

PUBLIC HOUSING & SECTION 8 HOUSING CHOICE VOUCHER

STATEMENT

I, _____, state that I have received a copy of the
FACT SHEET For HUD ASSISTED RESIDENTS.

Tenant Signature

Date

(**Note:** Form to be given at move-in and annual recertification).

Vehicle Information Sheet

Name _____

Address _____

Do you have a vehicle: YES _____ NO _____

Year of Vehicle _____

Model of Vehicle _____

Color of Vehicle _____

License Plate # _____

Sticker # _____

Whom is the Vehicle Licensed to? _____

Do you have more than one vehicle? YES _____ NO _____

Year of 2nd Vehicle _____

Model of 2nd Vehicle _____

Color of 2nd Vehicle _____

License plate # _____

TENANT SIGNATURE _____

DATE _____

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> 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.

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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.



LA CROSSE HOUSING AUTHORITY

CITY OF LA CROSSE, WISCONSIN

"WE NEED A ROOF OVER OUR HEADS"

AUTHORIZATION FOR RELEASE OF INFORMATION

Please furnish the Housing Authority of the City of La Crosse with the information they require.
I agree that a photocopy of this authorization may be used.

XXX-XX-

Social Security Number (last 4)

Signature of Applicant/Resident

This release of information expires 15 months from: _____
(date)

This authorization may be used for: landlord reference(s), computer matching, police reports, County Human Services, railroad retirement, veteran's pension, other pensions, unemployment compensation, social security, SSI, wages, insurance, bank accounts, utility verifications, life insurance, health insurance, other information as required.

FOR OFFICE AND VERIFICATION USE ONLY

Date

Name of Agency

Signature

Form #29

05/2020

www.lacrossehousing.org
1307 Badger Street • P.O. Box 1053 • La Crosse, WI 54602-1053
Phone (608)782-2264 • Fax (608)782-2262



Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental 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.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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 expires 15 months after signed.

Signatures:

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

Privacy Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA 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 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

Remember, you may receive rental assistance at only one home!

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

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

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

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

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

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

What are my responsibilities?

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

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature

Date



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name



LA CROSSE HOUSING AUTHORITY

CITY OF LA CROSSE, WISCONSIN

"WE NEED A ROOF OVER OUR HEADS"

Community Services and Self-Sufficiency Requirement Certification For Non-Exempt Individuals

Annual Renewal

Date: _____

Participant Name: _____

I understand that as a resident of public housing, I am required by law to contribute 8 hours per month (96 hours over the course of a year) of community service or participate in an economic self-sufficiency program.

Signature: _____

Date of Signature: _____



LA CROSSE HOUSING AUTHORITY

CITY OF LA CROSSE, WISCONSIN

"WE NEED A ROOF OVER OUR HEADS"

COMMUNITY SERVICE EXEMPTION CERTIFICATION

I certify that I am eligible for an exemption from the Community Service Requirement for the following reasons:

- ☐ I am 62 years of age or older;
- ☐ I have a disability that prevents me from being gainfully employed; (attach Social Security/SSI Benefit Notice or letter from Clinical Provider)
- ☐ I am the caretaker of a disabled person;
- ☐ I am working at least 20 hours per week; (attach check stubs to prove exemption)
- ☐ I am participating in a welfare to work program; (attach W-2 Program Notice or applicable); or
- ☐ I am currently in a self-sufficient activity such as: (attach W-2 Program Notice or applicable)
 - Job readiness programs;
 - Job training programs;
 - Skills training programs;
 - GED classes;
 - Apprenticeships (formal or informal);
 - Substance abuse or mental health counseling;
 - English proficiency or literacy (reading) classes;
 - Budgeting and credit counseling;
 - Carrying out any activity required by the Department of Public Assistance as part of welfare reform;
 - Any kind of class that helps a person toward economic independence; and
 - Student status of any school, college or vocational school.
- ☐ I am receiving SNAP Benefits. (attach Food Share Benefit Notice – all pages)

Resident signature

Address

Date

This Exemption Does Not Apply. I am aware—if in the future this exemption would be applicable, I will notify the office in writing. (Signing below means you are ineligible for exemption – and are required to participate in Community Service.)

