



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY SCREENING

HUD PIH Notice Pursuant to Streamlining Portability

Housing Choice Voucher Program Participants:

Rescreening: The preamble to the rule states that RHAs “should be allowed” to apply their own screening standards to incoming portable families, and that information on how rescreening may affect a family’s assistance should be included in the briefing packet.

I acknowledge that I have received information which includes the Southern Nevada Regional Housing Authority’s Admin Plan, Chapter 12: **DENIAL OF ASSISTANCE AND TERMINATION OF ASSISTANCE AND TENANCY**. 12-I.D-Denial of assistance to an applicant/participant regarding the pre-screening and criminal background checks.

Should you have any questions, please call the Housing Choice Voucher Program at (702) 922-6900.

 Signature of Participant

 Date

This form to be used for SNRHA purposes only.

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Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attention: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingue. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Espanol, por favor contacte a su asistente social.

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority’s personnel [24 CFR § 982.552(c)(1)(ix.)]



PORTABILITY

WHAT IS PORTABILITY?

The ability of a family, under the Housing Choice Voucher Program, to move from one Housing Authority jurisdiction (area) to another Housing Authority’s jurisdiction (area).

WHO CAN PARTICIPATE?

Housing Choice Voucher holders are eligible to participate.

1. The Housing Choice Voucher holder may move anywhere in the United States where there is a Housing Authority administering a tenant-based program.
2. The Housing Choice Voucher holder **MUST** lease up in the initial Housing Authority’s jurisdiction (area) for **ONE YEAR** if they did not reside (live) in the initial Housing Authority’s jurisdiction (area) when they applied for housing.

TO USE YOUR PORTABILITY OPTION:

Contact your Caseworker if you want to move to another location. Your Caseworker will assist you in completing a Request for Portability form and provide you with additional information.

I HAVE READ THE ABOVE AND UNDERSTAND THAT I MAY MOVE UNDER PORTABILITY SUBJECT TO HUD’S REGULATIONS AND THE SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY’S POLICY.

I HAVE RECEIVED A COPY OF THIS FORM.

Applicant / Participant Signature

Date

Staff Signature

Date

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LEASE ADDENDUM FOR DRUG-FREE HOUSING

In consideration of the execution or renewal of a Lease of the dwelling unit identified in the Lease, Owner and Tenant agree as follows:

1. Tenant, any members of the tenant's household, or a guest or other person under the tenant's control shall not engage in criminal activity, including drug-related criminal activity, on or near leased premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802].)
2. Tenant, any member of the tenant's household, or a guest or other person under the tenant's control shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near leased premises.
3. Tenant or members of the household, will not permit the dwelling unit to be used for, or to facilitate criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest.
4. Tenant or members of the household will not engage in the manufacture, sale, or distribution of illegal drugs at any location, whether on or near the leased premises or otherwise.
5. Tenant or any member of the tenant's household or a guest or other person under the tenant's control shall not engage in acts of violence or threats of violence, including, but not limited to, the unlawful discharge of firearms, on or near the premises.
6. VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY. A single violation of any of the provisions of this addendum shall be deemed a serious violation and a material non-compliance with the Lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be based upon a preponderance of the evidence.
7. In case of a conflict between the provisions of this addendum and any other provisions of the Lease, the provisions of the Addendum shall govern.
8. This Lease Addendum is incorporated into the Lease executed or renewed this day between the Owner and Tenant.

Date: _____

Date: _____

OWNER

TENANT

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FAMILIES WHO WISH TO MOVE WITH CONTINUED ASSISTANCE

The following are HUD’s requirements for a Housing Choice Voucher Program participant family who wish to move.

The family may move to a new unit if:

1. Assisted lease for old unit has terminated (for no cause), including termination because the Housing Authority (HA) has terminated the HAP contract due to Owner’s breach.
2. Owner has:
 - a. Given Tenant notice to vacate;
 - b. Commenced an action to evict the Tenant (only after 30 days).
 Note: If the eviction is approved by a court process allowing Owner to evict Tenant, the voucher assist shall be terminated.
3. Tenant has given notice of lease termination (If Tenant has the right to terminate lease with notice to Owner) by thirty (30) days notice with a copy to the HA.
4. The assisted unit has been foreclosed and the required notice provided.

If the family terminates the lease with notice to the Owner, THE FAMILY MUST GIVE THE HOUSING AUTHORITY A COPY OF THE NOTICE AT THE SAME TIME.

If the family wants to move to a new unit outside the HA’s jurisdiction, the notice must specify the area where the family wants to move. (See Portability Information Form).

The HA may deny permission to move:

1. If the HA does not have sufficient funding for continued assistance.
2. In accordance with denial or termination of assistance regulations as noted in Family Obligations.

Signature of Participant	Date

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"Many Hands, One Purpose"

The Housing Choice Voucher Family-Self Sufficiency Acknowledgment of Affirmatively Further Fair Housing and Mobility Notice

Southern Nevada Regional Housing Authority (SNRHA) shall make a voluntary effort to provide area-wide housing opportunities for families that are beyond those required by federal law or regulations. SNRHA shall assist clients to overcome any impediments to Fair Housing Choice related to the assisted program or activity itself by ensuring staff provide each applicant with a copy of the SNRHA's Deconcentration/Mobility and HUD's Fair Housing/Discrimination Brochures. SNRHA's Deconcentration brochure includes a map that identified areas within Clark County that have poverty rates above 10%. It further provides information regarding bus routes, schools, hospitals, and a list of essential questions renters should ask potential landlords/owners before signing a lease. The brochure also includes crime rate information for specific areas.

SNRHA has developed a listing of units outside of high poverty impacted census tracts and is available via www.GoSection8.com. This listing includes 504 accessible units for disabled participants. SNRHA staff realizes providing listings of available units without providing owners and participants of Fair Housing Rights does not truly address all issues of jurisdictional barriers to mobility. Having said that, we are providing you with the following items:

Documents Provided

- HUD Fair Housing/Discrimination Brochure
- SNRHA Affirmatively Further Fair Housing Policy
- SNRHA Mobility Brochure
- Reasonable Accommodation Brochure

SNRHA shall not deny persons who qualify for a Housing Choice Voucher (HCV) under this program or other housing opportunities, or otherwise restrict access to SNRHA's programs to eligible applicants who choose not to participate in any mobility assistance programs.

SNRHA shall provide housing search assistance and in accordance with rent reasonableness requirements, approve a higher rent to owners that provide accessible units with structural modifications for persons with disabilities.

SNRHA shall provide technical assistance, through referrals to local housing and equal opportunity offices, to owners interested in making reasonable accommodations or units accessible to persons with disabilities. All applicants are provided with a Resource Guide during their HCV briefing which list both Nevada Legal Service and HUD's Office of Fair Housing contact information.

Upon request, SNRHA may provide transportation for new HCV participants to view up to two (2) units.

