ❑ Yes ❑ No

Monthly Payment $_____ Source of payment?_____

10) Do you smoke? ❑ Yes ❑ No

Monthly Payment $_____ Source of payment?_____

11) Do you have any pets? ❑ Yes ❑ No

Monthly Payment $_____ Source of payment?_____

12) Do you have any cleaning, paper, and/or personal care products? ❑ Yes ❑ No

Monthly Payment $_____ Source of payment?_____

13) Do you have any other expenses? ❑ Yes ❑ No If *yes*, please list:_____

Monthly Payment $_____ Source of payment?_____

14) How do you buy food?

Monthly Payment $_____ Source of payment?_____

15) How do you pay for entertainment (i.e., sports, recreation, theater, nightlife, etc.)?

Monthly Payment $_____ Source of payment?_____

Tenant Authorization

I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection. **WARNING:** Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U.S.C. 287, 101, 1010, 1012; 31 U.S.C. 3279, 3802).

I certify that I have fully disclosed my living expenses and understand that any misrepresentation of information or failure to disclose information requested on this questionnaire may result in fraud charges, denial of application, termination of assistance, or eviction. I understand that I am responsible for reporting all income sources to HACP to determine my subsidy, and **per 24 CFR 5.609, any dollar amount listed may be counted as household income (and may be used to calculate my rent portion).**

_____

HEAD OF HOUSEHOLD PRINTED NAME

_____ _____

HEAD OF HOUSEHOLD SIGNATURE DATE

HACP
Housing Authority
City of Pittsburgh

ASSET CERTIFICATION

Complete only one form per household; include assets of children.

Head of Household Name: _____

Last 4 of SSN: _____

Please complete **one** of the following sections (A-C), whichever is most applicable to your entire household. Then proceed to Section D to complete the remainder of the form.

☐ **Section A: NO ASSETS:** I/we do not have any assets at this time based on the net family asset definition in 24 CFR 5.603.

☐ **Section B: ASSET SELF-CERTIFICATION (IF TOTAL HOUSEHOLD ASSETS ARE LESS THAN $52,787)**

(Please proceed to Section D of this form to sign and date.)

☐ **Section C: ASSET VERIFICATION (IF TOTAL HOUSEHOLD ASSETS ARE GREATER THAN $52,787)**

I/we certify that I/we have assets with a combined value greater than $52,787. I/we understand that I/we are required to provide HACP with verification of all assets as well as complete this table below:

Household Member Name	**LIST ASSET TYPE(S):** Checking, Savings, Mutual Funds, Money Market, Equity in Rental Property, Retirement & Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Bank/ Financial Institution / Provider Name	Cash Value / Balance of Asset	Interest / Dividends Earned on the Assets
			$	$
			$	$
			$	$
			$	$
	LIST PREPAID DEBIT CARD TYPE(S): Direct Express, Net Spend, CashApp, Meta Bank, ACE, EBT, EppiCard, Relicard, Payroll Deposit Card, etc.	Bank/ Financial Institution / Provider Name	Cash Value / Balance of Asset	Interest / Dividends Earned on the Assets
			$	$
			$	$
	DISPOSED ASSETS: Assets given away for less than the fair market value in the last 24 months with value greater than $1,000, (e.g. sale of a home)	Bank/ Financial Institution / Provider Name	Cash Value of Disposed Asset	Income from Disposed Asset
			$	$

Section D: SIGNATURE(S). ***This part of the form is required for all household members aged eighteen (18) or older.***

A family that knowingly submits false information is subject to a civil penalty, plus damages under the False Claims Act (31 U.S.C. 3729). By signing below, I/we do hereby swear under penalty of perjury that I/we have reported all the assets available to me and/or any member of my household. I/we understand that failure to report these items and/or to provide any applicable documentation of assets could be subject to termination from the Housing Choice Voucher Program or result in termination of the Public Housing rental lease agreement (whichever is applicable).

_____ _____ _____ _____

Signature of Head of Household | Date | Signature of Other Adult | Date

_____ _____ _____ _____

Signature of Other Adult | Date | Signature of Other Adult | Date

Clear Form

Housing Authority of the City of Pittsburgh

Occupancy Department
412 Blvd of the Allies, Floor 5
Pittsburgh, PA 15219
(412) 456-5030 Fax: (412) 456-5182
TT: (412) 201-5384 www.hacp.org

VERIFICATION OF EMPLOYMENT

DATE: _____

TO: _____

Address_____#____

City_____State_____Zip_____

_____
Telephone or Fax Number of Employer

TO: Housing Authority City of Pgh
412 Blvd of the Allies, Floor 5
Pittsburgh, PA 15219

RETURN THIS VERIFICATION TO ORGANIZATION LISTED HERE WITHIN 10 CALENDAR DAYS.

SUBJECT: Verification of Information Supplied by the following Applicant for Housing Assistance:

NAME: _____
ADDRESS: _____
SOCIAL SECURITY #: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the Housing Authority to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED

1. Employed since _____ Occupation _____ Annual Salary $ _____

2. **BASE PAY RATE :**

   Amount per Hour _____ OR Amount per Week _____ OR Amount per Month _____

   Date present rate effective _____

3. **Average Hours per Week at Base Pay Rate: _____**

4. OVERTIME PAY RATE

PER Hour _____

Expected average number of hours to be worked per week during next twelve months _____

5. OTHER COMPENSATION NOT INCLUDED ABOVE (Specify for commissions, bonuses, tips, etc.)

FOR _____ $ _____ Per _____

6. Total Base Pay Earnings Past 12 months: $ _____
Total Overtime Earnings Past 12 months: $ _____

_____ _____

NAME AND TITLE OF PERSON SUPPLYING THE INFORMATION | **FIRM / ORGANIZATION**

_____ _____

SIGNATURE | **DATE**

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

_____ _____

Signature | **Date**

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

Housing Authority of the City of Pittsburgh

Occupancy Department
412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219
412-456-5030, Fax: 412-456-5182
TDD: 412-201-5384
www.hacp.org

Pre-Application for Housing Assistance

Wood Street Commons Project Based & Mod Rehab Voucher Programs

Instructions and "Things You Should Know"

Instructions:

*Please read the following information thoroughly before completing the Pre-Application.

*You must complete the Pre-Application using an ink pen only, ensuring that you print clearly and legibly. **All questions must be answered completely**. **Incomplete Pre-Applications will not be accepted.**

*Pre-Applications may be completed at, or hand delivered directly to, the Housing Authority of the City of Pittsburgh (HACP) Occupancy Department, located at 100 Ross Street - 4th Floor, Pittsburgh, PA 15219.

*If you are a person with a disability and need assistance, or an alternate means of reviewing and understanding the Pre-Application process, please call the HACP Disability Compliance Office at 412-456-5282; TDD#: 412-201-5384.

Things You Should Know:

1. Only **complete** Pre-Applications will be accepted.

2. All complete Pre-Applications will receive a date and time stamp upon submission to the Occupancy Department. The date and time stamped on the Pre-Application is known as the "Sequence Date".

3. Your Pre-Application information will be entered into the HACP computer system and your name placed onto the waiting list for the Wood Street Commons Project Based and/or Mod Rehab Voucher Programs.

4. Your Pre-Application will be processed based on unit requirements that you meet and/or have been approved for and Sequence Date/Time (the date and time stamped on your Pre-Application when submitted).

5. When your name reaches the top of the Wood Street Commons waiting list for a unit for which you qualify, you will be scheduled for a processing session with HACP staff members. You will be notified via mail as to the date, time and location of the session.

