

Littleton Housing Authority

5745 So. Bannock Street, Littleton, CO 80120
Phone 303-794-9608 Fax 303-794-0806
TDD (Colorado Relay) 1-800-659-3656

APPLICATION FOR SUBSIDIZED HOUSING PROGRAMS GENERAL GUIDELINES (EFFECTIVE 3-1-2010)

**PLEASE FOLLOW ALL INSTRUCTIONS ON BOTH SIDES OF THIS LETTER.
INCOMPLETE SUBMISSIONS WILL BE RETURNED FOR COMPLETION.**

To All Applicants:

Thank you for applying to the Littleton Housing Authority housing programs. Please use the guidelines listed below in completing and submitting your application.

General Information

- The Littleton Housing Authority offers a preference to households whose head of household or spouse is elderly (62 years of age or older) or disabled or handicapped. Placement on waiting lists is based on date and time of application and preference, if applicable.

IMPORTANT: Applicants will be allowed to turn down an offer for housing for any reason two times before being removed from the waiting list.

In addition, once an applicant has accepted a housing unit, the applicant's name will be removed from all other Littleton Housing Authority waiting lists. Applications will not be accepted from current resident for 12 months after being housed.

Please notify the Littleton Housing Authority IN WRITING if you move or need to receive your mail at a different address than that listed on your application.



(OVER)



Littleton Housing Authority does not discriminate based on race or color, religion, sex, national origin, familial status or disability.

The Application Form

1. Please complete all blanks and boxes on the application form. If there is a section that does not apply to you, please enter “none” or “n/a” on the form.
2. Please provide rental history information for the last **five-(5) consecutive years**, including dates of residency and names, addresses and telephone numbers of all landlords.

Attachments to the Application Form

Please submit ALL applicable information listed below with your completed application. Household members 18 years of age and over must sign ALL of the enclosed forms. ***Make certain that you provide documentation (copies) of all information as requested below:***

1. **Verification of Birth**—copies of birth certificates for all family members. *Certification of citizenship will be required during the initial certification interview.*
2. **Social Security Cards**—copies of Social Security Cards for all family members.
3. **Picture Identification**—copies of picture ID for all family members who are 18 years of age and older.

Incomplete submissions of information will be result in your application being returned to you for further completion, which can result in a longer wait for housing assistance.

If you have any questions when completing the application, pleased contact our office at 303-794-9608 between the hours of 3:00 and 5:00 p.m. daily.



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LANDLORD INFORMATION: (For previous 5 years, please attach additional pages, if necessary.)

Current Landlord Name: _____ **Phone Number:** () _____

Lived there from: ____/____/____ **to** ____/____/____ **# of bedrooms:** _____ **Rent \$:** _____

Reason for moving: _____ Homeless _____ Displaced _____ About to be or without housing _____ Sub-standard Housing
_____ Other: Specify: _____

Previous Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Previous Landlord Name: _____ **Phone Number:** () _____

Lived there from: ____/____/____ **to** ____/____/____ **# of bedrooms:** _____ **Rent \$:** _____

Have you ever participated in a Housing Authority rental assistance program? _____ Yes _____ No
(Example: Public Housing, Section 8 Voucher or Certificate or other Housing Program)

Name of Housing Authority: _____ **Phone Number:** () _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Lived there from: ____/____/____ **to** ____/____/____ **Do you owe money to another Housing Authority:** _____ Yes _____ No

Have you ever been evicted? _____ Yes _____ No
If yes, When? Where? _____

PROGRAM INTEGRITY:

Has anyone in your household been arrested or convicted for the use, sale, manufacture or distribution of controlled substances (drugs)? _____ Yes _____ No

If yes, Who? When? For What? _____

Does anyone in your household currently use a controlled or illegal drugs? _____ Yes _____ No

If yes, Who? When? For What? _____

Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? _____ Yes _____ No

If yes, Who? When? For What? _____

Does anyone outside of your household pay for any of your bills or expenses? _____ Yes _____ No

If yes, Who? When? For What? _____

PREFERENCE INFORMATION:

Is the Head of Household (mark ALL that apply):
_____ Elderly (62 years of age or older) _____ Disabled _____ Handicapped

Is the Spouse (mark ALL that apply):
_____ Elderly (62 years of age or older) _____ Disabled _____ Handicapped



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How did you hear about LHA? Friend Website Phone Housing Guide Other

INCOME: List income for ALL household members 18 years of age and older

Sources of Income: Employment, Food Stamps, AND, TANF, Social Security, SSI, Pensions, Disability compensation, unemployment, interest, babysitting, alimony, child support, annuities, dividends, income from rental property, Armed Force Reserves, scholarships, and/or grants, etc.

Household Member Name	Type of Income	Name, Address and Phone Number of Source of Income	Total Monthly Income (gross)

Please attach additional pages, if necessary.

ASSETS: (Bank Accounts (checking / savings), real estate, stocks, bonds, cd's, IRA's etc.)