I acknowledge that I have received the approved referenced documents and staff has answered any questions I have regarding these resource guides. I further acknowledge that it is my right to lease any unit in any area as long as the unit meets the Housing Choice Voucher Program eligibility requirements, including Housing Quality Standards and the rent does not result in my paying more than 40% of my adjusted income towards my portion of rent.

Print Name

Date

Signature

Client # (entered by staff)

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FRAUD NOTICE

Housing Choice Voucher Program Participants:

The Department of Housing and Urban Development is seriously concerned about fraud in the Housing Choice Voucher (HCV) Program and has asked us to give you this reminder to all families in the program. Going along with these simple rules will help you stay in the HCV Program and help the Program run fairly and honestly. Not following these rules could result in referral of the matter for investigation and you being accused of a Federal Crime.

You must report all changes in income and your family size within ten (10) calendar days in writing so we can make sure that you are paying the right rent to your landlord, and that the unit is the right size for your family. When we ask for this information be sure to:

1. Let us know about all income received by all members of your household and income you expect to receive in the next year. Many people forget income from second jobs, overtime, part-time jobs, and income received from child support, spouse, and other sources.
2. Let us know the names of everyone expected to live in your household including marriages and if you need to remove anyone in writing within ten (10) calendar days. You cannot allow anyone, except by birth of a child, to move into your unit without prior written approval from your landlord and SNRHA, including a new spouse.

Your rent payment to your landlord must not be more than the amount in your lease and SNHRA Tenant Notice with your portion of rent we calculated at the time of your interview. If you are now paying more (or if your landlord asks for any) money in addition to this payment, please report this to us at once. This is called a side-payment and if you do this, you will lose your voucher. Most of these payments are "illegal" and appropriate action will be taken against the landlord. If notified, we will review your case and get back to you shortly.

Should you have any questions, please call the HCV Staff Member below at (702) 477-3100. Thank you.

 Housing Choice Voucher Program Staff

 Signature of Participant

 Date

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SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
P.O. Box 1897 • Las Vegas, Nevada 89125

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

WATCH OUT FOR LEAD-BASED PAINT POISONING NOTIFICATION

TO: TENANTS OF HOUSING CONSTRUCTED BEFORE 1978

This building was constructed before 1978. There is a possibility that it may contain lead-based paint.

PLEASE READ THE FOLLOWING INFORMATION CONCERNING LEAD-BASED PAINT POISONING

The interiors of older apartments often have layers of lead-based paint on the walls, ceilings, window sills and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children.

Children may eat paint chips or chew on painted railings, window sills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomach aches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? Those may be signs of lead poisoning, although many times there are no symptoms at all. Lead poisoning can eventually cause mental retardation, blindness and even death.

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Elevated Blood Lead Level (EBLL) screening and treatment are available through Medicaid Program for those who are eligible.

Inform other family members and baby-sitters of the dangers of lead poisoning. You can safeguard your child from lead poisoning by preventing him or her from eating paint that may contain lead.

Look at your walls, ceilings, door frames and window sills. Are there places where the paint is peeling, flaking or chipping? If so, there are some things you can do immediately to protect your child:

Over ⇨

- 1) Cover all furniture and appliances;
- 2) Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork and ceilings.
- 3) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. **DO NOT BURN THEM.**
- 4) Do not leave paint chips on the floor. Damp mop floors in and around the work area to remove all dust and paint particles. Keeping the floor clean of paint chips, dust and dirt is easy and very important.
- 5) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

IF YOUR CHILD HAS AN ELEVATED BLOOD LEAD LEVEL:

If your child is tested and the test confirms a concentration of lead in whole blood equivalent to 25 ug/dl or greater, you should present test evidence to your management office or the landlord immediately.

IF YOU FIND FLAKING, CHIPPING OR PEELING PAINT:

If the unit in which you live has flaking, chipping or peeling paint, water leaks from faulty plumbing, or defective roofs, you should notify the management office or the landlord immediately.

You should cooperate with the management office's or landlord's efforts to repair any deficiencies and keep your unit in good shape. When lead-based paint is removed by scraping, a hazardous dust is created which can enter the body either by breathing or swallowing the dust. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children and pregnant women on the premises.

Remember that you, as a parent, play a major role in the prevention of lead poisoning. Your actions and awareness about lead problem can make a big difference.

Signatures:

1. _____ Date signed _____
Head(s) of Household

2. _____ Date signed _____

(Property)

By: _____
Agent



REASONABLE ACCOMMODATION AUXILIARY AIDE

1. Does anyone in your household require any type of accommodations to fully utilize our programs and services? Yes No

If yes, who? _____

What do they require?

2. Does anyone in your household require an auxiliary aide (i.e. strobe/visual smoke detector?)? Yes No

If yes, who? _____

What do they require?

 Head of Household (*Signature*)

 Date

 Print Name

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MOVES WITH CONTINUED ASSISTANCE: PARTICIPANT ACKNOWLEDGMENT NOTICE

(Attachments-Voucher Continued Occupancy packet, Intent to Vacate form, Unit Search And Extension Request for,, 30/40 Worksheet and current unit listing).

The SNRHA's Housing Choice Voucher Program permits participants to move from one unit to another after being under an initial lease and contract for one year. You must comply as follows:

1. Provide your manager/owner with a written 30 day notice, and then contact your caseworker to **schedule an appointment** to bring in a copy of your notice. (less than 30 days notice require the manager/owner signature.
2. If you are eligible to move, you will be issued a voucher for an initial period of **60 calendar days** from the date you sign for the voucher. You must either:
 - a. Turn in a Request for Tenancy Approval (RFTA) moving packet to your caseworker "prior" to the voucher expiration date by calling to make an appointment; or
 - b. Submit a written request for an extension, along with the search form on backside (only one extension will be approved); or
 - c. Obtain and submit written approval from your landlord/manager to remain in your present unit "prior" to the cancellation effective date.

Failure to do one of these above items will result in termination from the program. SNRHA will not be responsible for any rental assistance payments after the cancellation date if you fail to follow these procedures.

3. If you cannot reach your caseworker for an appointment or encounter other problems during your move, it "your" responsibility to notify our Housing Choice Voucher Supervisor immediately for assistance by 922-6962.
4. Remember, you cannot rent units that exceed 40% of your adjusted income. You can rent units that are larger than your voucher size as long as your total family contribution is within the 40% limit. Please ensure you do not make any payments that are not included in our written notice to you and the owner. This would be considered an unauthorized side-payment and will result in termination of your assistance and the owner being barred from program participation.
5. Optional, but recommended:
 - a. Check with Metro or News 3 Crime Trackers to see the crime rates for the area you are selecting;
 - b. Drive by at night to see the area versus just visiting during the daytime; and
 - c. If you see the other residents, ask their opinion about the area.

Please be reminded that you select your unit and you must **remain in the unit you select for one year, except for reasonable accommodation for a disabled family.**

I ACKNOWLEDGE THAT:

1. I understand these procedures;
2. Failure to comply will result in the loss of my voucher;
3. No hearing can be requested for expired vouchers; and
4. Extensions cannot be given after the voucher expires in accordance with HUD regulation.