Signature

Date

RESIDENT RENT CHOICE

Name _____

Address _____

I have read over the explanation of the rent choices and have decided

I will choose: (Check which one you choose)

_____ Flat Rent

_____ Formula Method

I understand that I may change the Flat Rent method if I have a change in income, childcare costs, or family composition. If I choose to go off the Flat Rent, I would have to wait until the next scheduled annual reevaluation to go back on Flat Rent. I will be required to come in at each annual to sign the necessary forms and to report family composition.

Signature

Date



Consent to Disclose Utility Customer Data

All requested information must be provided for the consent to be valid. This form may be available in other languages. To obtain a copy in another language, please contact inquire@xcelenergy.com. Para obtener una copia de este formulario en español, por favor contacte a su proveedor de servicios públicos

Utility name and contact **Xcel Energy Correspondence Department**

Physical and mailing address **P.O. Box 8, Eau Claire, WI, 54702**

Phone **800.895.4999** Email **datarequest@xcelenergy.com** Fax **866.208.8732**

For additional information, including the utility's privacy policy, visit xcelenergy.com.

To be completed by the data recipient

By signing this form, you allow your utility to give the following information to:

Organization/trade name _____

Contact name (if available) _____

Physical and mailing address _____

Phone _____ Email _____ Fax _____

This organization will receive the following customer data:

Information from your meter collected by your utility services provider from the following services (check all services that apply):

electric steam natural gas

Information regarding your participation in renewable energy, demand-side management, load management, energy efficiency or other utility programs

Other (specify) _____

This information will be used to:

Provide you with products or services you requested

Offer you products or services that may be of interest to you

Determine your eligibility for an energy program

Analyze your energy usage

Other (specify) _____

Data collection period

The relevant timeframe associated with the requested data is as follows:

for the period beginning _____ and ending _____

You may terminate this consent at any time by sending a written request with your name and service address to your utility.

To be completed by the customer

Customer data can provide insight into activities within the premises receiving utility service. Your utility may not disclose your customer data except (1) if you authorize the disclosure, (2) to contracted agents that perform services on behalf of the utility, or (3) as otherwise permitted or required by laws or regulations.

You are not required to authorize the disclosure of your customer data. Not authorizing disclosure will not affect your utility services.

You may access your standard customer data from your utility without any additional charge.

Your utility will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the data recipient maintains the confidentiality of the data or uses the data as authorized by you. Please be advised that you may not be able to control the use or misuse of your data once it has been released.

In addition to the customer data described above, the data recipient may also receive the following from your utility: your name; account number; service number; meter number; utility type; service address; premise number; premise description; meter read date(s); number of days in the billing period; utility invoice date; base rate bill amount; other charges including base rate and non-base rate adjustments; taxes; and invoice total amount. Your utility will not provide any other information, including personally identifiable information, such as your Social Security Number or any financial account number, to the data recipient through this consent form.

PLEASE READ THE CUSTOMER DISCLOSURES ABOVE

By signing this form you acknowledge and agree that you are the customer of record for this account and that you authorize your utility service provider to disclose your customer data as specified in this form.

Customer account number _____

Service address _____

Printed name _____

Signature of customer of record _____ Date signed _____



Third-Party Notification

For property managers and owners

Please enroll the following customer for Xcel Energy's Third-Party Notification. Third-Party Notification provides notification to another party in the event an account receives a disconnection notice. The Third-Party will receive a copy of the disconnection notice that is sent to the customer of record. A disconnection notice is issued when electricity or natural gas services are in jeopardy of being disconnected.

Tenant information

Completing this form authorizes Xcel Energy to mail a copy of any Disconnection Notice to the Third-Party named below.

Name (Please print) _____ Phone _____

Service address _____ Apartment or unit number _____

City _____ State _____ ZIP _____

Email _____

Xcel Energy Account Number _____

I agree and authorize Xcel Energy to mail any disconnect notices to the party listed below.

