



1440 Rockside Road, Suite 306
Parma, Ohio 44134

City of Parma, Ohio

TIM DeGEETER
MAYOR

PUBLIC HOUSING



Phone: 216-661-2015
Fax: 216-661-2021

REQUIRED DOCUMENTS CHECKLIST

All families participating in the Housing Choice Voucher Program and Public Housing Program for Parma Public Housing Agency (PPHA) to conduct an examination of their family circumstances annually and during the application process. You must complete the enclosed packet. This also applies to those 18 years of age and older. Please note that all documents must be dated within the last 60 days (no paystubs, etc. can be over 60 days old):

Please note that all documents must be dated within the last 60 days:

1. Income:

For every member of your household who is working, please provide the requested documentation. Name, address and telephone number of the employer

- 6 consecutive pay stubs if paid weekly, 3 consecutive pay stubs if paid every other week, 2 pay stubs if paid monthly; or a letter from your employer, on company letterhead, verifying pay rate and hours worked per pay period.
- Documentation of other types of income you expect to receive from employment such as tips, commissions, bonuses, profit sharing programs, etc.
- All self-employed persons should present their records showing the amount of money they have made during the past year.

2. Benefit and Support Income

- Public Assistance: Verification letter which states the amount of benefits paid
- Social Security/SSI : You can call 1-800-772-1213 to obtain a benefits verification statement at www.socialsecurity.gov/myaccount.
- Court Ordered Support: Provide documentation of any income provided via court order
- Voluntary Support: If you are receiving any regular contributions or gifts from organizations or persons not residing in your home which are provided to your family on a regular basis, provide documentation of such support. www.jfs.ohio.gov/ocs.
- Child Support/ Alimony Payments: Provide documentation of the frequency and amount of child support and/or alimony payments.
- Pensions: Provide documentation of the frequency and amount of any pension income



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- Unemployment/Workmen's Compensation: Provide documentation of the schedule/frequency and amount of unemployment compensation or workmen's compensation payments. 1-877-644-6562, <http://unemployment.ohio.gov>,

3. Assets

- If you have bank accounts, or other financial investments (stocks, bonds) and/or other assets (i.e. real estate), you will need to provide documentation and copies of statements for any and all assets.

4. You and Your Household Members:

If any member of your household was not part of the family composition at the last recertification, the following information will be needed to complete the recertification:

- Social Security Numbers
- Birth certificates
- Proof of Citizenship
- Custody agreements
- Adoption Papers
- Photo ID for all Household members 18 years old or older

For household members age 18 or over, who are full time students, provide verification of full time student status.

5. Expenses

If the household is at least 62 years of age or disabled, provide documentation of Medicare, Medicaid, and/or Health insurance payments. You must also provide an itemized list of all expenses that occurred during the year.

Failure to comply with your recertification appointment and/or provide the required information will result in termination of your housing assistance. Withholding income, asset, or family composition information is fraud, and is punishable by law. Please contact your Housing Specialist, if you are disabled, need assistance, and/or if you have any questions.

PARMA PUBLIC HOUSING
VERIFICATION INFORMATION SHEET

1. Head of Household Name: _____

2. Current Address: _____

3. City, State & Zip Code: _____

4. Home Telephone #: _____ 5. Cell Phone #: _____

6. Including the Head of Household, please list first and last names of all household members:

7. Do you have any active bank accounts or credit union accounts for yourself and/or any member of your household?

____ YES ____ NO (If yes, please provide a current statement for each account)

Family Member Name	Bank Name <i>(Please mark if it is a checking or savings)</i>	Balance \$ <i>(Does it earn interest?)</i>	Type of account
		\$ _____ <input type="checkbox"/> YES, % rate? _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
		\$ _____ <input type="checkbox"/> YES, % rate? _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

8. Do you, or does any member of your household have any stocks, bonds, mutual funds or IRA's?

____ YES ____ NO

If yes, who is the provider? _____

9. Do you, or does any member of your household own any real estate?

____ YES ____ NO

10. Have you or any member of your household disposed of any real estate in the past two (2) years?

____ YES ____ NO

10a. Do you have ANY assets with a value of more than \$5000?