Signature

Date



BRIEFING ACKNOWLEDGEMENT FORM

PHA Briefing of Family: Information when a family is selected.

1. The Southern Nevada Regional Housing Authority (SNRHA) is issuing a Housing Choice Voucher and you have been provided with the following/documents at your briefing:
 - a. A description of how the program works;
 - b. Family and owner responsibilities; and
 - c. Where the family may lease a unit, including renting a dwelling unit inside or outside the PHA jurisdiction.
2. For a family that qualifies to lease a unit outside the PHA jurisdiction under portability procedures, the briefing must include an explanation of how portability works. The PHA may not discourage the family from choosing to live anywhere in the PHA jurisdiction, or outside the PHA jurisdiction under portability procedures.
3. If the family is currently in a high poverty census tract in the PHA's jurisdiction, the briefing must also explain the advantages of moving to an area that does not have a high concentration of low-income families.
4. In briefing a family that includes any disabled person, the PHA must take appropriate steps to ensure effective communication in accordance with 24 CFR 8.6.
5. In briefing a welfare-to-work family, the PHA must include specification of any local obligations of a welfare-to-work family and an explanation that failure to meet these obligations is grounds for PHA denial of admission or termination of assistance.

Information Packet: When a family is selected to participate in the program, the PHA must give the family a packet that includes information on the following subjects:

1. The term of the voucher, and PHA policy on any extensions or suspensions of the term. If the PHA allows extensions, the packet must explain how the family can request an extension.
2. How the PHA determines the amount of the housing assistance payment for family, including:
 - a. How the PHA determines the payment standard for a family; and
 - b. How the PHA determines the total tenant payment for a family.
3. How the PHA determines the maximum rent for an assisted unit.

4. Where the family may lease a unit. For a family that qualifies to lease a unit outside the PHA jurisdiction under portability procedures, the information packet must include an explanation of how portability works.
5. The HUD required "tenancy addendum" that must be included in the lease.
6. The form that the family uses to request PHA approval of the assisted tenancy, and an explanation of how to request such approval.
7. A statement of the PHA policy on providing information about a family to prospective owners.
8. PHA subsidy standards, including when the PHA will consider granting exceptions to the standards.
9. The HUD brochure on how to select a unit.
10. Information on federal, state and local equal opportunity laws, and a copy of the housing discrimination complaint form.
11. A list of landlords or other parties known to the PHA who may be willing to lease a unit to the family, or help the family find a unit.
12. Notice if the family includes a disabled person, the family may request a current listing of accessible units known to the PHA that may be available.
13. Family obligations under the program, including any obligations of a welfare-to-work family, and;
14. PHA informal hearing procedures. This information must describe when the PHA is required to give a participant family the opportunity for an informal hearing, and how to request a hearing.
 - FSS Interest Form
 - Reasonable Accommodations-(exceptions, payment standard, transportation/voucher extension, unit size)
 - Lead-Base Pamphlet
 - "Helpful Hints Brochure" and "How to keep your Voucher"

These items were provided in writing and received orally at the time of the briefing. I acknowledge I did attend the briefing and received the listed documents and that they were orally explained.

Signature

Date



NOTICE TO HOUSING CHOICE VOUCHER HOLDERS

Have you been a victim of domestic violence, dating violence, or stalking?

If so, you should know your rights as a Housing Choice Voucher Holder:

- You cannot be denied a housing voucher solely because you are or have been a victim of domestic violence, dating violence, or stalking.
- A landlord cannot refuse to rent to you solely because you are or have been a victim of domestic violence, dating violence, or stalking.
- Your abuser's acts or threats of domestic violence, dating violence, or stalking against you are not good cause for evicting you. You do not violate your lease by being the victim of acts of domestic violence, dating violence, or stalking.
- Your abuser's acts or threats of domestic violence, dating violence, or stalking against you are not good cause for revoking your housing voucher.
- Your landlord cannot evict you from your unit on the basis of criminal activity directly relating to domestic violence, dating violence, or stalking against you, *unless* your landlord can show there is an *actual* and *imminent* threat to the safety of other tenants or staff if you are not evicted.
- Your housing voucher cannot be revoked on the basis of criminal activity directly relating to domestic violence, dating violence, or stalking against you *unless* the agency providing your voucher can show there is an *actual* and *imminent* threat to the safety of other tenants or staff if the voucher is not revoked.
- If you and your abuser live together, your landlord can evict your abuser for his or her acts of domestic violence, but your landlord may not evict or otherwise penalize you, *unless* (as described above) your landlord can show there is an *actual* and *imminent* threat to the safety of other tenants or staff if you are not evicted.
- If you and your abuser share a housing voucher, your abuser can be removed from the voucher for his or her acts of domestic violence, but (assuming you continue to qualify for the voucher) you cannot lose the voucher on this basis, *unless* (as described above) the agency providing your voucher can show there is an *actual* and *imminent* threat to the safety of other tenants or staff if the voucher is not revoked.
- Your landlord may evict you for serious or repeated lease violations that are unrelated to the domestic violence, dating violence, or stalking against you, as long as it does not hold you to a more demanding set of rules than it applies to tenants who are not victims of domestic violence, dating violence, or stalking.
- Your voucher may be revoked based on serious or repeated lease violations that are unrelated to the domestic violence, dating violence, or stalking against you, as long as the agency providing the voucher does not hold you to a more demanding set of rules than it applies to voucher holders who are not victims of domestic violence, dating violence, or stalking.
- Your landlord or the agency providing your housing voucher can ask you to prove, or "certify" that you are a victim of domestic violence, dating violence, or stalking and thus entitled to the above rights.
- If the landlord or voucher agency asks you to certify that you are a victim of domestic violence, dating violence, or stalking, you must be given at least 14 business days to collect the necessary proof. Your landlord or voucher agency is also free to grant additional time.



- There are certain documents that your landlord or voucher agency *must* accept as proof that you are a victim of domestic violence, dating violence, or stalking, including police or court records and certain statements from attorneys, medical professionals, and domestic violence advocates. The landlord or voucher agency also has discretion to accept any other kind of evidence that shows you are a victim of domestic violence, dating violence, or stalking.
- Specifically, any one of the following is sufficient proof that you are a victim of domestic violence, dating violence, or stalking entitled to the above rights.
 - A written, signed statement from a victim services provider that states under penalty of perjury that the provider believes the incidents in question were acts of domestic violence, dating violence, or stalking against you and that names your abuser. You must also sign the document.
 - A written, signed statement from a medical professional that states under penalty of perjury that the medical professional believes the incidents in question were acts of domestic violence, dating violence, stalking against you and that names your abuser. You must also sign the document.
 - A written, signed statement from an attorney that states under penalty of perjury that the attorney believes that the incidents in question were acts of domestic violence, dating violence, or stalking against you and that names your abuser. You must also sign the document.
 - A police record that indicates you were a victim of domestic violence, dating violence, or stalking and that names your abuser.
 - A court record (for example, a protective order) that indicates you were a victim of domestic violence, dating violence, or stalking and that names your abuser.
- In general, your landlord or voucher agency must keep confidential any information you provide about the violence against you unless you give permission to share the information with someone else. The landlord may use this information for an eviction proceeding (for example, to evict an abuser). The landlord or voucher agency can also disclose this information if required to do so by law.
- If you move out of a voucher-assisted unit in violation of your lease in order to protect your health and safety or that of a member of your family because you have a reasonable belief that you are threatened with harm from further domestic violence, dating violence, or stalking if you remain in the unit, you may move with your voucher to another jurisdiction but **MUST** receive the Housing Authority's "prior" approval before you move.