This form will only be used for notification of pending disconnections and does not allow the third party any additional access or details of the account holder. This notification will be effective for one year after activation. This notice can be removed from the account by either party by contacting customer service at the phone number below.

Tenant signature _____ **Date** _____

Third-party information

Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Third-party signature _____ **Date** _____

This request will not be accepted without the Third-Party's signature. We will make every effort to send a copy of the disconnection notice to the party specified. We are not responsible if the Third-Party fails to receive or act upon the notice.

*The Third-Party Notification service does not modify in any way Xcel Energy's liability, if any, for property damage that may result from disconnection of a tenant's utility services.

Xcel Energy Residential Service: **800.895.4999** | Residential Service Fax: **800.895.2895**

PLEASE COMPLETE ALL INFORMATION ON THIS FORM

REQUEST FOR INFORMATION

Address of Household _____ City _____ State ____ Zip _____
Phone Number _____ Email Address _____

HOUSEHOLD COMPOSITION: (List ALL Current Household Members)

Name	Relation To Head	Race	S E X	A G E	Birth Date	Are you A Student? Y or N	If 18 or older: Part Time Or Full Time Student
	HEAD						

Marital Status of Head of Household: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed
Do you plan to have anyone living with you in the future who is not listed above? ☐ No ☐ Yes, Explain_____

INCOME:

Tenants Name	Employer/Self-Employed	Rate of Pay	Child Support Monthly	Social Security Benefits	All Other Income Including Cash, Uber/Lyft, Pizza Delivery, Plasma
		__Hrs/Wk \$____/ hr.			
		__Hrs/Wk \$____/ hr.			
		__Hrs/Wk \$____/ hr.			
		__Hrs/Wk \$____/ hr.			

EXPENSES: Please list monthly expenses of medical, daycare, child support paid out

Tenant Name	Expense Type	Amount per month	Paid to:

ASSETS:

Bank Name

- ☐ Checking
- ☐ Savings
- ☐ Other
- ☐ None
-
-
-

Please read through the following questions and circle Yes or No. Make sure to answer each question.

1. Is any family member employed, who lives in your household, and is under age of 18? Yes No
Family members name_____ Place of employment _____
2. Is there any family member going to school and also employed, that is 18 or older? Yes No
Family members name_____
Place of employment_____
Name of school attending_____(Attach Enrolled Course Listing)
3. Does any family member receive financial aid/grants/scholarships to attend school? Yes No
Amount received last year _____(Attach Financial Aid paperwork)

PLEASE COMPLETE ALL INFORMATION ON THIS FORM

4. Does any family member receive food stamps? Yes No
If yes, monthly amount received _____(Attach “About Your Benefits” Summary –**ALL** pages)
- 5 Does any family member receive an earned income tax credit? Yes No
If yes, how much? _____
6. Does any family member receive childcare paid by La Crosse County? Yes No
If yes, monthly amount received _____
7. Has any family member received a LUMP SUM payment from Social Security or SSI, inheritances, life insurance, other insurance settlements, etc in the last year? Yes No If yes, amount received? _(Attach documentation)
8. Does any family member receive money from the PASS Program? Yes No
9. Does any family member receive funding for Foster Care? Yes No
10. Does any family member receive adoption assistance payments? Yes No
11. Does any family member receive a Homestead Credit? Yes No
If yes, amount received _____
12. Does any family member receive energy assistance? Yes No
If yes, amount received _____
13. Does any family member work under a Title IV job? Yes No
14. Does any family member do work-study through school? Yes No
15. Is any family member presently going through a training program? Yes No

PETS:

Do you have a pet? Yes No

CERTIFICATION:

This is to certify that I/we, the undersigned, do hereby affirm that all of the above information submitted as of this date is true and correct. Authorization is hereby granted to the La Crosse Housing Authority to contact any and all agencies concerned to verify such income and assets for the purpose of establishing admission qualifications and eligibility for federally subsidized programs. Authorization is also granted for the release of information relative to any and all utility consumption and payment where a utility allowance is provided by the Housing Authority. I understand that I may revoke this authorization at any time; until I do so, this authorization remains valid.

ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Head of Household

Date

Family Member 18 and Over

Date

Family Member 18 and Over

Date

Have you transferred away any real estate or personal property within the past two years without adequate consideration?

☐ No ☐ Yes, Fair Market value was: _____

Have you made a gift of either personal or real property within the past year?

☐ No ☐ Yes, Please explain: _____

Do you have a safety deposit box?

☐ No ☐ Yes, Explain contents & Bank: _____

STATEMENT of APPLICANT(S)/ TENANT(S)

I/We certify that the information* given to the HOUSING AUTHORITY OF THE CITY OF LA CROSSE on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We understand that we can be fined up to \$10,000 or imprisoned for up to five years if we furnish false information.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

*After verification by the Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary). See the Federal Privacy Act Statement for more information about its use.

OFFICE USE ONLY

PHA OFFICIAL’S STATEMENT

I certify that:

- (1) The information given to the HOUSING AUTHORITY OF THE CITY OF LA CROSSE by the household of _____ on the household composition, income, net family assets, and allowances and deductions has been verified as required by Federal law;
- (2) The family was eligible at admission;
- (3) The family has certified that it has given our agency accurate and complete information.
- (4) Tenant’s eligibility, rent and assistance payment have been computed in accordance with HUD’s regulations and administrative procedures.

Signature of PHA Official or Representative

Date



LA CROSSE HOUSING AUTHORITY

CITY OF LA CROSSE, WISCONSIN

"WE NEED A ROOF OVER OUR HEADS"

ADDENDUM TO DWELLING LEASE Pet Policy

Resident certifies receipt of and understands Landlord's "Pet Policy" updated via resolution #1097; dated October 12, 2022. All residents shall comply with attached "Pet Policy". Serious or repeated violation of the "Pet Policy" shall be grounds for Landlord to terminate or refuse to renew the lease.

Signatures:

_____/_____
Resident Date

_____/_____
Resident Date

Stacy S. [Signature] / *10/26/2022*
Landlord Date

www.lacrossehousing.org

1307 Badger Street • P.O. Box 1053 • La Crosse, WI 54602-1053

Phone (608)782-2264 • Fax (608)782-2262



HOUSING AUTHORITY OF THE CITY OF LA CROSSE PUBLIC HOUSING PET POLICY

SECTION 1: GENERAL

The Housing Authority of the City of La Crosse allows for the keeping of pets in its developments subject to compliance with all requirements set forth in this policy.

SECTION 2: DEFINITIONS

The term **“Common Household Pet”** means a domesticated animal, such as a dog, cat, bird, rodent (including a rabbit), fish in aquariums or turtle, that is traditionally kept in the home for pleasure rather than for commercial purposes. The term “Common Household Pet” does not include reptiles (except turtles). This section is subject to any applicable federal, state, and/or local rules, regulations, or ordinances governing the restriction of such animals.

The term **“Disability”** means a physical or mental impairment that substantially limits one or more major life activities, a record of having such an impairment or being regarded as having such an impairment. “Disability” does not include the current illegal use of a controlled substance, or a controlled substance analog, unless the individual is participating in a supervised drug rehabilitation program.

The term **“Emotional Support Animal”** means an animal that provides emotional support, well-being, comfort, or companionship for an individual but that is not trained to perform tasks for the benefit of an individual with a disability.

The term **“Service Animal”** means a guide dog, signal dog, or other animal that is individually trained or is being trained to do work or perform tasks for the benefit of a person with a disability, including the work or task of guiding a person with impaired vision, alerting a person with impaired hearing to intruders or sound, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items.

The term **“Reliable Documentation”** includes, but is not limited to, a signed document from a medical doctor, psychiatrist, social worker, or other similarly licensed health professional documenting a resident’s Disability and Disability-related need for an Emotional Support Animal or Service Animal. The Housing Authority reserves the right to determine what documentation is considered reliable.

