

SCREENING PROCEDURE

What Must be Screened

1. All applicants for public housing will be screened according to the criteria set forth in the PHA's **Admissions and Continued Occupancy Policy**. These criteria, which are based on those set forth in the HUD Regulations (**24 CFR Part 960.203**), relate to the individual behavior of each applicant. Screening criteria to be used in public housing include:
 - A. Past performance in meeting financial obligations, particularly rent, is satisfactory
 - B. No record of disturbance of neighbors, destruction of property, or living or housekeeping habits which adversely affect the health, safety or welfare of other residents (*this includes alcohol abuse where the abuse results in behavior which interferes with the health, safety, or right to peaceful enjoyment of premises by other residents*)
 - C. No history of criminal activity involving crimes of physical violence to persons or property; possession, sale or use of illegal substances; or any other criminal acts that adversely affect the health, safety or welfare of themselves or other residents. (If history of criminal activity is related to domestic violence situations, this will not be a basis for denying assistance.)
 - D. No record of eviction from housing or termination from residential programs (considering relevant circumstances)
 - E. No debts owed to the PHA or other PHAs.
 - F. Ability and willingness to comply with the terms of the PHA Lease
2. The PHA will be the final judge of what constitutes adequate and credible documentation. If staff have doubts about the veracity or reliability of information received, they should pursue alternative methods until they are satisfied that their documentation is the best available.
3. Staff should be prepared to explain to landlords and other housing providers what the obligations of public housing tenancy entail to help these verification sources provide informed references about an applicant's future ability to comply with lease requirements.

4. If an applicant is disabled or speaks a language other than English, PHA staff will be sensitive to the special needs he/she might have in carrying out the interview. Where appropriate, the PHA will provide a person to explain the process and ask the questions in sign language, or in some other language.
5. Applicants will be told what the PHA's applicant selection policy is and what aspects of their background will be checked. Some applicants might voluntarily withdraw their applications when they understand the screening process because, with their knowledge of their own tenant history they believe it would be fruitless to continue.

How it Will be Screened

1. Past performance meeting financial obligations

- A. This will be checked first by contacting the current landlord and at least one prior landlord and utility suppliers (if applicable). The **Landlord Verification Form** will be used to gather information about past performance meeting rental obligations. The **Utility Verification Form** will be used to collect utility history .
- B. The reason for checking with prior landlords is that current landlords of dangerous, destructive or costly applicants may misrepresent or not report information about them to get the PHA to take over their problem. Contacts with all prior landlords for at least the past three years (five years is better, but not always possible) are to be pursued.
- C. If verified records of timely rental payments (and utility payments, if applicable) are received from landlord(s) and utility suppliers, no further documentation of past performance meeting financial obligations, especially rent, need be collected.
- D. The PHA will take into account extenuating circumstances, such as family deaths, loss of job, etc., if poor payment or nonpayment shows up for a given period of time.
- E. If the applicant has no landlord reference (e.g. because of living with friends or family or in an institution or shelter) or if the landlord reference is ambiguous or not credible the PHA will do the following:
 - run a credit check on the applicant

- check court records for evidence of evictions or judgments against the applicant.
- F. If the PHA staff have questions about information received, they may contact the housing provider in order to get reliable and credible documentation.
- G. If PHA is unsuccessful at obtaining landlord verifications, an interview with the family will be conducted using the form **Verification of Ability and Willingness to Comply with PHA Lease Terms.**

2. **Disturbance of neighbors, destruction of property, or living or housekeeping habits that would pose a threat to other tenants**

- A. Staff will check for these potential problems with the current landlord and at least one former landlord using the **Landlord Verification Form.**
- B. If there are no references to check, a PHA staff person will make a Home Visit if the home is within a 20 mile radius of the PHA. The purpose of the home visit is to guard against admitting an applicant whose living or housekeeping habits would create a threat to the health or safety of others. Applicants will be notified of home visits at least two days in advance. The PHA staff will use the **Home Visit Report.**
- C. If the applicant is not currently living under a lease with a landlord, the current housing provider will be asked to verify the applicant's ability to comply with PHA lease terms as it relates to this criterion. Any area for which the applicant has upkeep responsibility will be inspected.
- D. The **Police Record Verification (City and County)** Forms will be used to check for any evidence of disturbance of neighbors or destruction of property that might have resulted in arrest.
- E. An applicant's behavior toward PHA staff will be considered in relation to future behavior toward neighbors. Physical or verbal abuse or threats by an applicant toward PHA staff will be noted in the file.