 Signature (Head of Household)

 Date

This form to be used for SNRHA purposes only.

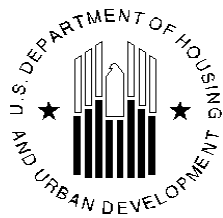
Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority's personnel [24 CFR § 982.552(c)(1)(ix.)]

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 matter within its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attention: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingue. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Espanol, por favor contacte a su asistente social.



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



BRIEFING ACKNOWLEDGEMENT FORM

PHA Briefing of Family: Information when a family is selected.

1. The Southern Nevada Regional Housing Authority (SNRHA) is issuing a Housing Choice Voucher and you have been provided with the following/documents at your briefing:
 - a. A description of how the program works;
 - b. Family and owner responsibilities; and
 - c. Where the family may lease a unit, including renting a dwelling unit inside or outside the PHA jurisdiction.
2. For a family that qualifies to lease a unit outside the PHA jurisdiction under portability procedures, the briefing must include an explanation of how portability works. The PHA may not discourage the family from choosing to live anywhere in the PHA jurisdiction, or outside the PHA jurisdiction under portability procedures.
3. If the family is currently in a high poverty census tract in the PHA's jurisdiction, the briefing must also explain the advantages of moving to an area that does not have a high concentration of low-income families.
4. In briefing a family that includes any disabled person, the PHA must take appropriate steps to ensure effective communication in accordance with 24 CFR 8.6.
5. In briefing a welfare-to-work family, the PHA must include specification of any local obligations of a welfare-to-work family and an explanation that failure to meet these obligations is grounds for PHA denial of admission or termination of assistance.

Information Packet: When a family is selected to participate in the program, the PHA must give the family a packet that includes information on the following subjects:

1. The term of the voucher, and PHA policy on any extensions or suspensions of the term. If the PHA allows extensions, the packet must explain how the family can request an extension.
2. How the PHA determines the amount of the housing assistance payment for family, including:
 - a. How the PHA determines the payment standard for a family; and
 - b. How the PHA determines the total tenant payment for a family.
3. How the PHA determines the maximum rent for an assisted unit.

4. Where the family may lease a unit. For a family that qualifies to lease a unit outside the PHA jurisdiction under portability procedures, the information packet must include an explanation of how portability works.
5. The HUD required "tenancy addendum" that must be included in the lease.
6. The form that the family uses to request PHA approval of the assisted tenancy, and an explanation of how to request such approval.
7. A statement of the PHA policy on providing information about a family to prospective owners.
8. PHA subsidy standards, including when the PHA will consider granting exceptions to the standards.
9. The HUD brochure on how to select a unit.
10. Information on federal, state and local equal opportunity laws, and a copy of the housing discrimination complaint form.
11. A list of landlords or other parties known to the PHA who may be willing to lease a unit to the family, or help the family find a unit.
12. Notice if the family includes a disabled person, the family may request a current listing of accessible units known to the PHA that may be available.
13. Family obligations under the program, including any obligations of a welfare-to-work family, and;
14. PHA informal hearing procedures. This information must describe when the PHA is required to give a participant family the opportunity for an informal hearing, and how to request a hearing.
 - FSS Interest Form
 - Reasonable Accommodations-(exceptions, payment standard, transportation/voucher extension, unit size)
 - Lead-Base Pamphlet
 - "Helpful Hints Brochure" and "How to keep your Voucher"

These items were provided in writing and received orally at the time of the briefing. I acknowledge I did attend the briefing and received the listed documents and that they were orally explained.

Signature

Date



NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

Name:

Client #:

Dear Participant:

U.S. Housing and Urban Development (HUD) Notice PIH-2017-08 (HA), Section 10 has required we provide you the enclosed forms:

I hereby acknowledge I have received a copy of SNRHA’s two forms:

- HUD-5380, Notice of Occupancy Rights Under the Violence Against Women Act, and
- HUD-5382, Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation.



Signature

Date

Thank you for your prompt attention in this matter.

This form to be used for SNRHA purposes only.

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority’s personnel [24 CFR § 982.552(c)(1)(ix.)]

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 matter within its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attention: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingue. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Espanol, por favor contacte a su asistente social.



Southern Nevada Regional Housing Authority

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 the Southern Nevada Regional Housing Authority (SNRHA) 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 SNRHA, 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 SNRHA, 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.

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 SNRHA 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

SNRHA 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 SNRHA chooses to remove the abuser or perpetrator, SNRHA 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, SNRHA 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.

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.

In removing the abuser or perpetrator from the household, SNRHA must follow Federal, State, and local eviction procedures. In order to divide a lease, SNRHA 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, SNRHA 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, SNRHA 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.

SNRHA 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.

SNRHA's emergency transfer plan provides further information on emergency transfers, and SNRHA 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

SNRHA 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 SNRHA must be in writing, and SNRHA 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. SNRHA 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 SNRHA as documentation. It is your choice which of the following to submit if SNRHA 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 SNRHA 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 SNRHA has agreed to accept.

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

If SNRHA 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), SNRHA 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, SNRHA does not have to provide you with the protections contained in this notice.

Confidentiality

SNRHA 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.

SNRHA must not allow any individual administering assistance or other services on behalf of SNRHA (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.

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

- You give written permission to SNRHA to release the information on a time limited basis.
- SNRHA 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 SNRHA or your landlord to release the information.

VAWA does not limit SNRHA'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, SNRHA 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 SNRHA 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 SNRHA can demonstrate the above, SNRHA 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 **U.S. HUD San Francisco Regional Office – Region IX; One Sansome Street, Suite 1200; San Francisco, California 94104-4430.**

For Additional Information

You may view a copy of HUD's final VAWA rule at 24 CFR Parts 5, 91, 880, et al. Additionally, SNRHA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **SafeNest by calling (702) 877-0133.**

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 **SafeNest by calling (702) 877-0133.**

For tenants who are or have been victims of stalking seeking help may visit the **National Center for 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 **SafeNest by calling (702) 877-0133.**

Victims of stalking seeking help may contact **SafeNest by calling (702) 877-0133.**

Attachment: HUD-5382 form: "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation."



Southern Nevada Regional Housing Authority



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 time(s) of incident(s) (if known): _____

9. Location of incident(s): _____

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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.