Things You Should Know: (continued)

6. You will also be advised as to the required documentation that you must bring to your processing session, in order for the HACP to move forward with determining eligibility.

7. Please be advised that you must meet and pass all of the eligibility screening criteria required by HACP to be eligible to receive a Wood Street Commons project based or mod rehab voucher.

8. Failure to provide **all** required documentation on the date of your scheduled processing session will result in your Pre-Application being withdrawn and your name being removed from the Wood Street Commons waiting list you were being screened for.

9. Failure to attend your scheduled processing session will result in your Pre-Application being withdrawn and your name being removed from the Wood Street Commons waiting lists.

10. You will be required to complete "full" housing applications for HACP at your specific scheduled processing session.

11. Screening criteria consists of, but is not limited to, a criminal background check and landlord/rental.

12. Third party verifications will be completed based upon the information submitted by you at your processing session.

13. Upon completion of the application processing, you will be notified via mail of your eligibility or ineligibility.

Please be advised, completing and submitting this Pre-Application is just the 1st step of the overall process – it does not entitle you to rental assistance nor is it an offer for housing and/or housing assistance.

Based on unit availability, unit requirements and date/time of Pre-Application, the waiting time to be scheduled for a processing session can be quite extensive. The Pre-Application simply allows you to get your name on HACP's Wood Street Commons Project Based and/or Mod Rehab Voucher Program waiting lists. Final determination of your eligibility will be completed at a later date.

Housing Authority of the City of Pittsburgh

Date and Time Received

(HACP Office use only)

Pre-Application for Housing Assistance

Wood Street Commons Project Based & Mod Rehab Voucher Programs

☐ **Wood Street Commons Project Based Voucher Program (Disability Referral).**

☐ **Wood Street Commons Mod Rehab Program (Homeless Referral).**

(Completing this Pre-Application does not entitle you to rental assistance. Final determination of your eligibility will be completed at a later date.)

Please print clearly using an ink pen only. All sections must be completed or the Pre-Application will not be accepted.

Head of Household Information

Social Security Number

☐☐☐ - ☐☐ - ☐☐☐☐

Date of Birth (mm/dd/yy)

(___) _____
Area Code Telephone Number

(___) _____
Area Code Telephone Number (other)

Name & Address of Head of Household

Last Name First Name MI

Mailing Address (street)

Apt. #

City State Zip

Sex

☐ Female
☐ Male

Race

☐ Black/African American ☐ White
☐ Asian/Pacific Islander ☐ Indian/Alaskan
☐ Other (please specify) _____

Ethnicity

☐ Hispanic
☐ Non-Hispanic

Are you a person with a disability and has documentation been submitted? ☐ **Yes** ☐ **No**

Are you a person who meets the Wood Street Commons homeless criterion and has documentation been submitted?
☐ **Yes** ☐ **No**

EMAIL _____

EQUAL HOUSING OPPORTUNITY

Household Family Members						
Last Name	**First Name**	**Social Security #**	**Relationship to Head of Household**	**Date of Birth**	**Sex (F/M)**	**Race**
			Head of Household			

Source/s of all family income: Check all that apply and provide the "total" yearly amount/s*:

☐ **Wages: $**_____ ☐ **Social Security: $**_____

☐ **SSI/SSD: $**_____ ☐ **DPA: $**_____

☐ **Child Support: $**_____ ☐ **Pension/Annuity: $**_____

☐ **Unemployment: $**_____ ☐ **Other: $**_____

****You will be required to submit specific documentation for verification of your total family income at the time your Pre-Application is selected from the waiting list and you are scheduled for a processing session. Third party verifications will be completed based upon the information that you submit at that time.***

Please answer the following questions and provide an explanation where applicable:

→ Have you or any other person listed on this Pre-Application ever been charged with, or convicted of, a crime (felony, misdemeanor or summary)? ☐ **Yes** ☐ **No**

If **yes**, please explain _____

_____

→ Have you or any other person listed on this Pre-Application ever been evicted from Low Income Public Housing or Section 8 Housing? ☐ **Yes** ☐ **No**

If **yes**, please provide **address** and **reason** for eviction _____

_____

→ Are you or any other person listed on this Pre-Application presently residing in Low Income Public Housing or Section 8 Housing? ☐ **Yes** ☐ **No**

If **yes**, please provide **address of location** and **move in date** _____

_____

→ Have you or any other person listed on this Pre-Application ever resided in Low Income Public Housing or Section 8 Housing? ☐ **Yes** ☐ **No**

If **yes**, please identify what **Program** and provide **location and dates of residency** _____

_____

→ Have you or any other person listed on this Pre-Application ever received any type of Governmental Housing assistance? ☐ **Yes** ☐ **No**

If **yes**, please provide details (location, address, etc.) _____

_____

→ Do you or any other person listed on this Pre-Application owe any money to a Public Housing Authority or any other Landlord (including Section 8 Landlords)? ☐ **Yes** ☐ **No**

If **yes**, please provide the name of the specific **Housing Authority and/or Landlord's name and the complete address for which you owe** _____

1) Do you or any other person listed on this Pre-Application require a wheelchair accessible unit?

☐ **Yes** ☐ **No**

If you answered "Yes" to the above question, you will also be provided with the "Verification of Disability & Need for Accommodation" form that must be completed by you and a third party professional such as a doctor/nurse, social worker or service agency counselor.

Verification of your request for a reasonable accommodation must be completed and returned to the Disability Compliance Office within fifteen- (15) days, or your pre-application may be withdrawn.

Head of Household_____ **Date:**_____

(Signature)

I understand that by completing and submitting this Pre-Application, that it is not an offer for housing and/or housing assistance and that I should not make any plans to move or end my present tenancy based on this form. I also understand that it is my responsibility to inform the Housing Authority of the City of Pittsburgh of any change in address, phone number, household income, household composition and/or disability/elderly status and that failure to comply may affect my placement on the waiting list/s or result in my Pre-Application being withdrawn. I do hereby certify that all information that I have provided on this Pre-Application is complete and accurate to the best of my knowledge and belief and understand that the information will be verified and understand that any false statements or misrepresentations on this application will be just cause to disqualify my pre-application for housing assistance. I am also aware that submitting false information is fraud and may result in loss of current/future housing assistance, assessment of fines and/or imprisonment.

Signature of Head of Household _____ **Date/Time** _____

The Housing Authority of the City of Pittsburgh does not discriminate on the basis of race, color, religion, national origin, ancestry, sexual orientation, age, familial status, physical or mental disability or any other basis prohibited by law in the access to its programs for employment, or in its activities, programs, functions, or services.