3. **Criminal Activity: involvement in criminal activity on the part of any applicant family member that would adversely affect the health, safety or welfare of other tenants**

- A. PHA will perform a criminal check on all adult family members according to the PHA's **Criminal Screening Policy**.
- B. PHA will use the **Police Record Verification (City and County)** forms to obtain local criminal activity information.
- C. PHA will check with the National Sex Offender Website at **<https://www.nsopw.gov/>** and the Texas Public Sex Offender Website at **<https://records.txdps.state.tx.us/SexOffenderRegistry>** to see if any family members are registered sex offenders.
- D. If an applicant family member has an open arrest for violent or drug-related criminal activity at the time of screening for admission, PHA will keep the family at the top of the waiting list for up to one year until the arrest is resolved, either through indictment (rejection of applicant), dismissal (admission of applicant) or deferred adjudication (depending on the crime, rejection or admission)
- E. In the event of receipt of any unfavorable information regarding conduct of the applicant or a household member of an applicant family, the PHA will give consideration to the time, nature and extent of applicant's conduct and to factors that might indicate a reasonable probability of favorable future conduct or financial prospects in determining eligibility of the applicant. Factors to be considered will include:
 - Evidence of rehabilitation
 - Evidence of applicant family's participation or willingness to participate in social service or other appropriate counseling service programs and the availability of such program
 - Evidence of the applicant's willingness to attempt to increase family income and the availability of training or employment programs in the locality.
 - Willingness to exclude a family member who falls into one of the automatic rejection categories.

- Evidence that criminal activity relates to a domestic violence situation.
- An arrest that is not backed up by additional data on criminal activity will not be used to disqualify applicants.

F. Drug Use

- PHA may require an applicant to document that he or she is in recovery if objective evidence raises a question about whether the applicant is a current user of illegal drugs.
- Verification from a reliable drug treatment counselor or program administrator stating that the applicant is in treatment, complying with the requirements of the treatment program, and not currently using a controlled substance (**Authorization to Release Information - Detoxification Center**)
- Verification from a self-help program (e.g., Narcotics Anonymous) stating that the applicant is participating in their program, how long the applicant has been participating, and is not currently using a controlled substance
- Verification from a probation or parole officer that the applicant has met or is meeting the terms of probation or parole and with respect to illegal use of a controlled substance
- A voluntary interview with a substance-abuse screening team made up of local professionals
- Voluntary drug testing (PHA will pay for all costs associated with drug testing, unless the costs are otherwise reimbursed)

G. Alcohol Abuse

- An applicant who is an alcoholic must meet the same screening criteria as any other applicant.
- If an applicant's housing history demonstrates behavior that would be a lease violation, PHA would have grounds to reject the application.

- PHA will attempt to verify to the best of its ability whether the negative behavior was caused by alcohol abuse
- PHA will also take into account the applicant's housing history since entering recovery to ensure that no other

H. Automatic Required Rejection

- An applicant household member has ever been convicted of manufacture or production of methamphetamine on the premises of any federally assisted housing;
- Any member of the household is subject to a lifetime registration requirement under the National or Texas Sex Offender registration program; or
- An applicant household member's abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents.

I. Information from Criminal Background Checks will be noted in the family file and then records will be shredded.

4. Debts owed other PHAs

- A. PHA will use **Debts Owed to Public Housing Agencies and Terminations** (HUD form 52675)
- B. At time of application, PHA will run EIV Former Tenant Search for all household members
- C. A former PHA tenant or Section 8 participant (otherwise eligible) who applies owing a balance consisting of uncollected rent and/or miscellaneous charges in either Public Housing or Section 8 may not be placed on the Waiting List until that balance is paid.
- In this case, the PHA makes no distinction between an outstanding balance carried as a current receivable and an outstanding balance which has been written off as a collection loss.
 - Otherwise eligible families who, when they apply for housing have outstanding balances owed to a PHA, shall be rejected if they fail to pay these amounts in full.

Applicants with Disabilities - Special Considerations

1. It is illegal to deny an applicant because he or she has a disability, or for reasons that could be overcome by the PHA's reasonable accommodation of the applicant's disability.
2. If, even with reasonable accommodation, applicants with disabilities cannot meet essential program requirements, it is permissible to deny them.
3. Such insurmountable problems might arise because of behavior or performance in past housing, inability to comply with the terms of the PHA's lease, or needed services from PHA staff that represent an alteration in the fundamental nature of the PHA's program.
4. Neither mitigating circumstances nor reasonable accommodations will be an issue for any applicant who passes the applicant selection criteria and they would be recommended for admission with no further reference to or consideration of any disability.
5. If a disabled applicant could not meet one or more of the applicant selection criteria, he/she is entitled to considerations to accommodate their special needs in addition to those afforded to all other applicants.