IMPORTANT INFORMATION ABOUT YOUR REEXAMINATION
Please read this carefully before completing the reexamination form.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

- The reexamination form must be completed in the handwriting of the head of household. Incomplete reexamination forms will not be processed. Please complete in black/blue ink.
- Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing authority.
- Use the full legal name of each person listed on the reexamination form as it appears on his or her social security card.
- Please print all answers.
- Answer all questions on the reexamination form. DO NOT leave any questions blank. If a question does not apply to you such as "What is your telephone number?" and you do not have a telephone, write "none".
- All yes/no questions must be checked to indicate whether your response is a "yes" or "no".
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the reexamination form.
- The legal head of household, spouse/co-head, and all adults (age 18+) must sign and date the reexamination form.
- Where indicated on this form, the questions apply to all members of the family listed on the reexamination form.
- The information you provide on this reexamination form must be true and complete. It is a violation of Federal and State criminal law to make false statements on this form for housing assistance. If you do not understand a question, please ask your housing representative.

NOTE: ALL HIGHLIGHTED AREAS MUST BE COMPLETED

I understand that I have the right to request a reasonable accommodation to make services and programs accessible. A reasonable accommodation is a modification or change in our policies, procedures that will assist otherwise eligible participants with a disability to take advantage of the Housing Choice Voucher Program. Clients who request a reasonable accommodation will submit said request in writing or any other method needed because of their disability, to the Authority for review and consideration of approval. Reasonable Accommodation request forms are available through staff or in our lobby.

To ensure all applicants/participants that require communication in a format other than written notices due to a disability, SNRHA shall inquire whether you need other methods of communication such as larger print size, a reader of information on tape, assistance with writing or an interpreter at meetings, etc. Please advise staff if you require this assistance. Our goal is to ensure all participants have full access to all programs and services, including Limited English Proficiency persons (persons who speak and/or write limited English) who may require documents in another language other than English. These services are free to eligible participants and applicants.

This form to be used for SNRHA purposes only.

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority's personnel [24 CFR § 982.552(c)(1)(ix.)]

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 matter within its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attention: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingüe. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Español, por favor contacte a su asistente social.

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.

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)

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

SOUTHERN NEVADA REGIONAL
HOUSING AUTHORITY
PO BOX 1897
LAS VEGAS, NV 89125-1897

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(I)(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.



AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any federal, state or local agency, organization, business, or individual to release to the Southern Nevada Regional Housing Authority any information or materials needed to complete and verify my application for housing assistance and/or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority in administering and enforcing program rules and policies.

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be requested; this includes but is not limited to:

- Identity and Marital Status
- Residences and Rental Activity Income
- Medical or Child Care Allowances
- Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation in a housing assistance program.

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Law Enforcement Agencies
- Support and Alimony Providers
- Utility Companies
- Medical and Child Care Providers
- Veteran's Administration
- Welfare Agencies
- Schools and Colleges
- Credit Bureaus and Providers
- Mortgage Companies
- Retirement/Pensions
- Courts and Post Offices
- Social Security Administration
- Lending Institutions
- Financial Institutions

I understand and agree that the Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to exchange such automated information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; Department of Defense; Office of Personnel Management; U.S. Postal Services; Social Security Agency; and State Welfare and food stamp agencies.

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for so long as I remain an applicant/participant/resident in any housing program administered by the Housing Authority.

Signatures	Printed Name	Date

Print Client's Name Legibly: _____ Caseworker: _____

Client #: _____ Client's SSN: _____ Client's D.O.B. _____

Street Address: _____ Apt # _____ City: _____ State: _____ Zip: _____

Print Client's Name Legibly: _____ Caseworker: _____

Client #: _____ Client's SSN: _____ Client's D.O.B. _____

Street Address: _____ Apt # _____ City: _____ State: _____ Zip: _____

Print Client's Name Legibly: _____ Caseworker: _____

Client #: _____ Client's SSN: _____ Client's D.O.B. _____

Street Address: _____ Apt # _____ City: _____ State: _____ Zip: _____



This form to be used for SNRHA purposes only.

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority's personnel [24 CFR § 982.552(c)(1)(ix.)]

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 matter within its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attention: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingüe. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Español, por favor contacte a su asistente social.



NO OUT-OF-POCKET MEDICAL EXPENSES

Name: _____

Date: _____

SSN: _____

Client #: _____

At the present time, NONE OF MY FAMILY MEMBERS have any ongoing medical expenses that we have to pay for “out-of-pocket” as defined below.

Medical Deduction Expenses: Anticipated medical expenses are allowable for all household members when the head or spouse is at least 62 years of age, disabled or a person with disabilities. These expenses must not be reimbursed by an outside source.

Head of Household Signature

Date

SPECIAL NOTE:

If you have Medicare Part D coverage and you ARE paying the premium, DO NOT sign this form. Please send in a copy of your Medical Card along with your other expenses.

This form to be used for SNRHA purposes only.

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority’s personnel [24 CFR § 982.552(c)(1)(ix.)]

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The information in this brochure pertains to:

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

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

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

Southern Nevada Regional Housing Authority (SNRHA) which is the new name of the Clark County Housing Authority and the City of Las Vegas Housing Authority effective January 1, 2010.

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

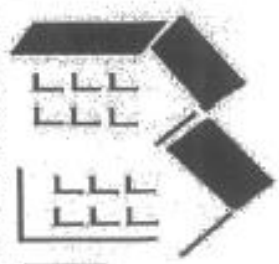
Signature _____

Printed Name _____

Date: _____



Office of Public and Indian Housing (PIH)
Office of Public Housing & Voucher Programs



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

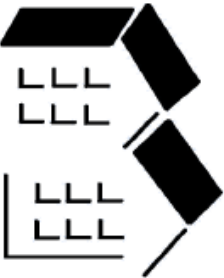


What You should Know About EIV



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

February 2010

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

If the landlord or voucher agency asks you to certify that you are a victim of domestic violence, dating violence, or stalking, you must be given at least 14 business days to collect the necessary proof. Your landlord or voucher agency is also free to grant additional time.