Housing Authority of the City of Pittsburgh

Occupancy Department
412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219

412-456-5030
fax 412-456-5182

TDD Hearing Impaired
412-201-5384

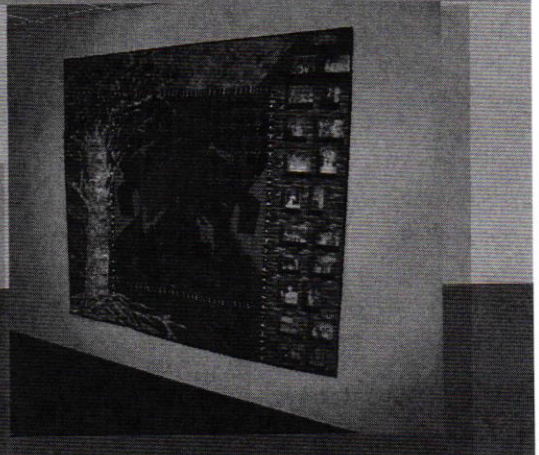
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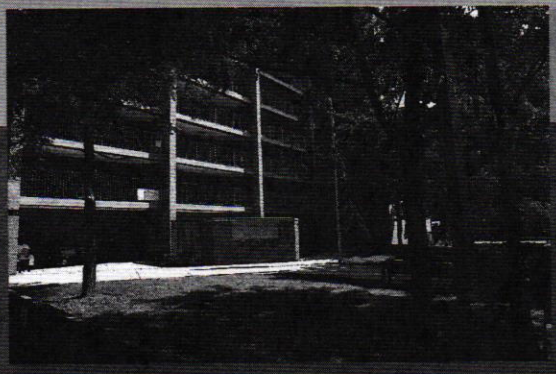
- LOW INCOME PUBLIC HOUSING
- SECTION 8 HOUSING CHOICE VOUCHER PROGRAM (HCV)
- PROJECT BASED VOUCHER

www.hacp.org











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EQUAL HOUSING OPPORTUNITY

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Housing Authority of the City of Pittsburgh

Executive Office
412 Blvd. of the Allies, 7th Floor
Pittsburgh, PA 15219
412-456-5012
www.hacp.org

Hello and welcome to the Housing Authority of the City of Pittsburgh (HACP). We are delighted and hopeful that upon completion of our application process you will quickly find suitable housing. HACP is proud of the programs offered to our residents and believe it is important to offer a variety of programs to help assist, educate, motivate, and encourage our residents. Each HACP community has its own special programs that focus on the needs of its residents.

Here are some of the specific programs available to you and the members of your household:

1. Family Self Sufficiency Program (FSS) – *which allows HACP residents to develop a unique plan for achieving economic independence, paired with an escrow savings system*
2. Employment and Training (Section 3 & Resident Employment Programs) – *including various opportunities to connect to resident employment programs or participate in specific training that can lead to career advancement*
3. Computer Training – *for all skill levels, featuring Microsoft Office and basic computer instruction as well as open computer lab hours*
4. Homeownership Education – *which offers assistance and a financial savings system for qualified residents interested in purchasing their own home*
5. Center for Victims – *which offers trauma informed care, group counseling, individual counseling and grief support*
6. Family Links – *which offers drug and alcohol supportive services and mental health services*
7. Senior Living Enhancement Program (SLEP) – *which offers high rise residents the chance to participate in a variety of wellness enhancement activities*
8. 412 Food Rescue – *which offers regular food drops, including donations of fresh, healthy donated food at central locations on most HACP properties*
9. Food Bank – *provided by the Greater Pittsburgh Community Food Bank, on a monthly basis at many HACP sites*
10. No Strings Shop – *a one-stop shop to donate or pick up used goods of all varieties, including clothes, dishes, house ware, appliances, etc.*
11. Beverly Jewel Wall Lovelace Children's Program (BJWL) – *a free on-site afterschool and summer program available to children in each of the HACP's family communities*

If you are interested in participating in any of the above programs or should you require more information, please contact the HACP Resident Self-Sufficiency Department at 412-395-3950.

Enclosed in this application packet you will find all the information needed to secure a home in one of our public housing communities or high rise apartments. It is important to take the time to carefully review each of these documents. Please complete each form in its entirety to ensure that your application is processed without delay. Our Occupancy Department is here to assist you in finding the community that is right for you and your family and to guide you through the application process.

If you have any questions in regard to the application process, please call the HACP Occupancy Department at 412-456-5030, TDD 412-201-5384.

The Housing Authority of the City of Pittsburgh looks forward to the opportunity to serve you and your family.

Housing Authority of the City of Pittsburgh
Occupancy Department
How to Apply for Housing

1. It is very important that you **review, sign, date and submit the following forms:**

   a) Application
   b) Verification of Citizenship/Immigration Status
   c) Authorization for the Release of Information
   d) Asset Questionnaire
   e) Do you Pay Medical Expenses/Childcare/Accommodation for Person with Disabilities
   f) Debts Owed To Public Housing Agencies to Terminations
   g) Notice of Occupancy Rights under the Violence Against Women Act (VAWA)
   h) Application for Low Income Public Housing/Housing Choice Voucher (Section 8)/Project Based Voucher
   i) Authorization for Release of Criminal Record and Landlord Reference
   j) Supplemental and Optional Contact Information
   k) Resident Orientation Requirement
   l) Tenant Selection Criteria/Additional Applicant Information]
   m) Statement of Understanding
   n) Applicant/Tenant Certification
   o) Enterprise Income Verification (EIV)
   p) EPA Pamphlet Certification

2. **IMPORTANT**: Applications may be mailed to the Occupancy Department, 412 Blvd. of the Allies, 5th Floor, Pittsburgh, PA 15219. Documents may also be emailed to occupancy@hacp.org or faxed to (412) 456-5182.

3. The following items are included in the packet for your information. It is important that you understand them, but you **do not** need to include them when you return your forms and documents.

   a) Welcome Letter
   b) Admission Criteria/Income Guidelines
   c) How to Apply for Housing
   d) Preference Information
   e) Notarization Statement
   f) Things You Should Know
   g) Environment Protection Agency Letter and Pamphlet

NOTE: If your application is rejected or withdrawn for any reason, you will be given notice of an opportunity to dispute this decision at an administrative hearing.

If you need this Application in another format such as large print, Braille or audio, please contact the ADA/504 Coordinator at 412-456-5282 or TDD 412-201-5384.

Housing Authority of the City of Pittsburgh

Occupancy Department
412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219
412-456-5030, Fax: 412-456-5182
TDD: 412-201-5384
www.hacp.org

Housing Authority of the City of Pittsburgh Employment / Elderly / Disability / Veteran Preference Information

To receive a preference for the Site-Based Waiting List (with the exception of the Scattered Sites Site-Based Waiting List), you must be employed for six consecutive months, elderly (Age 62 or above), disabled or claim veteran status*. If you do not meet one of these requirements, you will receive a non-preference.

Effective June 1, 2015 we instituted a "Veteran Preference" for any active duty United States service member or veteran. The preference extends to:

(1) The household of which the service member or veteran is a member.
(2) The surviving household members of a deceased service member or veteran who died of service-connected causes, provided:
(i) The death occurred during active duty service or within five- (5) years of discharge from service.
(ii) The death occurred not more than five- (5) years from the date of application for housing.

The Veteran Preference established is **cumulative** with other preferences currently being utilized by the HACP for which the applicant qualifies, so that service members or veterans have priority over non-service members and non-veterans **within each preference category** (involuntarily displaced, elderly, disability, working, non-preference).

If you are currently employed, but do not meet the six-month employment requirement, you are required to let the Housing Authority know about any change in circumstance so that we can change your preference status. If you become disabled or turn age 62 after completing an application, you are required to let the Housing Authority know about any change in circumstance so that we can change your preference status.

*To be eligible to select Scattered Site housing and receive the highest preference:

1. The head of household or spouse/co-head must show proof of current employment, and that of continuous employment, averaging at least 20 hours per week for the past 24 months.

OR

2. The head of household, co-head or spouse must be elderly (age 62 or older) or a person with a disability.

*To be eligible to select Scattered Site housing and receive the secondary preference:

1. The head of household must show proof of current employment, and that of continuous employment, averaging at least 20 hours per week for the past 12 months.