Household Member Name	Type of Account	Name of Bank or Institution	Current Cash Value	Annual Income

Have you disposed of any assets in the last two years at less than market value? Yes No

Please attach additional pages, if necessary.

The following information is required for statistical purposes so the Department of HUD may determine the degree to which its programs are utilized by minority families (Please mark ALL that apply):

RACE: <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
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Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony. I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I/we do hereby certify that the above information is true, accurate, and complete to the best of my/our knowledge.

_____ Applicant Signature	_____ Date	_____ Co-Applicant Signature	_____ Date
_____ Other member over 18	_____ Date	_____ Other member over 18	_____ Date

LITTLETON HOUSING AUTHORITY

5745 SO. BANNOCK STREET, LITTLETON, CO 80120

PHONE 303-794-9608

Applicant/Resident Consent

The undersigned applicant(s) hereby consent(s) to allow Littleton Housing Authority (LHA), itself and through designated agents or employees, to obtain a consumer report and a criminal background investigation on each household member 18 years of age or older. LHA will obtain and verify each household member(s) credit and employment information for the purpose of determining whether to lease an apartment and/or house to me/us. I/we also agree and understand that LHA and/or its agents may obtain additional consumer reports, criminal background investigations and landlord verifications in regard to rental history on each household member.

All household member 18 years of age or older must sign below.

Applicant Signature Date

Co-Applicant Signature Date

Other member over 18 Date

Other member over 18 Date


Over



LITTLETON HOUSING AUTHORITY

5745 SO. BANNOCK STREET, LITTLETON, CO 80120

PHONE 303-794-9608

ADMISSION DENIAL OR REMOVAL FROM THE LEASE

Applicants may be denied or removed from the lease (evicted) for serious or violent criminal activity including, but not limited to, the following reasons:

- Physical assault or the threat of physical assault to any person whatsoever;
- Illegal use of, or the threat to use, a firearm or other weapon;
- Illegal manufacture, sale distribution, use or possession with intent to manufacture, sell, distribute or use a controlled substance unless prescribed by a doctor; and
- Sexual molestation, prostitution, and other similar or related serious misconduct.

Applicants may be denied or evicted for other grounds including, but not limited to, the following reasons:

- Applicants who are required to register under state or federal sexual predator laws will be denied.
- Clients who initiate threats or behave in a manner indicating intent to assault employees or applicants/residents of the Littleton Housing Authority (LHA) or others will be denied or evicted.
- Applicants who have been labeled habitual career criminals will be denied.
- Applicants who have outstanding charges on services and rent or non-payment of local utility bills causing the utilities to be turned off in previously rented property will be denied.
- Applicants/clients who have a pattern of alcohol related behaviors that could constitute or have constituted lease violations will be denied.
- Applicants who have a repetitive history of writing bad checks will be denied.
- Applicants will be denied if previous landlords report late or non-payment of rent, late or non-payment of utilities.
- Applicants who intentionally falsify (commit fraud) on an application for leasing, including giving false information regarding family income, size, or other requested information, or utilization of an alias on the application for housing, will be denied or evicted upon discovery of fraud.
- Littleton Housing Authority (LHA) will deny admission if past criminal activity or information confirms violation of the foregoing standards that indicates the resident's conduct would adversely affect the development.
- Applicants/clients who have a record of serious disturbances, for example, unsupervised children, unauthorized persons (persons not on the lease) staying in the unit, excessive police calls and/or a history of not keeping rental unit and common areas (like yards) in an acceptable condition will be denied or evicted.
- Applicants who have been evicted from housing assisted under the United States Housing Act because of drug-related criminal activity by any member of the applicant family will be denied.
- Applicants may be denied for bad credit.
- Applicants who commit fraud will be denied or evicted after discovery.

All household members 18 years of age or older must initial: _____



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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

January 2010

**The information in this brochure
pertains to:**

Applicants and participants of the following HUD –
PIH rental assistance programs:

1. Public Housing (24 CFR 960)
2. Section 8 Housing Choice Voucher (HCV),
Including Disaster Housing Assistance
Program (DHAP) (24 CFR 982)
3. Section 8 Moderate Rehabilitation
(24 CFR 882)
4. Project Based Voucher (24 CFR 983)

**This brochure was provided to you
by the below-listed PHA:**

Littleton Housing Authority
5745 S. Bannock St.
Littleton, CO 80120
303-794-9608

**I hereby acknowledge that I received
a copy of this brochure from the PHA
and that I have read this brochure.**

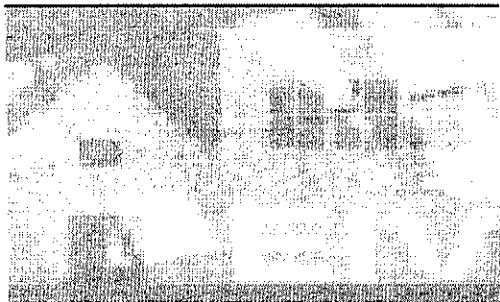
Signature

Printed Name

Date: _____



**What You should Know
About EIV**



Additional Information in EIV

Data collected from your local PHA is also compared to SSA databases to confirm your personal identifiers (**Name, DOB, and SSN**) as reported by you to your local PHA. This is HUD's process to confirm your identity and ensure that the SSN, name, and date of birth (DOB) match SSA's records. EIV displays the results of your identity verification status as Pending, Verified, Failed, or Deceased.