- There are certain documents that your landlord or voucher agency *must* accept as proof that you are a victim of domestic violence, dating violence, or stalking, including police or court records and certain statements from attorneys, medical professionals, and domestic violence advocates. The landlord or voucher agency also has discretion to accept any other kind of evidence that shows you are a victim of domestic violence, dating violence, or stalking.
- Specifically, any one of the following is sufficient proof that you are a victim of domestic violence, dating violence, or stalking entitled to the above rights.
 - A written, signed statement from a victim services provider that states under penalty of perjury that the provider believes the incidents in question were acts of domestic violence, dating violence, or stalking against you and that names your abuser. You must also sign the document.
 - A written, signed statement from a medical professional that states under penalty of perjury that the medical professional believes the incidents in question were acts of domestic violence, dating violence, stalking against you and that names your abuser. You must also sign the document.
 - A written, signed statement from an attorney that states under penalty of perjury that the attorney believes that the incidents in question were acts of domestic violence, dating violence, or stalking against you and that names your abuser. You must also sign the document.
 - A police record that indicates you were a victim of domestic violence, dating violence, or stalking and that names your abuser.
 - A court record (for example, a protective order) that indicates you were a victim of domestic violence, dating violence, or stalking and that names your abuser.
- In general, your landlord or voucher agency must keep confidential any information you provide about the violence against you unless you give permission to share the information with someone else. The landlord may use this information for an eviction proceeding (for example, to evict an abuser). The landlord or voucher agency can also disclose this information if required to do so by law.
- If you move out of a voucher-assisted unit in violation of your lease in order to protect your health and safety or that of a member of your family because you have a reasonable belief that you are threatened with harm from further domestic violence, dating violence, or stalking if you remain in the unit, you may move with your voucher to another jurisdiction but **MUST** receive the Housing Authority's "prior" approval before you move.

Print Name / Signature (Head of Household)

Date

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NOTICE TO HOUSING CHOICE VOUCHER HOLDERS

Have you been a victim of domestic violence, dating violence or stalking?

If so, you should know your rights as a Housing Choice Voucher holder:

- You cannot be denied a housing voucher solely because you are or have been a victim of domestic violence, dating violence or stalking.
- A landlord cannot refuse to rent to you solely because you are or have been a victim of domestic violence, dating violence, or stalking.
- Your abuser's acts or threats of domestic violence, dating violence, or stalking against you are not good cause for evicting you. You do not violate your lease by being the victim of acts of domestic violence, dating violence, or stalking.
- Your abuser's acts or threats of domestic violence, dating violence, or stalking against you are not good cause for revoking your housing voucher.
- Your landlord cannot evict you from your unit on the basis of criminal activity directly relating to domestic violence, dating violence, or stalking against you, *unless* your landlord can show there is an *actual* and *imminent* threat to the safety of other tenants or staff if you are not evicted.
- Your housing voucher cannot be revoked on the basis of criminal activity directly relating to domestic violence, dating violence, or stalking against you, *unless* the agency providing your voucher can show there is an *actual* and *imminent* threat to the safety of other tenants or staff if the voucher is not revoked.
- If you and your abuser live together, your landlord can evict your abuser for his or her acts of domestic violence, but your landlord may not evict or otherwise penalize you, *unless* (as described above) your landlord can show there is an actual and imminent threat to the safety of other tenants or staff if you are not evicted.
- If you and your abuser share a housing voucher, your abuser can be removed from the voucher for his or her acts of domestic violence, but (assuming you continue to qualify for the voucher) you cannot lose the voucher on this basis, *unless* (as described above) the agency providing your voucher can show there is an actual and imminent threat to the safety of other tenants or staff if the voucher is not revoked.
- Your landlord may evict you for serious or repeated lease violations that are unrelated to the domestic violence, dating violence, or stalking against you, as long as it does not hold you to a more demanding set of rules than it applies to tenants who are not victims of domestic violence, dating violence, or stalking.
- Your voucher may be revoked based on serious or repeated lease violations that are unrelated to the domestic violence, dating violence, or stalking against you, as long as the agency providing the voucher does not hold you to a more demanding set of rules than it applies to voucher holders who are not victims of domestic violence, dating violence, or stalking.
- Your landlord or the agency providing your housing voucher can ask you to prove, or "certify" that you are a victim of domestic violence, dating violence, or stalking and thus entitled to the above rights.



SECTION B.

The family (including each family member) must not:

1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease. NOTE: Applicants and participants who are victims of domestic violence are protected against denial and/or termination of assistance under VAWA (Violence against Women Reauthorization Act of 2005).
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
5. Sublease or sublet the unit or assign the lease or transfer the unit.
6. Receive housing choice voucher program assistance while receiving another housing subsidy, for the same or a different unit, under any other Federal, State or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless SNRHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

Print Name

Signature

Date

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FAMILY OBLIGATIONS – HOUSING CHOICE VOUCHER PROGRAM

SECTION A.

The family (including each family member in the household to be assisted) must:

1. Supply any information that SNRHA or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by SNRHA to verify that the family is living in the unit or information related to family absence from the unit, including any SNRHA requested information or certification for the purpose of family absences. The family must cooperate with SNRHA for this purpose and must promptly notify SNRHA of absence from the unit.
4. Promptly (within 10 calendar days) notify SNRHA in writing when the family is away from the unit for more than 30 consecutive or 90 calendar days.
5. Allow SNRHA to inspect the unit at reasonable times and after reasonable notice.
6. Notify SNRHA and the owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly (within 10 calendar days) notify SNRHA in writing of the birth, adoption, or court-awarded custody of a child.
9. Request SNRHA written approval to add any other family member as an occupant of the unit. Housing assistance WILL BE TERMINATED if unauthorized persons are allowed to reside in the unit.
10. Promptly (within 10 calendar days) notify the PHA in writing if any family member no longer lives in the unit.
11. Promptly (within 10 calendar days) give SNRHA a copy of any owner eviction notice.
12. Pay any utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
13. Promptly (within 10 calendar days) notify SNRHA in writing of any changes in income and/or income source.

Any information the family supplies must be true and complete.

If a family member is a person with a disability and you require a specific accommodation to fully utilize our programs and services as a reasonable accommodation, contact the Housing Authority to obtain a REQUEST FOR A REASONABLE ACCOMMODATION form.



RIGHTS TO MINIMUM RENT HARDSHIP EXCEPTION

I understand I have the right to request an exception when my rent is calculated using the minimum rent of \$50.00. To request this exception, I must submit a WRITTEN statement of my family hardship that qualifies my family for an exception. The SNRHA will request documentation as proof of financial hardship and will review all requests for exception due to financial hardship.

To qualify for a hardship exception, my family’s circumstances must fall into one of the following criteria:

1. Lost eligibility or is awaiting an eligibility determination for Federal, State or local assistance
2. Family would be evicted as a result of charging the minimum rent
3. Family income has decreased because of changed circumstances including loss of employment, death in the family or other circumstances as determined by the SNRHA or HUD.

Based on SNRHA’s determination of the request, one of the following shall result:

1. Family Qualifies: If the SNRHA determines there is a qualifying long-term financial hardship, the SNRHA shall not charge the family the minimum rent. The SNRHA will reimburse the family for any minimum rent charges due.
2. Family Qualifies as Temporary Hardship: If the SNRHA determines the hardship is temporary, the minimum rent will not be charged for a period up to 90 days from the date of the family’s request. At the end of the temporary suspension period, the minimum rent will be charged RETROACTIVELY to the time of suspension.
3. Family Does Not Qualify: If the SNRHA determines the minimum rent is not covered by statute, the SNRHA will charge the minimum rent, including payment for minimum rent from the time of suspension.