Please note that you must show proof of continued employment/disability/elderly/veteran status on the day your name is reached to receive a unit offer, as well as at the time of the leasing. If you are not employed/disabled/elderly at these stated times, your name will be withdrawn from the Scattered Sites Waiting List.

HOUSING AUTHORITY CITY OF PITTSBURGH (HACP)
OCCUPANCY DEPARTMENT

Low Income Public Housing (LIPH) Admission Criteria

Based on the number of persons in household, annual gross family income cannot exceed the maximum income limits listed below.

Number of Persons	Maximum Income
1	$61,850
2	$70,650
3	$79,500
4	$88,300
5	$95,400
6	$102,450
7	$109,500
8	$116,600
9	$123,650
10	$130,700
11	$137,750
12	$144,850

Housing Choice Voucher (HCV) Admission Criteria

Based on the number of persons in household, annual gross family income cannot exceed the maximum income limits listed below.

Number of Persons	Maximum Income
1	$38,650
2	$44,200
3	$49,700
4	$55,200
5	$59,650
6	$64,050
7	$68,450
8	$72,900
9	$77,300
10	$81,700
11	$86,150
12	$90,550

You may be determined ineligible for admission to both the Low Income Public Housing (LIPH) and Housing Choice Voucher (HCV) Programs if your annual gross family income exceeds the maximum income limits listed above (based on the number of persons in household).

November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house:
- Required to repay all overpaid rental assistance you received:
- Fined up to S 10,000:
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions

When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing The Application

When you answer application questions, you must include the following information:

Income

- All sources of money you or any member of your household receive (wages. welfare payments, alimony, social security, pension, etc.):
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit: dividends from stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:
HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION

Date and Time Received

HOUSING AUTHORITY OF THE CITY OF PITTSBURGH
412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219

APPLICATION FOR:

☐ **HOUSING CHOICE VOUCHER (SECTION 8)** ☐ **LOW INCOME PUBLIC HOUSING** ☐ **PROJECT BASED VOUCHER**

NOTICE: In compliance with Section 504 of the Rehabilitation Act of 1973 as amended, the Housing Authority does not discriminate on the basis of handicap, physical or mental, in the admission to or access to public housing or the Section 8 Voucher Program or in the treatment of employees or applicants for employment; any discrimination on this basis is illegal. If you need assistance in completing this application due to a disability, please contact the Section 504/ADA Coordinator at 412-456-5282 or TDD: 412-201-5384

Head of Household (Use Legal Names Only)

Last Name	First Name	MI	Sex (M/F)	Race*

*White, Black, American Indian/Alaskan or Asian/Pacific Islander

Social Security No.	Date of Birth	Ethnicity**	Monthly Income	Source of Income
			1.	1.
**H=Hispanic or N=Non-Hispanic		City of Birth	2.	2.

Present Street Address	How Long?	Previous Address	How Long?
City, State & Zip Code		City, State & Zip Code	
Telephone Number (Yours)		Email Address (Yours)	

Emergency Contact Name	Day Phone	Evening Phone	Relationship

Other Adults (please indicate if other adults will be the co-head of household) **Co-head is defined as adult member of the family who is treated the same a head of the household for purposes of determining income, eligibility, and rent

Last Name	First Name	MI	Sex (M/F)	Race*	**Relation
1.					

Social Security Number	Date of Birth	Monthly Income	Source of Income
		1.	1.
		2.	2.

Last Name	First Name	MI	Sex (M/F)	Race*	Relation
2.					

Social Security Number	Date of Birth	Monthly Income	Source of Income
		1.	1.
		2.	2.

Minors

Last Name	First Name	MI	Sex (M/F)	Race*	Relation
1.					
Social Security Number	Date of Birth	School		City of Birth	
Last Name	First Name	MI	Sex (M/F)	Race*	Relation
2.					
Social Security Number	Date of Birth	School		City of Birth	
Last Name	First Name	MI	Sex (M/F)	Race*	Relation
3.					
Social Security Number	Date of Birth	School		City of Birth	
Last Name	First Name	MI	Sex (M/F)	Race*	Relation
4.					
Social Security Number	Date of Birth	School		City of Birth	
Last Name	First Name	MI	Sex (M/F)	Race*	Relation
5.					
Social Security Number	Date of Birth	School		Birth Place	
Last Name	First Name	MI	Sex (M/F)	Race*	Relation
6.					
Social Security Number	Date of Birth	School		Birth Place	
Last Name	First Name	MI	Sex (M/F)	Race*	Relation
7.					
Social Security Number	Date of Birth	School		Birth Place	

NOTICE: You are required to report, in writing, to the Housing Authority of the City of Pittsburgh of any change in address. If we cannot contact you at the above address, your name may be removed from the waiting list and you will have to re-apply.

REQUEST FOR REASONABLE ACCOMMODATION

HACP will consider any individual who has a physical or mental impairment that substantially limits one or more major life activities, and has a record of such impairment, or is regarded as having such impairment as a qualified individual with a disability.

On the lines below write a brief statement for which a reasonable accommodation for housing is requested.

_____

_____

_____

_____

You will also be provided with the "Verification of Disability & Need for Accommodation" form that must be completed by you and a third party professional such as a doctor/nurse, social worker or service agency counselor.

Verification of your request for a reasonable accommodation must be completed and returned to the Disability Compliance Office within (15 days), or your application for low- income housing may be withdrawn.

A person with disabilities may be entitled to certain income and expense deductions (LIPH & Section 8) and/or to reside in housing designated for the elderly and/or persons with disabilities (LIPH ONLY). Do you consider yourself to be a person with a disability and want the Housing Authority of the City of Pittsburgh to determine if you may qualify for deductions or designated housing?

☐ YES ☐ NO

Have you or any person listed on this application ever been arrested or convicted of a crime (**felony, misdemeanor or summary**)?

☐ YES If yes, please explain

_____

☐ NO

_____

Are you or any person listed on this application **presently** residing in any Low Income Public Housing or Section 8 Housing?

☐ YES If yes, address of location _____

☐ NO Move in date _____

If yes, (Landlord's name and address) _____

Have you or any person listed on this application **ever** lived in any Low Income Public Housing or Section 8 Housing?

☐ YES

☐ NO If yes, what location _____

Have you or any person listed on this application ever been evicted from Low Income Public Housing or Section 8 Housing?

☐ YES

☐ NO

If yes, please give reason for eviction _____

If yes, address of property _____

Do you or any person listed on this application owe any money to Public Housing Authority or any other landlord (including Section 8 Housing)?

☐ YES If yes, please explain _____

☐ NO _____

Do you share custody with anyone for the minors listed on the application?

☐ YES If yes, please list name(s) here_____

☐ NO

Are there members listed on the application age 18-24 enrolled in an institution of higher learning? (SECTION 8 ONLY)

☐ YES If yes, please list name(s) here_____

☐ NO

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE, I AM AWARE THAT SUBMITTING FALSE INFORMATION IS FRAUD AND MAY RESULT IN LOSS OF HOUSING ASSISTANCE, ASSESSMENT OF FINES AND/OR IMPRISONMENT.

Signature _____ Date _____ Time _____ (am/pm)

The Housing Authority of the City of Pittsburgh does not discriminate on the basis of race, color, religion, national origin, ancestry, sexual orientation, age, familial status, physical or mental disability or any other basis prohibited by law in the access to its programs for employment, or in its activities, programs, functions, or services.

Housing Authority of the City of Pittsburgh

Occupancy Department
412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219
412-456-5030, Fax: 412-456-5182
TDD: 412-201-5384
www.hacp.org

[Verification of Citizenship/Immigration Status]

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Occupancy Office. Please feel free to consult with an immigration lawyer or other immigration experts of your choosing.