A. Mitigating Circumstances

- Mitigating circumstances would be facts (that can be verified) that would overcome or outweigh information already gathered in the tenant screening process. An example would be, an applicant has a previous poor history of disturbing neighbors but recent behavior has been much improved. The PHA could consider this a mitigating circumstance. PHA staff must document the improvement if the file contained only data about the former problems.
- If the evidence of mitigating circumstances presented by the applicant relates to a change in medical condition or course of treatment, the PHA shall have the right to refer such information to persons qualified to evaluate the evidence and verify the mitigating circumstance.
- The PHA shall also have the right to request further information reasonably needed to verify the facts the applicant claims directly related to mitigating circumstance, even if such information is of a medically confidential nature.

- If the applicant refuses to provide or give access to such further information, the PHA will give no further consideration to the mitigating circumstance.
- PHA will keep in mind that an applicant with a disability who may, for example, be unable to care for a current apartment alone, may still qualify as able to comply with the lease if he or she can demonstrate that assistance with caring for the unit has been secured. Such assistance could be in the form of a Live-in Aide, or it could be a friend, family member, chore service or employee of the applicant. Use form **Certification Of Individual Or Agency Providing Assistance To An Applicant Needing Help To Comply With Lease Terms**
- If the applicant needs help to comply fully with the lease terms, PHA should obtain verifications that such assistance is available to the applicant.

B. Seeking Reasonable Accommodation

- If no mitigating circumstances exist that satisfy the PHA's applicant selection criteria, the PHA must consider reasonable accommodations to eliminate barriers to housing the applicant.
- Reasonable accommodations may take the form of either physical modifications made to the unit, building, development or grounds, or policy or procedural changes.
- An example of a reasonable accommodation might be approving an applicant for a larger unit (waiving the unit occupancy standards) to permit occupancy by a live-in aide who would assist the applicant with some aspect of lease compliance the applicant could not otherwise achieve.
- Accommodations, to be considered reasonable, must not cause undue financial or administrative burden or an alteration in the fundamental nature of the PHA's public housing program.
- If a service is necessary for compliance with the lease, the PHA cannot be required to provide it to an applicant with a disability if it is not provided to other tenants, but the PHA must consider admitting that applicant if he or she can document that the service will be provided by others at no cost to the PHA.

- Forms to use
 - **Request for Reasonable Accommodation or Structural Modification**
 - **Certification of Need for Reasonable Accommodation or Structural Modification**
 - **Reasonable Accommodation Agreement - Residents**
 - **Reasonable Accommodation Agreement - Applicants**
 - **Resident's Reasonable Accommodation or Structural Modification Determination Notice**
 - **Applicant's Reasonable Accommodation or Structural Modification Determination Notice**

FORMS

Housing Authority

CERTIFICATION OF INDIVIDUAL OR AGENCY PROVIDING ASSISTANCE TO AN APPLICANT NEEDING HELP TO COMPLY WITH LEASE TERMS

Name _____ Date _____ PHA File Number _____

Dear Sir/Madam:

The above-named person has applied for admission to public housing and has requested that you complete the information below. We have determined that this person needs assistance in the activities indicated below in order to comply with our lease terms.

- Rent & utility paying
- Cleaning/Housekeeping
- Avoiding criminal activity
- Rule compliance
- Avoiding disturbances
- Maintaining peaceful, safe occupancy

Please complete the form below and return it in the attached stamped, self-addressed envelope. If you have any questions, please call me at _____. Your prompt return of this form will help us expedite the processing of this application.

Sincerely, _____
Name Signature

Eligibility for Services: Agency Certification

(Not applicable for individual service providers)

The above named applicant is or will be eligible for services in the areas indicated above:

Name Signature
Agency Name Telephone Number _____ Date _____

Description of How Assistance will be Provided

Description of assistance provided: _____

This assistance will be provided:

Several times each day _____ Daily _____ Weekly _____ Twice each week _____ Twice each month _____ Monthly _____ Other _____

I, _____ of _____ (Agency, if applicable) will provide assistance set forth above when the applicant is admitted to PHA housing. I understand that this application is being considered for admission and acceptance subject to having this assistance.

Name Signature Date

Address and Telephone Number

For PHA use only:

The agency/individual indicated above has verbally agreed to deliver assistance services for the above-cited activities when the applicant is admitted to PHA housing if the applicant will accept such assistance.