Debts Owed to PHAs & Termination Information. The following information is collected once your participation in a PHA rental housing program has ended or 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 or other charges); and
2. Whether or not you have entered and/or defaulted on a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have filed for bankruptcy; and
4. The negative reason for your end of participation in the rental housing program (for example: abandoned unit, fraud, criminal activity, failure to comply with lease or program requirements, etc.).

Multiple Rental Subsidies. Data collected from your local PHA is compared to HUD's various data systems to determine if you are receiving multiple rental assistance or participating in more than one HUD Rental Assistance Program. If you are receiving multiple rental assistance, EIV will display the addresses of each subsidized unit you are listed as a resident.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by the PHA) before, during, and after your admission to the program, interim and annual reexamination of family income for the following purposes:

1. Verifying your reported income sources and amounts.
2. Confirming your name, DOB, and SSN with SSA.
3. Confirming your participation in only one HUD rental assistance program.
4. Following 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 assistance at another address. EIV will also alert PHAs if you owe an outstanding debt to any PHA and if you were voluntarily or involuntarily terminated from the Public Housing or Section program. This information is used to determine your eligibility for assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), PHAs, and auditors to monitor compliance with HUD rules by your Family and the PHA.

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

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you're required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance.

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

What is EIV?

The EIV system is a web-based computer system, which contains employment and income information of individuals (including you) 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 the Social Security Administration (SSA) and the U.S. Department of Health and Human Services (HHS).

Below is a summary of the income information contained in the EIV System, the originator of the data and the source who provides HUD with this data.

Income Type	Originator of Information	Source
Wages	Employer	HHS
Unemployment Benefits	State Workforce Agency	HHS
Social Security Benefits: <ul style="list-style-type: none"> • Social Security (SS) • Supplemental Security Income (SSI) 	SSA	SSA

What are my responsibilities?

As a Tenant (participant) of a HUD rental assistance program you and each adult household member must:

1. Disclose your complete and accurate: full name, SSN, and DOB; and
2. Report complete and accurate income information; and
3. Certify that your reported household income and expense information is true to the best of your knowledge.

What are the penalties for providing false information?

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

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

- Eviction
- Termination of assistance
- Repayment of overpaid rental assistance or underpaid tenant rent contribution.
- Fines up to \$10,000
- Imprisonment for up to 5 yrs
- Prohibited from receiving any future HUD rental assistance for a period of up to 10yrs
- State and Local government penalties

Protect yourself, follow HUD reporting requirements

When completing applications and reexaminations, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security
- Income (SSI) benefits

- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - Child support
 - AFDC payments
 - Social security for children, etc.

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 or originator of EIV information may make an error when submitting or reporting information about you. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Employment and wage information reported in EIV originates from the employer. The employer reports this information to the local State Workforce Agency (SWA), who in turn, reports the information to HHS' National Directory of New Hires (NDNH) database. If a participant of a HUD rental assistance program disputes this information, he or she should contact the employer directly in writing to dispute the employment and/or wage information and request that the employer correct erroneous information. If employer resolution is not possible, the program participant should contact the local SWA for assistance.

Unemployment benefit information reported in EIV originates from the local State Workforce Agency (SWA). If a participant of HUD rental assistance disputes this information, he or she should contact the SWA directly, in writing to dispute the unemployment benefit information, and request that the SWA correct erroneous information.

SSA and SSI benefit information reported in EIV originates from the SSA. If a participant of a HUD rental assistance program disputes this information, he or she should contact the SSA at (800) 772-1213, or visit your local SSA

office. SSA office information is available in the government pages of your local telephone directory or online at <http://www.socialsecurity.gov>.

Debts owed to PHAs and termination information reported in EIV originates from the PHA. If a current or former participant of a HUD rental assistance program disputes this information, he or she should contact the PHA directly in writing to dispute this information and provide any documentation that supports the dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes more than one person may use your SSN, either on purpose or by accident. SSA does not require you to report a lost or stolen SSN card, and reporting a lost or stolen SSN card to SSA will not prevent the misuse of your SSN. However, a person using your SSN can get other personal information about you and apply for credit in your name. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at 1-800-772-1213); file an identity theft complaint with the Federal Trade Commission (call FTC at 1-877-438-4338, or you may visit their website at: <http://www.ftc.gov/bcp/edu/microsites/idtheft/>); and you should also monitor your credit reports with the three national credit reporting agencies (Equifax, Transunion, and Experian).

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

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

January 2010