____ YES ____ NO

11. Are you or is any member of your household age 18+ currently working?

____ YES (If yes, please complete below) ____ NO

Family Member Name	Employer Name/Address/Phone/Fax	Amount \$	Frequency
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

12. Are you, or is any member of your household receiving Food Stamps?

____ YES ____ NO

If yes, who and what is the monthly amount of Food Stamps?

13. Are you, or is any member of your household receiving cash assistance from ODJFS?

____ YES ____ NO

If yes, who and what is the monthly amount of cash assistance?

14. Are you, or is any member of your household receiving Child Support?

____ YES ____ NO If yes, who and what is the monthly amount? Enter information in chart below.

(MUST PROVIDE 1 YEAR PRINT OUT FOR EACH CHILD, or LETTER FROM CHILD SUPPORT STATING NO ORDER IS IN PLACE)

Family Member Name	Child Support Case Number	Amount \$	Frequency
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

15. Are you, or is any member of your household receiving Social Security or SSI benefits?

YES NO

If yes, who is receiving payments and what is the monthly amount? _____

16. Are you, or is any member of your household receiving a Pension?

YES (If yes, please complete below) NO

Pension Provider Name: _____

Address: _____

City, State & Zip Code: _____

Telephone #: _____

17. Are you, or is any member of your household receiving Alimony?

YES NO

If yes, who is receiving Alimony and what is the monthly amount? _____

18. Are you, or is any member of your household receiving Unemployment?

YES NO

If yes, who is receiving Unemployment and what is the weekly amount? _____

19. Are you, or is any member of your household receiving Workers Compensation benefits?

YES NO

If yes, who is receiving Workers Comp and what is the weekly amount? _____

20. Are you, or is any member of your household receiving financial assistance from family and/or friends?

YES NO

If yes, who is receiving assistance and what is the monthly assistance amount? _____

(MUST SUBMIT A NOTARIZED LETTER FROM FAMILY MEMBER WITH AMOUNT AND FREQUENCY OF PAYMENT)

21. Are you, or is any member of your household age 18+ paying for Child Care?

(Only answer yes if the Head of Household, Spouse or Co-Head is working, attending school full time, OR enrolled in a job training program or actively seeking employment)

YES (If yes, please complete below) NO

Child Care Provider Name: _____

Telephone #: _____

22. Are you, or is any member of your household paying for Medical Insurance?

(Only answer yes if the Head of Household, Spouse or Co-Head is elderly or disabled)

____ YES (If yes, please complete below) ____ NO

Insurance Provider Name: _____

Telephone #: _____

23. Are you, or is any member of your household paying for or have paid for prescriptions in the past 12 months?

(Only answer yes if the Head of Household, Spouse or Co-Head is elderly or disabled)

____ YES ____ NO

Pharmacy Name: _____

Address: _____

City, State & Zip Code: _____

Telephone #: _____

24. Are you, or is any member of your household paying for or have paid for doctor co-pays in the past 12 months?

(Only answer yes if the Head of Household, Spouse or Co-Head is elderly or disabled)

____ YES ____ NO

If yes, please list names and addresses of all doctors: _____

25. Are you, or is any member of your household age 18+ attending school full time?

____ YES ____ NO (IF YES, MUST PROVIDE VERIFICATION)

School Name: _____

Telephone #: _____

26. Is Anyone in your Household age 18 + claiming Zero Income?

____ YES (If yes, please complete below) ____ NO

If yes, who is claiming zero income and Why? _____

27. Has anyone in your household been registered as a sexual offender?

____ YES ____ NO If yes, who and when did the registration occur? _____

By signing below, I hereby certify that information I have completed above is complete and truthful.

X _____

X _____

Head of Household Signature

Date

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTERS IN ITS JURISDICTION.

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. 1/31/2014

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

PARMA PUBLIC HOUSING AGENCY
1440 ROCKSIDE ROAD
SUITE 306
PARMA OHIO 44134

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

N/A

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:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy 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

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 10/31/2019.

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



City of Parma, Ohio

TIM DeGEETER
MAYOR



1440 Rockside Road, Suite 306
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PUBLIC HOUSING

Phone: 216-661-2015
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Release of Information

By my signature below, I hereby authorize Parma Public Housing Agency (PPHA) to verify all information I have provided to the housing authority relating to my application or continued assistance in HMHA housing programs.