Name of agency staff contacted: _____

Date of contact: _____

Signature of PHA staff: _____

**Statement of Applicant Certifying Willingness
to Accept Services Needed for Lease Compliance**

I hereby certify that I will accept service(s) shown on the reverse of this form, which I need to be able to comply with the PHA lease terms, from the above-named agency or individual at the time of my admission. I understand that my application is being considered for acceptance and admission subject to my having this assistance at the time of admission.

Applicant Signature _____ Date: _____

Housing Authority

PHA CHECKLIST: ABILITY TO COMPLY WITH LEASE TERMS

This form is only to be completed if landlord verifications are unavailable. It is to be completed for every applicant without landlord references. INSTRUCTIONS: The questions in Section I are to be asked at the interview.

The questions in Section II are to be completed by the interviewer.

Statement to Applicant: We need to ask you some questions to see how you are getting along where you live now and how you will get along if you move into one of our apartments.

Applicant Name: _____ **File #:** _____

Interviewer Name: _____ **Date:** _____

I. QUESTIONS FOR APPLICANTS on CARING FOR CURRENT RESIDENCE

- 1. Do you care for your current room, house, apartment? YES NO If no, who helps you care for your current room, house, apartment?

Name and Phone #: _____

- 2. Can you keep an apartment clean enough to avoid health or sanitation problems and conditions that contribute to insect or rodent infestation? YES NO

- 3. Have you damaged or destroyed anything in your current room, house, or apartment? YES NO

If yes, please explain what happened and why: _____

MEETING FINANCIAL OBLIGATIONS, ESPECIALLY RENT

- 1. Do you pay rent where you are currently living? YES NO

- 2. If no, do you make any regular payments (car loan, installment loan, credit card, utility bills, other _____.)? YES NO

- 3. If you make no regular payments, how can we verify your ability to make rent payments in the future? _____

- 4. Do you pay your own bills at this time? YES NO If no, who currently pays your bills? Name and Phone #: _____

REPORTING CHANGES IN INCOME OR FAMILY STATUS

- 1. Can you report changes in income or family status? YES NO If no, please explain why not _____

- 2. Can you respond to notices that are mailed to you at your home? YES NO If no, how should we get in touch with you? _____

FOLLOWING APPROPRIATE RULES

- 1. Do you have a lease where you live now? YES NO
- 2. If yes, with whom is your current lease? Name and Phone #: _____

If no, whom may we contact to verify your responsibilities of occupancy?

Name and Phone: _____

- 4. If no, are there rules of tenancy where you now live? YES NO
- 5. If there are such rules where you now live, do you have any trouble following them?
 YES NO If yes, please explain _____

AVOIDING DISTURBING THE NEIGHBORS

- 1. Are there neighbors near where you presently live? YES NO
- 2. Do you have any trouble getting along with your neighbors where you live now?
 YES NO If yes, please explain _____

- 3. Have you or any family members ever engaged in physical violence toward your neighbors, landlord, or landlord's staff? YES NO If yes, please explain:

- 4. Have you or any family members ever engaged in verbal abuse (threats, swearing, etc) toward your neighbors, housing provider, or staff? YES NO If yes, please explain: _____

AVOIDING CRIMINAL ACTIVITY

- 1. Have you or any family members listed on this application been involved in any criminal activity that might adversely affect the health safety or welfare of PHA tenants if it happened at the PHA? YES NO

Examples of Criminal Activity include but are not limited to:

- | | |
|---------------------------------|------------------------------------|
| 1. Homicide/Murder | 7. Drug Trafficking/Use/Possession |
| 2. Rape or child molesting | 8. Child Abuse/Domestic Violence |
| 3. Burglary/Robbery/Larceny | 9. PublicIntox/Drunk&Disorderly |
| 4. Threats or Harassment | 10. Receiving Stolen Goods |
| 5. Destruct. of Prop./Vandalism | 11. Fraud |
| 6. Assault or fighting | 12. Prostitution |
| 13. Disorderly conduct | |

2. Can and will you avoid being involved in any criminal activity in a PHA apartment? YES NO PHA will also be checking with the police for any history of criminal activity.