I, _____ certify, under penalty of perjury **1/**, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or

☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age **2/**; or

☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) **3/**; or

☐ Permanent residence under §249 of INA **4/**; or

☐ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA **5/**; or

☐ Parole status under §§212(d)(5) of the INA **6/**; or

☐ Threat to life or freedom under §243(h) o the INA **7/**; or

☐ Amnesty under §245A of the INA **8/**.

_____ _____
(SIGNATURE OF FAMILY MEMBER (DATE)

☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

[See reverse side for footnotes and instructions.]

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

2/ Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3/ Immigrant status under §§101(a)(15) or 101(a)(20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161). [*special agricultural worker status*], who has been granted lawful temporary resident status.

4/ Permanent residence under §249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].

5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*] pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under § 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

6/ Parole status under §212(d)(5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].

7/ Threat to life or freedom under §243(h) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].

8/ Amnesty under §245A of the INA. A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1253a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995). HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions To Family Member For Completing Form: On previous page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the Child.

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):

Housing Authority City of Pittsburgh
412 Boulevard of the Allies
Pittsburgh, PA 15219

Caster Binion
Executive Director

Date Sent: _____

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.

HACP

Housing Authority
City of Pittsburgh

ASSET CERTIFICATION

Complete only one form per household; include assets of children.

Head of Household Name: _____

Last 4 of SSN: _____

Please complete **one** of the following sections (A-C), whichever is most applicable to your entire household. Then proceed to Section D to complete the remainder of the form.

☐ **Section A: NO ASSETS:** I/we do not have any assets at this time based on the net family asset definition in 24 CFR 5.603.

☐ **Section B: ASSET SELF-CERTIFICATION (IF TOTAL HOUSEHOLD ASSETS ARE LESS THAN $52,787)**

(Please proceed to Section D of this form to sign and date.)

☐ **Section C: ASSET VERIFICATION (IF TOTAL HOUSEHOLD ASSETS ARE GREATER THAN $52,787)**

I/we certify that I/we have assets with a combined value greater than $52,787. I/we understand that I/we are required to provide HACP with verification of all assets as well as complete this table below:

Household Member Name	**LIST ASSET TYPE(S):** Checking, Savings, Mutual Funds, Money Market, Equity in Rental Property, Retirement & Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Bank/ Financial Institution / Provider Name	Cash Value / Balance of Asset	Interest / Dividends Earned on the Assets
			$	$
			$	$
			$	$
			$	$
	LIST PREPAID DEBIT CARD TYPE(S): Direct Express, Net Spend, CashApp, Meta Bank, ACE, EBT, EppiCard, Relicard, Payroll Deposit Card, etc.	Bank/ Financial Institution / Provider Name	Cash Value / Balance of Asset	Interest / Dividends Earned on the Assets
			$	$
			$	$
	DISPOSED ASSETS: Assets given away for less than the fair market value in the last 24 months with value greater than $1,000, (e.g. sale of a home)	Bank/ Financial Institution / Provider Name	Cash Value of Disposed Asset	Income from Disposed Asset
			$	$

Section D: SIGNATURE(S). ***This part of the form is required for all household members aged eighteen (18) or older.***
A family that knowingly submits false information is subject to a civil penalty, plus damages under the False Claims Act (31 U.S.C. 3729). By signing below, I/we do hereby swear under penalty of perjury that I/we have reported all the assets available to me and/or any member of my household. I/we understand that failure to report these items and/or to provide any applicable documentation of assets could be subject to termination from the Housing Choice Voucher Program or result in termination of the Public Housing rental lease agreement (whichever is applicable).

_____ _____ _____ _____

Signature of Head of Household | Date | Signature of Other Adult | Date

_____ _____ _____ _____

Signature of Other Adult | Date | Signature of Other Adult | Date

Housing Authority of the City of Pittsburgh

Occupancy Department
412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219
412-456-5030, Fax: 412-456-5182
TDD: 412-201-5384
www.hacp.org

Do you pay medical expenses? **Yes** ☐ **No** ☐

A medical deduction covers the sum of unreimbursed medical expenses for any elderly or disabled family in excess of three percent of annual income and the unreimbursed reasonable attendant care and auxiliary apparatus expenses to the extent necessary to enable any member of the family to be employed, but not exceed earned income received because of the attendant care or apparatus.

Do you pay childcare? **Yes** ☐ **No** ☐

A childcare deduction is for out of pocket expenses if a family was receiving childcare payments from another publicly assisted program, such as a Department of Labor childcare grant. A family is eligible for a deduction for reasonable childcare expenses (for children under 13 years of age) necessary to enable a member of the family to actively seek employment, be employed or further his or her education (including before and after school childcare and summer camp), to the extent these expenses are not reimbursed.

Acceptable proof of childcare is the Housing Authority third party verification form or a notarized statement of payment by childcare provider including provider's name, address and telephone number. Letters from private providers must be notarized. Letters from approved state childcare providers must be on the provider's letterhead.

If you answered yes to either question above, please provide third party written documentation of expense(s).

Signature _____ **Date** _____

Notice: Accommodation for Persons with Disabilities / American Disability Act (ADA)

I, _____, understand that at any time during the application process or during my tenancy with the Housing Authority of the City of Pittsburgh, I can make a request for reasonable accommodations to make my unit accessible and usable for myself and/or any household member who is a person with a disability.

Signature_____ **Date**_____

* You may obtain a Reasonable Accommodation Request Form by calling the Occupancy Department at (412) 456-5030 or the 504/ADA Coordinator at 412-456-5282, TDD 412-201-5384.

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 Notice*:**
The Housing Authority of the City of Pittsburgh 412 Blvd. of the Allies, 5th Floor Pittsburgh, PA 15219 Attn: Compliance Department	**Signature** **Date** **Printed Name**

The Housing Authority of the City of Pittsburgh

Notice of Occupancy Rights under the Violence Against Women Act[1]

To all Tenants and Applicants

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

Protections for Applicants

If you otherwise qualify for assistance under **the low income public housing program,** you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

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

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

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

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator

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

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

was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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

Moving to Another Unit

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

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

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

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

OR

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

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

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

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

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

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

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

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

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

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

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

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

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

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

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

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

1) Would occur within an immediate time frame, and

2)Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

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

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **HUD – Pittsburgh Field Office 1000 Liberty Ave. Pittsburgh, Pa 15222**.

For Additional Information

You may view a copy of HUD's final VAWA rule at https://portal.hud.gov/hudportal/documents/huddoc?id=5720-F-03VAWAFinRule.pdf

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **your site management office.**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Center for Victims (412)482-3240**

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

For help regarding sexual assault, you may contact **Center for Victims (412)482-3240**

Victims of stalking seeking help may contact **Center for Victims (412)482-3240**

Attachment: Certification form HUD-5382

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

U.S. Department of Housing and Urban Development

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

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

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

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

(1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.

(2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or

(3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

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

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

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

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

2. **Name of victim:** _____

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

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

_____

5. **Residence of victim:** _____

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

_____

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

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

_____

10. **Location of incident(s):** _____

In your own words, briefly describe the incident(s):

_____

_____

_____

_____

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

Signature _____ Signed on (Date) _____

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

Housing Authority of the City of Pittsburgh

Occupancy Department
412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219
412-456-5030, Fax: 412-456-5182
TDD: 412-201-5384
www.hacp.org

I hereby acknowledge that the Housing Authority of the City of Pittsburgh has provided to me the following two- (2) forms pertaining to the Violence Against Women Act:

*Form HUD-5380 (Notice of Occupancy Rights under the Violence Against Women Act).