I understand and agree that this authorization and/or the information obtained with this authorization may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also authorize PPHA to share information with and obtain information from other Federal, State or Local agencies, individual(s) or professionals as deemed necessary in the provision of assisted housing and in administering and enforcing program rules and policies in accordance with HUD Regulations.

- Previous Landlords
Courts
Post Offices
Current Landlords
Schools & Colleges
Law Enforcement Agencies
Utility Companies
Banks & Financial Institutions
Creditors & Credit Bureaus
Welfare Agencies, Social Service Offices
Veterans' Affairs & Offices

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my initial eligibility for and continued participation in the Housing Choice Voucher Program and/or Public Housing Program that PPHA administers and that I am participating in.

I agree that a photocopy of this authorization may be used for the above stated purposes. The original of this authorization is on file with Parma Public Housing Agency.

This Release of Information is valid for a period of fifteen (15) months form the date of my signature.

X _____

Head of Household

X _____

Date

X _____

Applicant/Participant

X _____

Date

X _____

Applicant/Participant

X _____

Date

X _____

Applicant/Participant

X _____



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Family Obligations

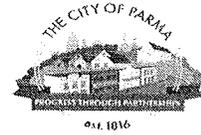
The following describes the responsibilities of a Section 8 and Public Housing program participant with the Parma Public Housing Agency. If you or your family members fail to meet these responsibilities, you may be terminated from the Section 8 or Public Housing program and may be denied Section 8 rental assistance in the future.

1. You must provide Parma Public Housing Agency with the information and documentation requested to determine your housing eligibility.
2. You must provide accurate and complete information about income, family members on your application/family declaration.
3. You must immediately (within 30 calendar days) report in writing ANY changes in your family size and/or income. Income includes all employment earnings, welfare, social security, disability, lump sum payments, lottery winnings, child support, unemployment or workers compensation, pensions, net income from business, regular contributions or gifts, etc. **FAILURE TO REPORT CHANGES MAY RESULT IN BACK PAYMENTS OF RENT AND POSSIBLE TERMINATION OF HOUSING ASSISTANCE.**
4. Your subsidized rental unit can only be used as a residence. You cannot operate a business from the unit without prior approval from PPHA. Do NOT allow anyone other than those listed as assisted family household members to use your address or use the unit for any other purposes.
5. Section 8 and Public Housing participants and members of the assisted household are prohibited from engaging in drug related criminal activity or violent criminal activity.
6. You CANNOT sublet, rent, transfer any part of the rental unit. The only individuals who can live in your rental unit are those whom you have reported as being part of your assisted household who are listed on your application/family declaration and have been approved by PPHA. **YOU MUST HAVE PRIOR APPROVAL FROM Parma Public Housing Agency TO ADD A PERSON TO THE ASSISTED HOUSEHOLD.**
7. You CANNOT own any part of the rental unit in which you are subsidized under the Section 8 program. (Section 8 Participants only)



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8. You CANNOT receive any other federal rental assistance while receiving Section 8 and Public Housing assistance from Parma Public Housing Agency.
9. You must allow Parma Public Housing Agency to inspect your rental unit upon receipt of reasonable notice.
10. You must give Parma Public Housing Agency 30 day written notice when you plan to move from the rental unit.
11. You must comply with all the terms and conditions of your lease agreement.
12. It is the family's responsibility to retain copies of the Lease and Rent Change notices provided by (Parma Public Housing Agency at annual re-exam. Parma Public Housing Agency will not provide additional copies at your request.

X _____
Head of Household

X _____
Other Adult

X _____
Other Adult

X _____
Other Adult

X _____
Date

X _____
Date

X _____
Date

X _____
Date



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Consent for Release of Criminal Background Check

I understand and give the Parma Public Housing Agency (PPHA) permission to retrieve my criminal background record activities as part of their initial and subsequent annual certification processing for the Section 8 Housing Choice Voucher program and Public Housing Program. Additionally, I understand that PPHA has discretion to collect this information at any time that they have reason to believe that any household member has engaged in violent criminal and/or drug related activities or other activities that must be considered when determining initial and ongoing eligibility in the Housing Choice Voucher program and Public Housing Program.