OTHER LEASE COMPLIANCE ISSUES

1. Have there been instances when you have not complied with an occupancy agreement or lease or have had trouble doing so? YES NO
If Yes, please explain _____
2. Whom should we contact to verify your ability to comply with our lease? _____

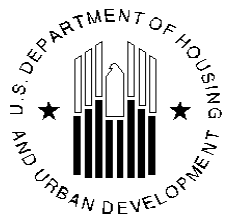
II. QUESTIONS TO BE COMPLETED BY INTERVIEWER

1. Did the applicant exhibit any behavior that might cause a problem with lease compliance if the applicant were admitted? YES NO
If Yes, describe behavior in detail: _____
2. Did the applicant engage in any verbal abuse, threats, or swearing during the application interview? YES NO
If Yes, please describe behavior and what triggered it: _____

If the interview and subsequent verifications demonstrate that the applicant is currently complying with rules and responsibilities comparable to the PHA's lease, no further documentation of ability to comply with lease terms is needed.

If a friend or family member is presently assisting the applicant with cleaning, personal finances, rule compliance, avoiding disturbances, or avoiding criminal activity, will that assistance be continued if the applicant is admitted to the PHA? Is the person providing the assistance (or alternate) prepared to continue to provide such assistance?

If applicant is receiving assistance with the activities described above from a social service or government agency, is the agency prepared to continue to provide such assistance?



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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.

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.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

**AUTHORIZATION TO RELEASE INFORMATION
DETOXIFICATION CENTER**

APPLICANT/TENANT RELEASE

I, _____ (name), Date of Birth _____

authorize the _____ Detoxification Agency/Center to

disclose to the _____ Housing Authority the following information which is contained in my file:

The dates, circumstances of my admission(s) to detoxification in the past 12 months, whether admission was voluntary or the result of behavior that caused a disturbance or resulted in the destruction of property.

This information will be used only for the purpose of determining whether or not I qualify for admission to Public Housing.

This Release shall be effective until _____, 2_____.

Signature

Date

Please return this form to the _____ Housing Authority at _____ or fax to _____.

Housing Authority
HOME VISIT REPORT

Name of Applicant _____ File Number _____
Address _____ Date _____

Home Visit Conducted by: _____

Dates of Applicant's Residency in This Unit: From: _____ To _____

In rating the condition of the applicant's unit, the inspector is reminded that the purpose of the home visit is to avoid admitting applicants who are unwilling or unable to comply with the PHA's lease and housekeeping standards. An unacceptable rating should be used to denote a condition that represents a health or safety hazard, and such hazard should be described by the inspector in an objective manner.

1. General cleanliness

A. Living/Dining Room: _____ Good _____ Acceptable _____ Unacceptable

Describe: _____

B. Bedrooms _____ Good _____ Acceptable _____ Unacceptable

Describe: _____

C. Kitchen/ Cabinets/Appliances _____ Good _____ Acceptable _____ Unacceptable

Describe: _____

D. Bathroom _____ Good _____ Acceptable _____ Unacceptable

Describe: _____

E. Halls, stairways, laundry area: _____ Good _____ Acceptable _____ Unacceptable

Describe: _____

F. Yard (if applicable): _____ Good _____ Acceptable _____ Unacceptable

Describe _____

2. Applicant-Caused Damages to the Unit

A. Are there any applicant-caused damages to the unit? YES NO

Describe _____

Why do you believe the applicant caused the damages? _____

B. What is your estimate of the cost to repair applicant damages? Itemize: _____

C. Is there evidence of vermin infestation? YES NO

Describe _____

D. Does the housekeeping contribute to vermin infestation? YES NO

Describe _____

E. Do you think this unit was standard or substandard before the applicant moved in?

Please explain: _____

3. Are there any pets or evidence of pets in this unit? YES NO

If yes, what is the pet? _____

Are there any pet-caused problems in the unit? _____

4. Other comments

A. Did the applicant have any comments/explanations on the unit or its condition?

B. Other comments by the PHA Staff:

5. Other areas of lease compliance:

A. Are the appearance and condition of the unit consistent with the number of people in the applicant family? YES NO

Describe _____

B. Is there any evidence of criminal activity, including drug-related criminal activity in the unit?

YES NO

Describe _____

C. Are there any other conditions present in the unit that are inconsistent with the information provided on the application? YES NO

Describe _____

Housing Authority

SCREENING COVER LETTER

Date: _____

RE: Name: _____

Address: _____

Dear Sir/Madam:

Our tenant selection policy obliges us to verify certain information about all members of families applying for admission to our developments. To comply with this requirement, we ask your cooperation in supplying the information on the history of the family listed above. This information will be used only in determining whether the family can be accepted for admission. You will note that the family has authorized you to provide this information to us.

Your prompt return of this letter will be appreciated. A self-addressed return envelope is enclosed. If you have any questions, please call _____.
(phone number)

Sincerely yours,

Signature

Date

Title

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information.