*Form HUD-5382 (Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation).

Signature: _____

Name (printed): _____

Date: _____

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AUTHORIZATION FOR RELEASE OF CRIMINAL RECORD AND LANDLORD REFERENCE INFORMATION

I, _____, do hereby authorize the Housing Authority of the City of Pittsburgh to access/obtain, from any person, agency or service, regarding my background which may assist in determining whether I have 1) a criminal history, and/or 2) an outstanding balance to any other landlord.

I understand that this information will be used to determine my eligibility for Low Income Public Housing/HCV-Housing Choice Voucher Program (Section 8) and Project Based Voucher.
I understand that signing this authorization in no way guarantees my eligibility for Low Income Public Housing/HCV-Housing Choice Voucher Program (Section 8)/Project Based Voucher

My full name is: _____

Any alias names used: _____

Date of birth: _____

Social Security number: _____

Address, city, state, and zip code: _____

Criminal Record: Please list ALL felony, misdemeanor convictions and/or pending charges along with the city/county/state in which the offense/s occurred also include the date/s of occurrence/s (If additional space is needed, please request an additional form(s) from the Occupancy Department).

Offense	Date	Plead	Disposition	State/County
(All offenses at arrest)	(Of arrest)	(Guilty/not guilty)	(Judge/sentence)	(Of offense)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

ARE YOU REQUIRED TO REGISTER UNDER MEGAN'S LAW IN ANY STATE? YES ☐ NO ☐

IF YES, ARE YOU A LIFETIME REGISTRANT IN ANY STATE? YES ☐ NO ☐

The information provided is true and correct to the best of my knowledge; information and belief. I understand that any false statement made, therein, are subject to the penalties of 18 PA. C.S.S. 4904 relating to unsworn falsification to authorities. I understand that I may be required to provide verification of any information requested regarding a criminal history.

Signed: _____
Printed: _____
Date: _____

PLEASE SUBMIT EVIDENCE OF REHABILITATION. ALL ADULTS 18 YEARS OF AGE AND OLDER MUST SUBMIT A COMPLETE AUTHORIZATION FORM.

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.

Housing Authority of the City of Pittsburgh

Occupancy Department
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Pittsburgh, PA 15219
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TDD: 412-201-5384
www.hacp.org

RESIDENT ORIENTATION REQUIREMENT

I,/we the Head of Household, and ALL ADULT HOUSEHOLD MEMBERS (18 years of age and older) understand that we are required to attend a MANDATORY RESIDENT LIPH ORIENTATION at the Site BEFORE THE SIGNING LEASE.

I/we understand that we CAN NOT SIGN OUR LEASE UNTIL I/we have received a CERTIFICATE OF COMPLETION.

I/we understand that if I am a person with a disability and require additional assistance, I may request a reasonable accommodation to meet the resident orientation requirement.

Head of Household_____ **Date:** _____
(Signature)

Adult Household Member: _____ **Date:** _____
(Signature)

Adult Household Member: _____ **Date:** _____
(Signature)

Adult Household Member: _____ **Date:** _____
(Signature)

Adult Household Member: _____ **Date:** _____
(Signature)

Housing Authority of the City of Pittsburgh

Occupancy Department
412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219
412-456-5030, Fax: 412-456-5182
TDD: 412-201-5384
www.hacp.org

TENANT SELECTION CRITERIA/ADDITIONAL APPLICANT INFORMATION

The following criteria will be used in selecting families for occupancy in the Housing Authority of the City of Pittsburgh beyond the basic conditions governing eligibility:

1. **Rental History** – The applicant's past performance in meeting past rental obligations.

2. **Criminal Background** – A check for the existence of a record of disturbance of neighbors, destruction of property, or living/housekeeping habits which may adversely affect the health, safety or welfare of other residents; or

   A history of criminal activity involving crimes of physical violence to persons or property, narcotics violations, and other criminal acts which would adversely affect the health, safety or welfare of other residents.

In the event of the receipt of unfavorable information with respect to an applicant, consideration shall be given to the time, nature, and extent of the applicant's conduct and to factors that might indicate a reasonable probability of favorable future conduct or financial prospects. **For example:**

1. Evidence of rehabilitation.

2. Evidence of the applicant-family's participation or willingness to participate in social service or other appropriate counseling service programs and the availability of such programs.

3. Evidence of the applicant-family's willingness to attempt to increase family income and the availability of training or employment programs in the locality.

4. Evidence that the past rent was unaffordable and why timely payment of HACP rent is likely.

Additional information which you believe the Occupancy Department should consider may be provided in the following space.

_____

_____

_____

_____

_____

_____

_____

Signature_____ Date_____

Housing Authority of the City of Pittsburgh

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Pittsburgh, PA 15219
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Statement of Understanding

1) Applicants who move after applying for public housing must notify the Occupancy Department of their new address. Failure to do so may delay processing of your application and/or lead to withdrawal of your application.

2) Applicants must pay outstanding balances due under the law to a public housing authority or other landlords before the Housing Authority of the City of Pittsburgh will process the application. An owing balance includes unpaid rent, maintenance charges, and legal costs. Failure to pay outstanding balances due under the law will result in withdrawal of your application. Applicants may provide evidence of mitigating circumstances relating to the outstanding balance (for example, loss of income) which will be reviewed at a requested hearing before a decision of eligibility is made.

3) An applicant's request for Public Housing will be placed on the Site Based Waiting List, once the completed application is returned. To complete the application process, the applicant will be screened for criminal background, income and previous landlord references.

4) I have read, understood, or completed the following forms:
   - Applicant/Tenant Certification (Fraud)
   - Asset Checklist
   - Authorization for Criminal Record and Landlord Reference Check
   - Authorization for the Release of Information/Privacy Act Notice
   - Certification of Receipt of Lead-Based Paint Information
   - Do You Pay Medical Expenses/Childcare/Accommodation for Person with Disabilities
   - Notice of Accommodation of Persons with disabilities
   - Application for Section 8/ Low Income Public Housing
   - Statement of Understanding (*this form*)
   - Tenant Selection Criteria
   - Verification of Citizenship/Immigration Status
   - Debts Owed to Public Housing Agencies and Termination
   - Notice of Occupancy Rights Under the Violence Against Women Act
   - Enterprise Income Verification (EIV)

5) Head of Household, and ALL ADULT HOUSEHOLD MEMBERS (18 years of age and older) understand that they are required to attend a MANDATORY RESIDENT LIPH ORIENTATION at the Site BEFORE THE SIGNING LEASE. **(LIPH APPLICANTS ONLY)**

6) If you and/or any member in your household have a disability and need a reasonable accommodation, please complete the appropriate section on the back of the Application.

My signature indicates that I have read or the statement has been read to me.

_____ _____

Applicant's Signature Date

Note: If your application is rejected or withdrawn for any reason, or your request for a "reasonable accommodation" for a disability or handicap is denied, you will be given notice of an opportunity to dispute this decision at an administrative hearing.

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Applicant/Tenant Certification
(Fraud)

To the best of my knowledge and belief I have submitted to the Housing Authority of the City of Pittsburgh accurate and complete information on household composition, income, net family assets, allowances, deductions, previous rental history and any criminal activity. I also know that false statements or information are punishable under Federal law and State law. And I know that false statements or information are grounds for termination of housing assistance or termination of tenancy.