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my initial eligibility for and continued participation in the Housing Choice Voucher Program and/or Public Housing Program that PPHA administers and that I am participating in.

I agree that a photocopy of this authorization may be used for the above stated purposes. The original of this authorization is on file with Parma Public Housing Agency.

This Release of Information is valid for a period of fifteen (15) months form the date of my signature.

My signature below confirms that I am certifying my consent for the release of information to Parma Public Housing Agency.

X _____
Head of Household

X _____
Date

X _____
Applicant/Participant

X _____
Date

X _____
Applicant/Participant

X _____
Date



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WRITTEN PERMISSION TO DISCLOSE CHILD SUPPORT PAYMENTS

By signing below, I hereby grant the County of Cuyahoga, Ohio, on behalf of its Office of Child Support Services, permission to disclose the following information to the Parma Public Housing Agency ("PPHA"): a history of child support payments that I have received from the obligor through the County's Office of Child Support Services ("OCSS") (referred to herein as the "Information"). I understand that the purpose of this disclosure is to allow PPHA to verify my income as it relates to the child support payments that I have received from the obligor through the OCSS.

This authorization shall become effective on the signature date and shall continue as long as I reside at a building owned or operated by the PPHA or use a voucher for housing costs as provided by PPHA.

Further, I hereby release and hold the County and PPHA, and their respective departments, divisions, officers, officials, directors, board members, employees, and agents, harmless from and against all claims, damages, losses, liens, causes of action, suits, judgments and expenses (including attorneys' fees and other costs of defense), of any nature, kind or description, resulting from or related to the disclosure of the Information.

Signature

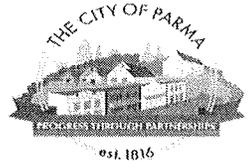
Print Name of Individual or Individual's Legal Guardian

Signature Date



City of Parma, Ohio

TIM DeGEETER
MAYOR



1440 Rockside Road, Suite 306
Parma, Ohio 44134

PUBLIC HOUSING

Phone: 216-661-2015
Fax: 216-661-2021

NOTICE OF MINIMUM RENT

Minimum rent refers to the minimum total tenant payment (TTP) and includes the combined amount a family pays toward rent and/or utilities when it is applied.

“Subject to minimum rent” means the minimum rent was the greatest figure in the calculation of the greatest of 30% of monthly-adjusted income, 10% of monthly income or minimum rent.

The HCVP will notify all families subject to minimum rents of their right to request a minimum rent hardship exemption.

MINIMUM RENT HARDSHIP EXEMPTION REQUESTS

A family may request an exception to the minimum rent based on financial hardship. Two types of exemptions may be granted:

TEMPORARY HARDSHIP:

The qualifying financial hardship is temporary in nature. A minimum rent will not be imposed for a period of up to 90 days from the first day of the month following the family’s request for exemption. At the end of the temporary suspension period, the minimum rent will be imposed **RETROACTIVELY** to the time of suspension. The family will be offered a reasonable **repayment agreement**.

LONG-TERM HARDSHIP:

The financial hardship is long-term and falls under one of the qualifying hardship criteria. The family will be exempt from the minimum rent requirements for as long as the hardship continues. The exemption from minimum rent shall apply from the first day of the month following the family’s request for exemption.

Requests must be made on the application form included with this notice and forwarded to our Public Housing Administrator.

HARDSHIP EXEMPTION CRITERIA

A family’s circumstances must fall under one of the following HUD hardship criteria:

- ☞ The family has lost eligibility or is awaiting an eligibility determination for federal, state, or local financial assistance.
- ☞ The family would be evicted as a result of the imposition of the minimum rent requirement.
- ☞ The income of the family has decreased because of changed circumstances, including: loss of employment, death in the family, and other circumstances as determined by the HCVP or HUD.

PARMA PUBLIC HOUSING AGENCY
APPLICATION FOR FINANCIAL HARDSHIP EXEMPTION

DATE: _____

HEAD OF HOUSEHOLD NAME: _____

I am applying for an exemption to the minimum rent requirement due to the following financial hardship:
(check one)

- The family has lost eligibility or is awaiting an eligibility determination for federal, state or local financial assistance;
- The family would be evicted as a result of the imposition of the minimum rent requirement; or
- The income of the family has decreased because of changed circumstances, including loss of employment, death in the family, and other circumstances as determined by the PPHA or HUD.