Signature

Date

Housing Authority
LANDLORD VERIFICATION FORM

Name of Applicant: _____

Current Address: _____

Name of Landlord _____

Are you a relative or friend of the applicant? If so, please describe relationship: _____

Current Landlord _____ Previous Landlord _____ Other _____

Dates of Applicant's Tenancy: From _____ To _____

Does (Did) the Applicant have a lease? YES NO

1. Rent Payment

A. Amount of monthly rent: _____ \$ _____

B. Does (did) applicant pay rent on time? YES NO

C. Has(had) he/she ever paid late? YES NO

How late? _____ How often? _____

D. Have (had) you ever begun/completed eviction for non-payment? YES NO

E. Was a Court judgment rendered in your favor for eviction for non-payment? YES NO

F. Do you provide any of the utilities for the unit? YES NO

G. Have tenant-paid utilities ever been disconnected? YES NO

2. Caring for the Unit

A. Does (did) the applicant keep the unit clean, safe and sanitary? YES NO

B. Has (had) the applicant damaged the unit? YES NO

Describe: _____

Cost to repair? \$ _____ How often? _____

C. Has (had) the applicant paid for the damage? YES NO

D. Will (did) you keep any security deposit? YES NO

E. Does (did) the applicant have problems with insect/rodent infestation? YES NO

F. Does (did) the applicant's housekeeping contribute to infestation? YES NO

G. Did the applicant make any alterations to the unit without your permission? YES NO

3. General

A. Is (was) the applicant listed on the lease for the unit? YES NO

B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? YES NO

Describe: _____

C. Has (had) the applicant, family members or guests damaged or vandalized the common areas? YES NO

If Yes, Describe: _____

D. Does (did) the applicant, family members or guests create any physical hazards to the project or other residents? YES NO

If yes, Describe: _____

E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? YES NO

If yes, Describe: _____

F. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity? YES NO

If yes, Describe: _____

G. Has (had) the applicant given you any false information? YES NO

If yes, Describe: _____

G. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? YES NO

If yes, Describe: _____

I. Would you rent to this applicant again? YES NO

If not, why? _____

Signature of Landlord _____ Date _____

(Name of authorized project staff: telephone verification) _____ Date _____

Applicant Release

I, _____ hereby authorize the release of the requested information.

Signature _____ Date _____

Housing Authority

UTILITY VERIFICATION FORM

Name of Applicant: _____ PHA file # _____

Current Address _____

Name of Utility Supplier _____

Utilities Provided Electricity. Gas Water Other

Dates of Applicant's Service: From _____ To _____

A. Average amount of monthly bill: \$ _____

B. Does (did) applicant pay on time? YES NO

C. Has(had) he/she ever paid late? YES NO

How late? _____ How often? _____

D. Have (had) you ever begun/completed disconnection for non-payment? YES NO

E. At what other addresses has this applicant had utility service?

F. Has any utility equipment been damaged at this unit? YES NO

G. Will you keep the applicant's utility deposit? YES NO

H. Can this applicant get utility service in his/her name in the future? YES NO

Signature of Utility Co. Representative _____ Date _____

Telephone Number _____

I _____ authorize the release of the information requested on this form.

Signature _____ Date _____

POLICE RECORD VERIFICATION

City

Police Department: _____ Date: _____

Dear Sir/Madam:

Federal law requires us to verify certain information about all members of families living in or applying for admission to our developments. Specifically, the PHA wishes to avoid admitting a family any one of whose members is involved in criminal activity that would adversely affect the health, safety or welfare of other tenants.

If you could fill out the form below and return it to the _____ Housing Authority at _____ or fax it to _____ within 5 days, it would be most appreciated.

Sincerely yours, _____ (Housing Authority Representative)

Using the numbers below, please indicate whether any family members have been arrested for or convicted of any crimes relating to the following:

- 1. Homicide/Murder
- 2. Rape or child molesting
- 3. Burglary/Robbery/Larceny/Theft
- 4. Threats or Harassment
- 5. Destruction of Property/Vandalism
- 6. Assault or fighting
- 6. Drug Trafficking/Use/Possession/Manufacture
- 7. Child Abuse/Domestic Violence
- 8. Public Intoxication./Drunk & Disorderly
- 9. Receiving Stolen Goods
- 10. Fraud
- 12. Prostitution
- 13. Disorderly conduct

Family Member Names	S.S #	D.O.B.	Crime(s)#	Status/Disposition

APPLICANT'S RELEASE

I hereby authorize the release of the information requested above.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

POLICE RECORD VERIFICATION

County _____

Sheriff's Department: _____ Date: _____

Dear Sir/Madam:

Federal law requires us to verify certain information about all members of families living in or applying for admission to our developments. Specifically, the PHA wishes to avoid admitting a family any one of whose members is involved in criminal activity that would adversely affect the health, safety or welfare of other tenants.

