

**FOREST PARK AND PING MANOR**

VAWA STATEMENT

I, \_\_\_\_\_, state that I have received a copy of the Notice of Occupancy Rights under the Violence Against Women Act (HUD-5380) along with the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (HUD-5382).

---

*Tenant Signature*

---

*Date*

Form #91B. VAWA

**FOREST PARK AND PING MANOR**

STATEMENT

I, \_\_\_\_\_, state that I have received a copy of the FACT SHEET For HUD ASSISTED RESIDENTS, together with a copy of RESIDENTS RIGHTS AND RESPONSIBILITIES and EIV & You Brochures.

\_\_\_\_\_

*Tenant Signature*

\_\_\_\_\_

*Date*

**(Note:** Both forms to be given at move-in and annual recertification)



# 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



U.S. Department of Housing and Urban Development

## **Document Package for Applicant's/Tenant's Consent to the Release Of Information**

**This Package contains the following documents:**

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

---

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

### Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

### Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

### Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

# Notice and Consent for the Release of Information

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): Housing Authority of the City of La Crosse PO Box 1053, 1307 Badger St La Crosse, WI 54602-1053
---	---	---

**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.**

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

## Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

# Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

## Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units



**Failure to Sign the Consent Form**

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

**Conditions**

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

\_\_\_\_\_  
Name of Applicant or Tenant (Print)

\_\_\_\_\_  
**Signature of Applicant or Tenant & Date**

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

**Signature of Applicant**

**Date**

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

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

**Certification/Re-certification Questionnaire**

Address: \_\_\_\_\_

Unit Number: \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION**

Members Full Name	Relationship	Phone Number	Email
	<b>HEAD</b>		

**II. INCOME/ASSETS:**

**A. Income**

<b>Do you receive or expect to receive:</b>	<b>YES</b>	<b>NO</b>	<b>Amount per month</b>
Wages, salaries (including overtime, tips, bonuses, self employment)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Security, Disability, OR SSI payments?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does any member work for someone who pays them cash?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regular pay for a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Welfare, TANF, OR W2 benefits?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child Support and/or Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pensions (PERA, Railroad, etc.) Retirement or Veteran's administration benefits?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unemployment benefits or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Worker's Compensation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Whole life Insurance Policies, Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Death Benefits?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regular cash contributions or gifts from individuals not living in the unit (includes rent, utilities, groceries, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Have you received or expect to receive lump sum payments such as:</b>	<b>YES</b>	<b>NO</b>	<b>AMOUNT</b>
Inheritances	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lottery Winnings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insurance Settlements (health, accident, Worker's Compensation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unemployment Compensation, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify) _____			

**B. Assets**

<b>Are any of the assets listed below held jointly with another person? Which ones?</b>	<b>YES</b>	<b>NO</b>	<b>AMOUNT</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Do you have money held in:</b>	<b>YES</b>	<b>NO</b>	<b>AMOUNT</b>
Checking Account(s)? Financial Institution Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Savings Account(s)? Financial Institution Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stocks, Bonds, OR IRA/KEOGH? Holding Company Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Annuities, Securities, OR Trusts? Holding Company Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Certificates of Deposit, OR Money Market? Financial Institution Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have any coin collections, antique cars, gems/jewelry, stamps, or any other items held as an investment (wedding rings and personal jewelry is not counted)? _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you own a home, farm, or real estate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>*If yes,</b> are you in the process of selling it?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you receive rental income from a home, farm or other real estate?   \_\_\_\_\_

**III. MISCELLANEOUS:**

**A. Pets**

**YES NO**

Do you have a pet?

\*If **yes**, please provide a copy of the pet license & proof of vaccination from your vet.

**B. Additional Household Information**

**YES NO**

Are any household members temporarily absent?

Are any household members permanently absent?

Has the employment status for any household member changed?

**IV. DEDUCTIONS**

**Medical-Complete if you are at least 62 years old, handicapped or disabled.**

**YES NO**

Do you have Medicare?

Do you have any other kind of medical insurance?

Name and address of insurer: \_\_\_\_\_

Do you receive medical assistance?

If yes, do you have a monthly spend down? \_\_\_\_\_

Do you have any non-prescription (over-the-counter) medication that your doctor has requested you to use on a regular basis?

(i.e. insulin, aspirin, etc.) \_\_\_\_\_

\* If **yes**, please provide verification from your Doctor & receipts for your non- prescription medication.

Do you have any outstanding medical bills on which you are paying? \_\_\_\_\_

\*If **yes**, indicate the types of bills owed: \_\_\_\_\_ Providers name and address: \_\_\_\_\_

**VEHICLE INFORMATION:**

Do you have a vehicle? No  Yes  If **yes**, complete the following:

Make	Sticker #	Year	Color	License Plate #

I/We certify that the information provided in the Certification/Re-certification Questionnaire is true and complete to the best of my/our knowledge and belief. I/We understand that penalties under the Public Housing program’s regulations may be imposed if I/We furnish false or incomplete information. Those penalties include, but are not limited to, loss of subsidy and/or tenancy. I/We further understand that changes in my/our income and/or family composition must be reported to management in accordance with the requirements of the Housing Authority of the City of La Crosse.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-head of Household

\_\_\_\_\_  
Date

If you have a social worker, care provider, nurse, payee or a guardian, please list them below.

\_\_\_\_\_  
Name & Agency

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name & Agency

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name & Agency

\_\_\_\_\_  
Phone Number

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

*Sten Selby* / *10/26/2022*  
Landlord / Date



# HOUSING AUTHORITY OF THE CITY OF LA CROSSE FOREST PARK & PING MANOR 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 INOCULATIONS, LICENSING AND SAFETY**

ALL ANIMALS, including Service Animals and Emotional Support Animals, must be inoculated against all diseases and/or conditions to the extent required under any state and/or local law, regulations, or ordinances. ALL ANIMALS, including Service Animals and Emotional Support Animals, are required to provide a certificate signed by a licensed veterinarian or a State or local authority stating that the pet has received all inoculations required by applicable State and local law. 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.

Residents are required to re-register their pets annually and are additionally required to provide a certificate signed by a licensed veterinarian or a State or local authority stating that the pet has received all inoculations required by applicable State and local law at every annual re-examination.

## **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 registration 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: \_\_\_\_\_

Certificate of inoculation: \_\_\_\_\_

Pet Deposit Paid: \_\_\_\_\_