Date Hardship Began: _____

Date Hardship Expected To End: _____

Please describe the circumstances and source of the financial hardship:

Please list all 3rd party sources that can certify the above noted financial hardship exemption. **If possible, please attach supporting documentation pertaining to the financial hardship exemption.**

	NAME	ADDRESS	TELEPHONE # (area code)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I hereby understand that any misrepresentation of information or failure to disclose information on this application may disqualify me from participation in the program, and may be grounds for denial of assistance or termination of assistance. I certify that all information contained on this application is true and complete to the best of my knowledge.

SIGNATURE

DATE

APPROVED

NOT APPROVED

Effective Date: _____
Termination Date: _____
Long term: _____ Short term: _____
RPA Required? _____

Signature/Title of Official

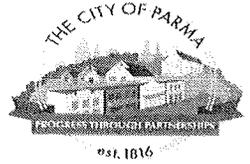
Date



Parma Public Housing Agency

City of Parma, Ohio

TIM DeGEETER
MAYOR



1440 Rockside Road, Suite 306
Parma, Ohio 44134

PUBLIC HOUSING

Phone: 216-661-2015
Fax: 216-661-2021

Violence Against Women Act (VAWA):

Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

By signing below, I confirm that I have received a copy of the VAWA Notice of Occupancy Rights and a Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking form.

Participant/Applicant/Resident

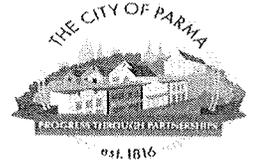
Signature _____ Date _____

Print Name _____



City of Parma, Ohio

TIM DeGEETER
MAYOR



1440 Rockside Road, Suite 306
Parma, Ohio 44134

PUBLIC HOUSING

Phone: 216-661-2015
Fax: 216-661-2021

Statement of Conformity with the Violence Against Women Act

It is the intention of the Parma Public Housing Agency to fully comply with the provisions of the Violence Against Women's Act (VAWA). We are fully committed to implementing the provisions of VAWA.

Parma Public Housing Agency (PPHA)

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

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

Protections for Applicants

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

Protections for Tenants

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

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

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

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

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

Removing the Abuser or Perpetrator from the Household

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

If PPHA chooses to remove the abuser or perpetrator, PPHA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, PPHA must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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

Moving to Another Unit

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

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

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

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

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from

further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

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

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

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

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

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

- A complete HUD-approved certification form given to you by PPHA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or

stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that PPHA has agreed to accept.

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

If PPHA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), PPHA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the

conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, PPHA does not have to provide you with the protections contained in this notice.

Confidentiality

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

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

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

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

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

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

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

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

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

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

Other Laws

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

Non-Compliance with the Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **Fair Housing Contact Services, 800-765-9372; or the Cleveland HUD Field Office, 216-357-7900.**

For Additional Information

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

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

For questions regarding VAWA, please contact **PPHA at (216) 661-2015.**

For help regarding an abusive relationship, you may call:

The National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

You may also contact **Domestic Violence & Child Advocacy Center, (216) 229-2420; Cuyahoga County Court of Domestic Relations, (216) 443-8800; Cleveland Rape Crisis Center, (216) 619-6194; or the Cuyahoga County Witness/Victim Service Center, (216) 443-7345.**

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

For help regarding sexual assault, you may contact **Domestic Violence & Child Advocacy Center, (216) 229-2420; Cuyahoga County Court of Domestic Relations, (216) 443-8800; Cleveland Rape Crisis Center, (216) 619-6194; or the Cuyahoga County Witness/Victim Service Center, (216) 443-7345.**

Victims of stalking seeking help may contact **Domestic Violence & Child Advocacy Center, (216) 229-2420; Cuyahoga County Court of Domestic Relations, (216) 443-8800; Cleveland Rape Crisis Center, (216) 619-6194; or the Cuyahoga County Witness/Victim Service Center, (216) 443-7345.**

Attachment: Certification form HUD-5382.

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

**U.S. Department of Housing
and Urban Development**

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

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

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

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

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

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

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

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

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

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

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

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

10. Location of incident(s): _____

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

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

Signature _____ Signed on (Date) _____

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