If you could fill out the form below and return it to the _____ Housing Authority at _____ or fax it to _____ within 5 days, it would be most appreciated.

Sincerely yours, _____ (Housing Authority Representative)

Using the numbers below, please indicate whether any family members have been arrested for or convicted of any crimes relating to the following:

- | | | |
|--------------------------------------|--|------------------------|
| 1. Homicide/Murder | 6. Drug Trafficking/Use/Possession/Manufacture | |
| 2. Rape or child molesting | 7. Child Abuse/Domestic Violence | |
| 3. Burglary/Robbery/Larceny/Theft | 8. Public Intoxication./Drunk & Disorderly | |
| 4. Threats or Harassment | 9. Receiving Stolen Goods | |
| 5. Destruction of Property/Vandalism | 10. Fraud | |
| 6. Assault or fighting | 12. Prostitution | 13. Disorderly conduct |

Family Member Names	S.S #	D.O.B.	Crime(s)#	Status/Disposition

APPLICANT'S RELEASE

I hereby authorize the release of the information requested above.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____



HOUSING AUTHORITY REQUEST FOR REASONABLE ACCOMMODATION or STRUCTURAL MODIFICATION

This form is to be used by an applicants applying for housing or by a resident of PHA housing to request a change in a rule, policy, procedure, or a physical modification to his/her unit, building common areas, or non-housing program because of his/her disability.

This form should be filled out by the applicant/resident with a disability unless the individual is a minor or cannot do this as a direct result of his/her disability. In this case the applicant/resident's designee may fill out the form.

Please let the property management staff know if you need assistance in filling out this form. PHA staff will assist when requested to do so. Applicants should send the completed form with their housing application to the Occupancy Department. Residents should deliver or mail this form to their Property Manager.

Date of Request: _____

1) Name of the applicant/resident with a disability requesting the accommodation:

Name: _____

Phone: _____

Address: _____

2) Name of person filling out this form if not the individual listed above:

Name: _____

Phone: _____

Address: _____

3) I need the following change as a result of my disability. Check the kind of change(s) needed:

For current residents: A change in the apartment, some other part of the housing complex, or a non-housing program operated at the complex or other PHA facility. Please be specific about what you need – use the other side of this paper, if necessary.

For applicants: A specific type of unit, unit features, building features or non-housing program operated at the complex. Please be specific about what you need – use the other side of this paper, if necessary.



- A change in a PHA rule or procedure or the way the Housing Authority communicates with me. Please list the rule or communication method and be specific about the change you need– use the other side of this paper, if necessary

- 4) You may verify that I have a disability (**but not the nature or severity of the disability**) and my need for this request as a direct result of my disability by contacting the following person: (Give name, address, phone number of your health care provider):

Name: _____

Title: _____

Address: _____

Phone: _____

Release of Information:

I give you permission to contact the above individual(s) to verify that I, or a family member that is under my guardianship, has a disability and needs the Reasonable Accommodation/Structural Modification requested above as a direct result of this disability. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation/modification.

Signed: _____

Date:

The Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability.



**HOUSING AUTHORITY
CERTIFICATION OF NEED FOR REASONABLE
ACCOMMODATION or STRUCTURAL MODIFICATION**

Date: _____

Dear _____ (name of medical provider)

_____ (name of Applicant/Resident) has given the Housing Authority permission to contact you (see attached) to verify that he/she has a disability within the meaning of the definition provided below, and **as a direct result of his/her disability**, needs a change in a rule, policy, procedure, or service, or a physical change in an apartment, other facility or non-housing program. Please **do not** send us medical records or disclose what type of disability he/she has. Please return this form to: _____ using the stamped self-addressed envelope provided. Thank you.

Please answer the following questions:

1) In my opinion, the Applicant or Resident has a disability as defined by one of the categories below:

yes No No Knowledge

- a. Has a physical or mental impairment that substantially limits one or more major life activities;
- b. Has a record of having such an impairment;
- c. Is regarded as having such impairment.

Note: For the purpose of this form, the term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, and drug addiction (not current illegal use of a controlled substance). The term major life activity includes, but is not limited to walking, seeing, hearing, speaking, breathing, learning, and working.

2) The applicant/resident has requested the following accommodation and/or physical modification to a unit or other facility. _____



3) In my opinion the applicant/resident needs the above accommodation/modification as a direct result of his/her disability in order for him/her to apply for and/or reside in a Public Housing unit.