If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity (FHEO) National Toll-free Hotline telephone number: 1-800-669-9777.

_____

Applicant's Signature Date

_____

Applicant's Signature (Spouse/Co-Head) Date

****For HACP Staff Only****

Housing Authority of the City of Pittsburgh
Certification

I certify that proof of income, proof of birth, social security numbers, an acceptable Landlord/Tenant check and an acceptable criminal background check has been verified. This family is hereby considered eligible at the date and time of the completion of the PHA certification. The family has certified that all of the information provided to the Housing Authority of the City of Pittsburgh is accurate and complete.

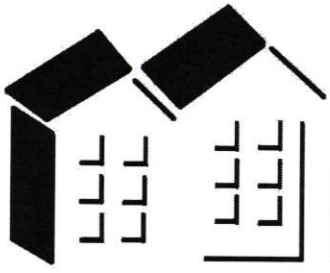
_____

Housing Authority City of Pittsburgh Representative Date

****The HACP representative should not sign the PHA certification until the Applicant/Resident certification has been signed and the information that the family provided verified. ****

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

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 <u>one</u> 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 Office of Inspe ensure that you rules.

Overall, the pur fraud within HU limited taxpayer families as pos integrity of HUD

Is my consent to be obtained

Yes, your cons PHA to obtain i required to sig you sign a fo *Notice and Auth* a PHA consent you are giving them to obtain of determining assistance. The used only to de unless you cor uses of the info

<u>Note:</u> If you members refu request for ini may be denied the HUD rental

What are my r

As a tenant (pa program, you ar disclose compl PHA, including information; and composition (h expense inform 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.

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Signature

Housing Authority of the City of Pittsburgh

Occupancy Department
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Pittsburgh, PA 15219
412-456-5030, Fax: 412-456-5182
TDD: 412-201-5384
www.hacp.org

CERTIFICATION

I have received a copy of the EPA pamphlet entitled "Protecting Your Family From Lead in Your House" from the Housing Authority of the City of Pittsburgh, 412 Blvd. of the Allies, 5th Floor, Pittsburgh, PA 15219.

_____
Signature

_____
Print Full Name

Date _____

FORM MUST BE RETAINED IN FOLDER FOR THREE (3) YEARS.

Housing Authority of the City of Pittsburgh

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Dear Prospective Resident:

The Housing Authority of the City of Pittsburgh has tested the painted surfaces in some residential units and common areas in your community. We have confirmed the presence of lead-based paint in some of the components in the units tested. Even though we may not have tested your unit, it is possible that similar components in your unit may also contain
lead-based paint.

Since this possibility exists, we recommend that you immediately do the following as a precaution:

1. All children in your unit six (6) years of age and under should be tested for the presence of lead in their blood.

2. Your physician or the Allegheny County Health Department can do this simple test; you may contact the Lead Programming by calling 412-578-7942.

3. Please contact your community Manager and present him/her with a copy of the blood test results.

As a service to you and your family, enclosed is a brochure from the Environmental Protection Agency (EPA) entitled "Protect Your Family From Lead in Your Home". This brochure can help you in protecting your family from lead hazards.

We at the Housing Authority of the City of Pittsburgh have made a serious commitment to educate our residents on the dangers of lead poisoning. Please retain these documents for your records.

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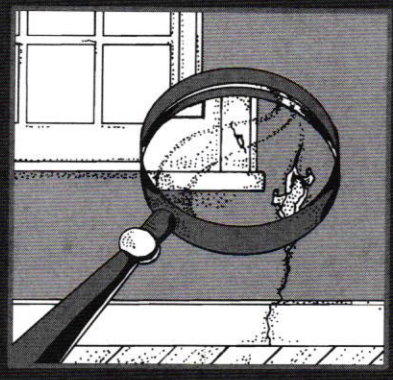
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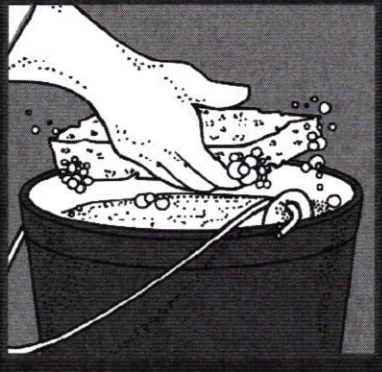
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Protect Your Family From Lead In Your Home

EPA United States Environmental Protection Agency

United States Consumer Product Safety Commission

United States Department of Housing and Urban Development

y, Rent, or lt Before 1978?

nts built before 1978 have levels of lead (called lead- paint, chips, and dust can : taken care of properly.

ERS, and RENTERS are :heck for lead (see page 6) ɔuying or renovating pre-

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o disclose known informa- ɜed paint and lead-based efore selling a house. Sales include a disclosure about ıt. Buyers have up to 10 ɔr lead.

isturbing more than 2 square surfaces have to give you ıefore starting work.

IMPORTANT!

Lead From Paint, Dust, and Soil Can Be Dangerous If Not Managed Properly

FACT: Lead exposure can harm young children and babies even before they are born.

FACT: Even children who seem healthy can have high levels of lead in their bodies.

FACT: People can get lead in their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.

FACT: People have many options for reducing lead hazards. In most cases, lead-based paint that is in good condition is not a hazard.

FACT: Removing lead-based paint improperly can increase the danger to your family.

If you think your home might have lead hazards, read this pamphlet to learn some simple steps to protect your family.

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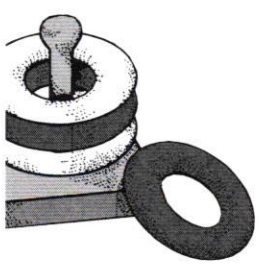
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Lead's Effects

It is important to know that even exposure to low levels of lead can severely harm children.

In children, lead can cause:

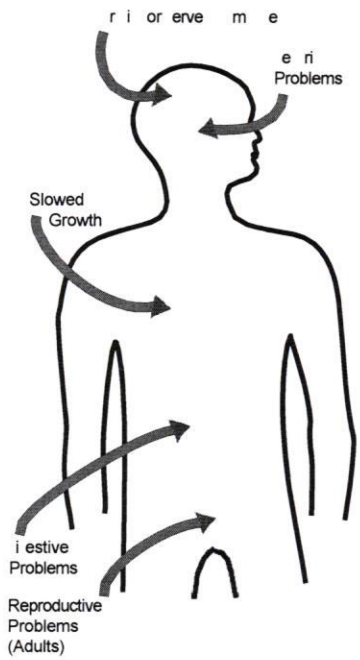
- Nervous system and kidney damage.
- Learning disabilities, attention deficit disorder, and decreased intelligence.
- Speech, language, and behavior problems.
- Poor muscle coordination.
- Decreased muscle and bone growth.
- Hearing damage.

While low-lead exposure is most common, exposure to high levels of lead can have devastating effects on children, including seizures, unconsciousness, and, in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults too.

In adults, lead can cause:

- Increased chance of illness during pregnancy.
- Harm to a fetus, including brain damage or death.
- Fertility problems (in men and women).
- High blood pressure.
- Digestive problems.
- Nerve disorders.
- Memory and concentration problems.
- Muscle and joint pain.



Lead affects the body in many ways.

Is Found

ıilt before 1978 have lead-
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Lead

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explain what the test
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Identifying Lead Hazards

Lead-based paint is usually not a hazard if it is in good condition, and it is not on an impact or friction surface, like a window. It is defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter, or more than 0.5% by weight.