SECTION 3: APPROVAL AND REGISTRATION

Residents’ must register any pets prior to the keeping of any pet in the resident’s housing unit. Residents must apply for approval and registration by fully completing the attached Authorization for Pet Ownership Form. **THE AUTHORIZATION FORM MUST BE FULLY COMPLETED BEFORE THE HOUSING AUTHORITY WILL APPROVE ANY REGISTRATION REQUEST.**

SECTION 4: PET IDENTIFICATION REQUIRED

Residents must provide the Housing Authority a written description and/or photographic documentation of the pet sufficient to identify the pet. The Housing Authority reserves the right to determine whether the documentation provided by the resident is sufficient to satisfy this Section.

SECTION 5: ANIMAL VACCINATIONS, LICENSING AND SAFETY

ALL ANIMALS, including Service Animals and Emotional Support Animals, must be vaccinated against all diseases and/or conditions required under any state and/or local law, regulation, or ordinances. ALL ANIMALS, including Service Animals and Emotional Support Animals, must also be in compliance with all applicable state or local animal licensing requirements.

For purposes of public health, safety, and animal population control, all dogs and cats should be spayed or neutered.

A pet owner may be liable for any injury or damage caused by the pet to any person or property of another resident, visitor, agency, or employee of the Housing Authority. Therefore, it is strongly recommended that the resident who owns a pet purchase a personal liability insurance policy from an insurance carrier of their choice.

SECTION 6: TYPE AND NUMBER OF PETS

The Housing Authority shall only permit residents to keep animals that meet the definition of Common Household Pet as defined under Section 2.

Residents shall be limited to one pet per housing unit.

No animal may exceed 30 pounds in weight projected to full adult size.

Aquariums may not exceed 30 gallons.

The Housing Authority reserves the right to disallow the keeping of any pet that the Housing Authority considers an unreasonable risk to the health and safety of its residents.

SECTION 7: PET DEPOSIT

A one-time pet deposit of \$250 is required and due at the time of registering a pet. Full payment of the pet deposit is a prerequisite for final approval of pet registration, and any application submitted will not be approved until the pet deposit has been made. The deposit is refundable when the pet or the family vacates the unit, less any amounts owed due to damage beyond normal wear and tear.

SECTION 8: FINANCIAL OBLIGATION OF RESIDENT

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Any damages caused by a pet-related insect or pest infestation in the pet owner's unit shall be the financial responsibility of the pet owner, including without limitation costs associated with the extermination or mitigation of insects or pests.

SECTION 9: NUISANCE OR THREAT TO HEALTH OR SAFETY

The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas. Pet owners must clean up after their pets and are responsible for disposing of pet waste.

Repeated substantiated complaints by neighbors or the Housing Authority of the City of La Crosse personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance may result in the owners having to remove the pet and may be considered a material breach of the lease agreement.

Pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one half hour or more to the disturbance of any person at any time of day or night shall be considered a nuisance.

The examples provided above are not to be considered an exhaustive list of potential nuisances. The Housing Authority reserves the right to determine when a pet poses a nuisance or threat to the health and safety of Housing Authority residents.

SECTION 10: DESIGNATION OF PET AREAS

Pets must be kept in the owner's apartment or on a leash at all times when outside the unit. No outdoor cages and/or structures may be constructed. Pets will be allowed only in designated areas on the grounds of the property if the Housing Authority of the City of La Crosse designates a pet area for the particular site. No pets shall be allowed in the community room, community room kitchen, laundry rooms, public bathrooms, lobby, beauty shop, hallways or office in any of our sites.

SECTION 11: MISCELLANEOUS RULES:

Pets shall not be left unattended in a dwelling unit for a period of more than five hours. If a pet is left unattended for an unreasonable amount of time or is deemed abandoned, the Housing Authority reserves the right to enter the premises and take the pet to be boarded at a local animal care facility or in some similar manner of caretaking, at the expense of the resident.

Pet bedding shall not be washed in any common laundry facilities.