Yes No No Knowledge

4) In my opinion, as a direct result of the applicant/tenant's disability he/she needs additional physical modifications to the unit or common area or reasonable accommodations to the rules and policies of the housing development or auxiliary aides or services be in order for the Applicant or Resident to apply for or reside in a Public Housing unit.

Yes No No Knowledge

If yes, please describe:

Date

Signature

Title of Individual Supplying Information

Address

Phone

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly making false and 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. Use of the information collected based on this verification form is restricted to the purposes cited above.

If you have any questions about filling out this form, please call the 504/ADA Coordinator

The Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability.



HOUSING AUTHORITY
RESIDENT'S REASONABLE ACCOMMODATION or
STRUCTURAL MODIFICATION DETERMINATION NOTICE

Date: _____

Resident's Name: _____

Address: _____

Accommodation Requested: _____

A determination has been made that the PHA will will not be able to offer the accommodation/modification proposed above.

- The request was approved because your medical provider confirmed you meet the civil rights definition of disability and the change you requested is needed as a direct result of your disability.**
- The request was denied because:**
 - Your medical provider certified that your condition does not meet the civil rights definition of disability**
 - Your medical provider certified that you do not need the change requested as a direct result of your disability**
 - Your request would pose a fundamental alteration in the nature of the program.**
 - Your request would pose an undue financial and administrative burden to the Agency.**

PHA will contact you within 5 business days from the date of mailing this notice to arrange a meeting to discuss the determination. For approvals, staff will review how and when your request will be made. You will be asked to sign a Reasonable Accommodation Agreement at that time.

If you disagree with this determination, you must begin the grievance process within 10 days, either verbally or in writing with the property manager upon notification of ineligibility. Refer to the PHA grievance procedure for more information. If you do not file a grievance within 30 days of receiving the ineligibility notice, the case will be considered closed.

This form was completed by:

Name: _____ Signature: _____

Job Title: _____ Date: _____



HOUSING AUTHORITY
APPLICANT'S REASONABLE ACCOMMODATION or
STRUCTURAL MODIFICATION DETERMINATION NOTICE

Date: _____

Applicant's Name: _____

Address: _____

Accommodation Requested: _____

A determination has been made that the PHA will will not be able to offer the accommodation/modification proposed above.

- The request was approved because your medical provider confirmed you meet the civil rights definition of disability and the change you requested is needed as a direct result of your disability.**
- The request was denied because:**
 - Your medical provider certified that your disability does not meet the civil rights definition of disability**
 - Your medical provider certified that you do not need the change requested as a direct result of your disability**
 - Your request would pose a fundamental alteration in the nature of the program.**
 - Your request would pose an undue financial and administrative burden to the Agency.**

PHA will contact you within 5 business days from the date of mailing this notice to arrange a meeting to discuss the determination. For approvals, staff will review how and when your request will be made. You will be asked to sign a Reasonable Accommodation Agreement at that time.

If you disagree with this determination, you must request a hearing within 30 days of this notice, either verbally or in writing with the occupancy. Refer to the PHA informal hearing procedure for more information. If you do not request a hearing within 30 days of receiving this notice, the case will be considered closed.

This form was completed by:

Name: _____ Signature: _____

Job Title: _____ Date: _____



**HOUSING AUTHORITY
REASONABLE ACCOMMODATION AGREEMENT**

For Residents

Address: _____

Telephone Number/TTY: _____

Date: _____

RE: Resident's Name: _____

Address: _____

PHA agrees to make the reasonable accommodation(s) described below, to provide the resident an equal opportunity to reside in public or assisted housing.

Description of Accommodation(s): _____

Resident Name: _____

Signature: _____

Manager's Name: _____

Signature: _____

Date Agreement Executed: _____

Note: send copy to 504/ADA Coordinator



**HOUSING AUTHORITY
REASONABLE ACCOMMODATION AGREEMENT
For Applicants**

Address: _____

Telephone Number/TTY: _____

Date: _____

RE: Applicant's Name: _____

Address: _____

PHA agrees to make the reasonable accommodation(s) described below, to provide the named applicant an equal opportunity to apply for or reside in PHA housing. This agreement is being entered into solely to permit the applicant an equal opportunity to use and receive the benefits of PHA housing. It is not a lease addendum and shall not be enforced as a pre-condition for a continued occupancy.

Description of Accommodation: _____

Applicant Name: _____

Signature: _____

Manager's Name: _____

Signature: _____

Date Agreement Executed: _____

Note: send copy to 504/ADA Coordinator