Deteriorating lead-based paint (peeling, chipping, chalking, cracking or damaged) is a hazard and needs immediate attention. It may also be a hazard when found on surfaces that children can chew or that get a lot of wear-and-tear, such as:

- Windows and window sills.
- Doors and door frames.
- Stairs, railings, banisters, and porches.

Lead from paint chips, which you can see, and lead dust, which you can't always see, can both be serious hazards.

Lead dust can form when lead-based paint is scraped, sanded, or heated. Dust also forms when painted surfaces bump or rub together. Lead chips and dust can get on surfaces and objects that people touch. Settled lead dust can re-enter the air when people vacuum, sweep, or walk through it. The following two federal standards have been set for lead hazards in dust:

- 40 micrograms per square foot ($\mu g/ft^2$) and higher for floors, including carpeted floors.
- 250 $\mu g/ft^2$ and higher for interior window sills.

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. The following two federal standards have been set for lead hazards in residential soil:

- 400 parts per million (ppm) and higher in play areas of bare soil.
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard.

The only way to find out if paint, dust and soil lead hazards exist is to test for them. The next page describes the most common methods used.

'or Lead

your home tested for lead in
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nspection tells you whether your
s lead-based paint and where it
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sessment tells you if your home
has any lead hazards from lead
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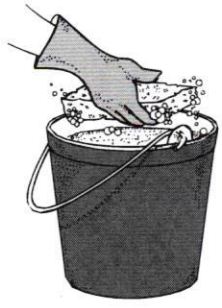
; of paint, dust, and soil

ate and federal programs in
sure that testing is done safely,
effectively. Contact your state
ncy (see bottom of page 11) for
ıation, or call **1-800-424-LEAD**
ı list of contacts in your area.

kits for lead are available, but
ways be accurate. Consumers
ely on these kits before doing
or to assure safety.

What You Can Do Now To Protect Your Family

If you suspect that your house has lead hazards, you can take some immediate steps to reduce your family's risk:



- **If you rent, notify your landlord of peeling or chipping paint.**
- **Clean up paint chips immediately.**
- **Clean floors, window frames, window sills, and other surfaces weekly**. Use a mop or sponge with warm water and a general all-purpose cleaner or a cleaner made specifically for lead. REMEMBER: NEVER MIX AMMONIA AND BLEACH PRODUCTS TOGETHER SINCE THEY CAN FORM A DANGEROUS GAS.



- **Thoroughly rinse sponges and mop heads after cleaning dirty or dusty areas**.
- **Wash children's hands often, especially before they eat and before nap time and bed time.**
- **Keep play areas clean.** Wash bottles, pacifiers, toys, and stuffed animals regularly.
- **Keep children from chewing window sills or other painted surfaces.**
- **Clean or remove shoes before entering your home to avoid tracking in lead from soil.**
- **Make sure children eat nutritious, low-fat meals high in iron and calcium,** such as spinach and dairy products. Children with good diets absorb less lead.



In The Home

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or local agency (see bottom
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Remodeling or Renovating a Home With Lead-Based Paint

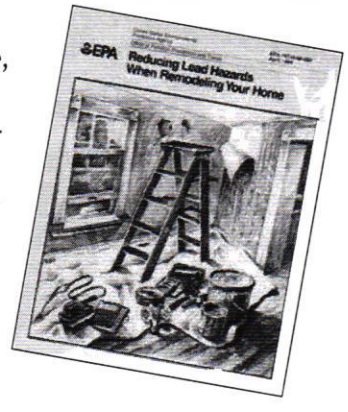
Take precautions before your contractor or you begin remodeling or renovating anything that disturbs painted surfaces (such as scraping off paint or tearing out walls):

- **Have the area tested for lead-based paint.**
- **Do not use a belt-sander, propane torch, high temperature heat gun, dry scraper, or dry sandpaper** to remove lead-based paint. These actions create large amounts of lead dust and fumes. Lead dust can remain in your home long after the work is done.
- **Temporarily move your family** (especially children and pregnant women) out of the apartment or house until the work is done and the area is prop- erly cleaned. If you can't move your family, at least completely seal off the work area.
- **Follow other safety measures to reduce lead hazards.** You can find out about other safety measures by calling 1-800-424-LEAD. Ask for the brochure "Reducing Lead Hazards When Remodeling Your Home." This brochure explains what to do before, during, and after renovations.

If you have already completed renovations or remodeling that could have released lead-based paint or dust, get your young children tested and follow the steps outlined on page 7 of this brochure.



If not conducted properly, certain types of renovations can release lead from paint and dust into the air.



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For More Information



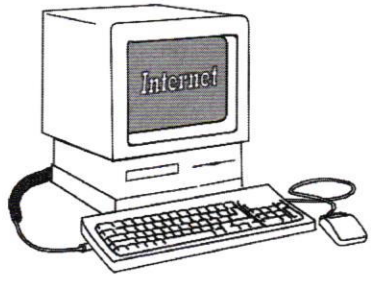
The National Lead Information Center

Call **1-800-424-LEAD (424-5323)** to learn how to protect children from lead poisoning and for other information on lead hazards. To access lead information via the web, visit **www.epa.gov/lead** and **www.hud.gov/offices/lead/.**

EPA's Safe Drinking Water Hotline

Call **1-800-426-4791** for information about lead in drinking water.

Consumer Product Safety Commission (CPSC) Hotline



To request information on lead in consumer products, or to report an unsafe consumer product or a product-related injury call **1-800-638-2772**, or visit CPSC's Web site at: **www.cpsc.gov.**

Health and Environmental Agencies

Some cities, states, and tribes have their own rules for lead-based paint activities. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your local contacts on the Internet at **www.epa.gov/lead** or contact the National Lead Information Center at **1-800-424-LEAD.**

For the hearing impaired, call the Federal Information Relay Service at **1-800-877-8339** to access any of the phone numbers in this brochure.

ide further information regard-
n programs.

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)

Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue, 12th Floor
Dallas, TX 75202-2733
(214) 665-7577

Region 7 (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact
U.S. EPA Region 7
(ARTD-RALI)
901 N. 5th Street
Kansas City, KS 66101
(913) 551-7020

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact
U.S. EPA Region 8
999 18th Street, Suite 500
Denver, CO 80202-2466
(303) 312-6021

Region 9 (Arizona, California, Hawaii, Nevada)

Regional Lead Contact
U.S. Region 9
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-4164

Region 10 (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact
U.S. EPA Region 10
Toxics Section WCM-128
1200 Sixth Avenue
Seattle, WA 98101-1128
(206) 553-1985

CPSC Regional Offices

Your Regional CPSC Office can provide further information regarding regulations and consumer product safety.

Eastern Regional Center
Consumer Product Safety Commission
201 Varick Street, Room 903
New York, NY 10014
(212) 620-4120

Western Regional Center
Consumer Product Safety Commission
1301 Clay Street, Suite 610-N
Oakland, CA 94612
(510) 637-4050

Central Regional Center
Consumer Product Safety Commission
230 South Dearborn Street, Room 2944
Chicago, IL 60604
(312) 353-8260

HUD Lead Office

Please contact HUD's Office of Healthy Homes and Lead Hazard Control for information on lead regulations, outreach efforts, and lead hazard control and research grant programs.

U.S. Department of Housing and Urban Development
Office of Healthy Homes and Lead Hazard Control
451 Seventh Street, SW, P-3206
Washington, DC 20410
(202) 755-1785

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U.S. EPA Washington DC 20460
U.S. CPSC Washington DC 20207
U.S. HUD Washington DC 20410

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