Residents shall take appropriate actions to protect their pets from fleas, ticks, and other pests.

All dogs shall wear a tag bearing the resident's name and phone number and the date of the latest rabies vaccination.

Pets shall not be kept, bred or used for any commercial purpose.

Residents owning cats shall maintain waterproof litter boxes for cat waste. Refuse from litter boxes shall not accumulate or become unsightly or unsanitary. Litter shall be disposed of in an appropriate manner.

A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority or others are entering the pet owner's apartment to provide services, enforce lease terms, or conduct any other business.

If a pet causes physical harm to any person, the pet's owner shall be required to permanently remove the pet from the development within 10 days upon written demand for removal from the Housing Authority. The Housing Authority may also consider such an event to be a material breach of the lease agreement.

The Housing Authority's grievance procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this policy.

Visiting animals shall not be allowed.

SECTION 12: REMOVAL OF DANGEROUS OR NUISANCE ANIMALS

The Housing Authority of the City of La Crosse, or an appropriate community authority, shall require the removal of any pet from a project if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the project or of other persons in the community where the project is located.

In the event of illness or death of pet owner, or in the case of an emergency which would prevent the pet owner from properly caring for the pet, the Housing Authority reserves the right to call the emergency caregiver designated by the resident or the local Pet Law Enforcement Agency to take the pet and care for it until family or friends would claim the pet and assume responsibility for the pet. Any expenses incurred will be the responsibility of the pet owner.

SECTION 13: EXCEPTIONS

Any resident that has a Disability and a Disability-Related Need for an Emotional Support Animal or Service Animal, as those terms are defined under Section 2, is exempted from the following sections:

SECTION 7: PET DEPOSIT

SECTION 10: DESIGNATION OF PET AREAS

Additional Exceptions

There are no size or breed restrictions on Emotional Support Animals or Service Animals.

Documentation Required for Service and Emotional Support Animals

Any resident keeping or seeking to keep a Service Animal is required to submit to the Housing Authority Reliable Documentation of their Disability and their Disability-related need for the Service Animal, unless the Disability is readily apparent or known. If the Disability is readily apparent or known but the Disability-related need for the animal is not, the individual may be requested to submit Reliable Documentation of the Disability-related need for the animal.

Any resident seeking to keep an Emotional Support Animal is required to submit Reliable Documentation that the individual has a disability and Reliable Documentation of the Disability-related need for the Emotional Support Animal from a licensed health professional.

The housing authority may deny a resident the ability to keep a Service Animal or Emotional Support Animal if any of the following applies:

- a. The individual is not disabled, does not have a Disability-related need for the animal, or fails to provide Reliable Documentation.
- b. Allowing the animal would impose an undue financial and administrative burden or would fundamentally alter the nature of services provided by the lessor, owner, or representative.
- c. The specific animal in question poses a direct threat to a person's health or safety that cannot be reduced or eliminated by another reasonable accommodation.
- d. The specific animal in question would cause substantial physical damage to a person's property that cannot be reduced or eliminated by another reasonable accommodation.

Resolution Number 1097

Dated September 13, 2000

Revised October 12, 2022

**HOUSING AUTHORITY OF THE CITY OF LA CROSSE
AUTHORIZATION FOR PET OWNERSHIP FORM**

Please fill out a form for pet.

Pet Owner's Name _____

Pet Owner's Address _____

Home Telephone: _____ Work Telephone: _____

Pet's Name _____

Type or Breed: _____

Spayed or neutered? _____

License or ID Number: _____

Veterinarian Utilized: _____

Address: _____ Phone: _____

Emergency Caregiver for the Pet: _____

Address: _____ Phone: _____

I have read and understand the rules governing pets and I and all members of my household promise to fully comply.

Signature of Pet Owner: _____ Date: _____

Approved by: _____ Date: _____

Please attach the following to this form (PLEASE MARK "COMPLETE" FOR EACH SECTION):

Picture/Description of the Pet: _____

Pet Deposit Paid: _____