Signature

Date

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NOTIFICATION OF HUD ALLOWABLE DEDUCTIONS

The following is a list of deductions allowed by the U.S. Department of Housing and Urban Development under the Housing Choice Voucher subsidized rental program.

- **Dependant Deduction** - \$480 for each household member who is under age 18. If the family member is over age 18, they must be disabled or a full-time student. (The head of household, spouse, foster children or live-in aide are never counted as dependants.)
- **Elderly Household Deduction** - \$400 per family when the head of household or spouse is at least age 62 or disabled. Whenever both head and co-head of household are disabled, only one \$400 deduction is allowed per family.
- **Childcare Deduction** – Reasonable childcare expenses for children ages 12 and under (including foster children). This deduction is allowed if the childcare services allow a family member to work, participate in an approved training program, or to attend school. When another party reimburses childcare expenses, the family is not eligible for the deduction.
- **Care Attendant or Auxiliary Apparatus Deduction** – Anticipated expenses are allowed when the total expenses exceed 3% of the annual gross income. These expenses must not be reimbursed by an outside source.
- **Medical Deduction** – Anticipated expenses are allowed for households when the head or spouse is at least age 62, disabled or a person with disabilities. When the household is eligible for medical expense deductions, the anticipated medical expenses for all household members are allowed. Anticipated expenses are allowed when the total expenses exceed 3% of the annual gross income. These expenses must not be reimbursed by an outside source.
- **Mandatory Earned Income Disallowance** – This is a deduction of wages when a disabled person begins employment after April 20, 2001. Depending on circumstances, he/she may be eligible for this deduction. For the first 12 months of employment, 100% of the wages earned is not counted towards the rent calculation. For the next 12 months of employment, 50% of the wages is counted towards the rent calculation. The total of 24 months of employment must be completed with a period of 48 months from the initial date of employment.

I acknowledge the HUD deductions allowed in determining my adjusted annual income have been explained to me. Further, I understand I may not be eligible for part or all of these deductions according to HUD regulations. Lastly, I acknowledge I have been provided with a copy of this form.

Applicant/Participant - PRINT NAME / *Signature*

Date

Original – in file
 Copy to: Applicant/Participant

I understand that I have the right to request a reasonable accommodation to make services and programs accessible. A reasonable accommodation is a modification or change in our policies, procedures that will assist otherwise eligible participants with a disability to take advantage of the Housing Choice Voucher Program. Clients who request a reasonable accommodation will submit said request in writing or any other method needed because of their disability, to the Authority for review and consideration of approval. Reasonable Accommodation request forms are available through staff or in our lobby.

To ensure all applicants/participants that require communication in a format other than written notices due to a disability, SNRHA shall inquire whether you need other methods of communication such as larger print size, a reader of information on tape, assistance with writing or an interpreter at meetings, etc. Please advise staff if you require this assistance. Our goal is to ensure all participants have full access to all programs and services, including Limited English Proficiency persons (persons who speak and/or write limited English) who may require documents in another language other than English. These services are free to eligible participants and applicants.

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The Housing Choice Voucher Family-Self Sufficiency Acknowledgment of Affirmatively Further Fair Housing and Mobility Notice

Southern Nevada Regional Housing Authority (SNRHA) shall make a voluntary effort to provide area-wide housing opportunities for families that are beyond those required by federal law or regulations. SNRHA shall assist clients to overcome any impediments to Fair Housing Choice related to the assisted program or activity itself by ensuring staff provide each applicant with a copy of the SNRHA's Deconcentration/Mobility and HUD's Fair Housing/Discrimination Brochures. SNRHA's Deconcentration brochure includes a map that identified areas within Clark County that have poverty rates above 10%. It further provides information regarding bus routes, schools, hospitals, and a list of essential questions renters should ask potential landlords/owners before signing a lease. The brochure also includes crime rate information for specific areas.

SNRHA has developed a listing of units outside of high poverty impacted census tracts and is available via www.GoSection8.com. This listing includes 504 accessible units for disabled participants. SNRHA staff realizes providing listings of available units without providing owners and participants of Fair Housing Rights does not truly address all issues of jurisdictional barriers to mobility. Having said that, we are providing you with the following items:

Documents Provided	<ul style="list-style-type: none"> • HUD Fair Housing/Discrimination Brochure • SNRHA Affirmatively Further Fair Housing Policy • SNRHA Mobility Brochure • Reasonable Accommodation Brochure
---------------------------	---

SNRHA shall not deny persons who qualify for a Housing Choice Voucher (HCV) under this program or other housing opportunities, or otherwise restrict access to SNRHA's programs to eligible applicants who choose not to participate in any mobility assistance programs.

SNRHA shall provide housing search assistance and in accordance with rent reasonableness requirements, approve a higher rent to owners that provide accessible units with structural modifications for persons with disabilities.

SNRHA shall provide technical assistance, through referrals to local housing and equal opportunity offices, to owners interested in making reasonable accommodations or units accessible to persons with disabilities. All applicants are provided with a Resource Guide during their HCV briefing which list both Nevada Legal Service and HUD's Office of Fair Housing contact information.

Upon request, SNRHA may provide transportation for new HCV participants to view up to two (2) units.

I acknowledge that I have received the approved referenced documents and staff has answered any questions I have regarding these resource guides. I further acknowledge that it is my right to lease any unit in any area as long as the unit meets the Housing Choice Voucher Program eligibility requirements, including Housing Quality Standards and the rent does not result in my paying more than 40% of my adjusted income towards my portion of rent.

Print Name _____

Date _____

Signature _____

Client # (entered by staff) _____

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CONTINUED OCCUPANCY FORM

Address: _____	City: _____	Zip Code: _____
Phone #: _____	Cell #: _____	
Email: _____	Message #: _____	

PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all **persons age 18 or older** who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

Marital Status: **(S)** Single **(M)** Married **(D)** Divorced **(W)** Widowed **(SP)** Separated



Name	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	SSN # or Alien Reg #	Full-Time Student Y/N	Marital Status
	HEAD							

CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest.

Name	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	SSN # or Alien Reg #	Full-Time Student Y/N	Marital Status



Answer the following questions about all members of the household:

1. Section 3 is a provision of the Housing and Urban Development Act of 1968, which recognizes that HUD funds are typically one of the largest sources of federal funding expended in communities through the form of grants, loans, entitlements, allocations, and other forms of financial assistance. Section 3 is intended to ensure that when employment or contracting opportunities are generated because of covered projects, preference must be given to low-and very low-income persons or business concerns residing in the community where the project is located. If you are interested in possible employment under this program or training, please complete a Section 3 training form. These forms are located in our lobby, posted on our website, or you can request one from your caseworker.

Are you interested in a job under Section 3? Yes No If yes, please request a Section 3 Interest Form from your caseworker. This form must be completed and returned for you to be considered for Section 3.

2. Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes No If yes, who? _____

3. Is there anyone not listed on the reexamination form who is temporarily absent from the home? Yes No If yes, who? _____

4. Has anyone who will be living in the home ever used another social security number other than the one listed on this reexamination form: Yes No
 If yes, who? _____

5. Has anyone who will be living in the home ever used another name, other than the one they are using now? Yes No If yes, who? _____

6. Is anyone living in the home **under** 18 employed? Yes No
 If yes, who? _____ Where? _____
 Address: _____
 Phone: _____

7. Is anyone living in the home 18 or over **and** a full-time student? Yes No
 If yes, who? _____ School Name: _____
 Are they employed? Yes No If yes, where? _____
 Address: _____
 Phone Number: _____

8. Is anyone who will be living in the home attending college (part- or full-time?) Yes No
 If yes, who? _____ School Name: _____
 Are they employed? Yes No If yes, where? _____
 Address: _____

9. Does anyone in your household require any type of accommodations to fully utilize our programs and services? Yes No If yes, who? _____
 What do they require? _____

10. Does anyone in your household require an auxiliary aide (i.e. strobe/visual smoke detector)?
 Yes No If yes, who? _____
 What do they require? _____



PART B: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all of the members of your household.

1. During the last 12 months, has any household member been convicted of any crime? **If yes, how many times?** _____ Yes No

What crimes? _____

2. Is any household member a subject to lifetime sex offender registration? Yes No

If yes, who? _____ **In what State(s)?** _____

3. Is any household member currently using illegal drugs? Yes No

If yes, who? _____

Have they enrolled in a rehab program? Yes No

4. Is any household member currently on probation or parole? Yes No

If yes, who? _____

In what state(s)? _____

PART C: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY

(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

1. Did you or any family member file a federal income tax return for the past year? **If yes, who?** _____ Yes No

2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months? Wages, salaries, tips, fees or commissions from an employer? **If yes, complete the following:** Yes No

Name	Employer Name & Address	Amount \$	Frequency
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly

Payments from Social Security?----- Yes No **If yes, \$** _____

Payments from annuities?----- Yes No **If yes, \$** _____

Payments from retirement/pension funds?----- Yes No **If yes, \$** _____

Payments from disability/death benefits?----- Yes No **If yes, \$** _____

Lump sum payments for the delayed start of periodic payments?----- Yes No **If yes, \$** _____

Unemployment compensation?----- Yes No **If yes, \$** _____

Worker's compensation----- Yes No **If yes, \$** _____

Severance pay?----- Yes No **If yes, \$** _____

TANF payments?----- Yes No **If yes, \$** _____

Alimony payments?----- Yes No **If yes, \$** _____

Income from Title V?----- Yes No **If yes, \$** _____

Income from work study or training programs?----- Yes No **If yes, \$** _____

Are you self-employed?----- Yes No **If yes, \$** _____

Regular or special military pay?----- Yes No **If yes, \$** _____



Food stamp payments?-----	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, \$ _____
Energy assistance payments?-----	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, \$ _____
Foster care payments?-----	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, \$ _____
Adoption payments?-----	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, \$ _____
Child support payments?-----	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete the following:

State	Address	Case Number

Regular contributions from anyone?----- Yes No
 (Includes payments of utilities or funds for food, clothing, etc.)

If yes, complete the following:

Name of Person	Address	Amount \$	Frequency
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly

Financial assistance, grants or scholarships to attend school?----- Yes No

If yes, complete the following:

Name of Family Member	Name and Address of School	Amount \$

PART D: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY

(An asset is something of value that can be converted to cash)

1. Do you or any family member own or have access to any of the following:

Savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of deposit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Money market account?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Member Name	Type of Account	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?

Stocks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real property (land)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pensions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual retirement funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inheritances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any other type of capital investment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value/Income



PART E: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have expenses for child care of a child age 12 or younger?
 Yes No If yes, complete the following:

Minor's Name	Care Provider Information			Amount Monthly
	Name	Address	Phone #	

2. Is any portion of these childcare expenses reimbursed from an outside agency such as (E.O.B.) or person? Yes No If yes, how much is reimbursed per month? \$ _____
 If applicable, portion the client pays after E.O.B. or other subsidy? \$ _____

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities) Yes No
 If yes, complete the following:

Care Attendant Name	Address	Phone #	Amount Monthly

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities) Yes No
 If yes, what is the anticipated monthly cost? _____

Provider	Address	Phone #	Amount Monthly

Medical Expenses (These questions only apply if the head, spouse or co-head is 62 years or older or is disabled.)

Is any member of the household elderly or disabled? Yes No If yes, complete the following:

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums? Yes No
- Long term care insurance? Yes No
- Out of pocket prescription expenses? Yes No



Please list your ongoing un-reimbursed medical expenses, pharmacy payments or monthly payments for the following: (If more space is needed, please list on a separate sheet.)

MEDICAL INSURANCE

Name of Provider	Address	Monthly Cost

PHARMACY

Name of Provider	Address	Monthly Cost

PHYSICIANS AND OTHER PROVIDERS

Name of Provider	Address	Monthly Cost



HOUSING CHOICE VOUCHER PARTICIPANT ACKNOWLEDGEMENT AND CERTIFICATION

Reasonable Accommodation: I understand I have the right to request a reasonable accommodation to make services and programs accessible. A reasonable accommodation is a modification or change in our policies and procedures that will assist otherwise eligible participants with a disability to take advantage of the Housing Choice Voucher Program. Clients who request a reasonable accommodation will submit said request, in writing or any other method needed because of their disability, to the Housing Authority for review and consideration of approval. Reasonable Accommodation request forms are available through staff or in our lobby.

Effective Communication and Limited English Proficiency Plans: To ensure all applicants/participants that require communication in a format other than written notices due to a disability, SNRHA shall inquire whether you need other methods of communication, such as larger print size, a reader of information on tape, assistance with writing or an interpreter at meetings, etc. Please advise staff if you require this assistance. Our goal is to ensure all participants have full access to all programs and services, including Limited English Proficiency persons (persons who speak and/or write limited English), who may require documents in another language other than English. These services are free to eligible participants and applicants.

Foreclosure Notices: I understand that I must immediately notify my caseworker and provide my caseworker a copy of any type of notice regarding foreclosure or potential foreclosure of the property in which I reside and the SNRHA is making HAP payments.

Leasing From Relatives: I certify the unit I intend to rent or that I am currently renting will/is not owned by my parent, child, grandparent, grandchild, or sibling, in accordance with HUD's final rule effective June 17, 1998, unless it is a reasonable accommodation for a disabled participant and approved by the SNRHA.

Right to Minimum Rent Hardship Exception: (See attached page.)

Acknowledgement of Receipt of Helpful Hints Brochure: I hereby acknowledge that I received a copy of SNRHA's "Helpful Hints to Keep Your Housing Choice Voucher Assistance" brochure.

Acknowledgement of Receipt of HUD-5380 and HUD-5382: I hereby acknowledge that I received a copy of "HUD-5380, Notice of Occupancy Rights Under the Violence Against Women Act" and "HUD-5382, Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation."

Acknowledgement of Receipt of EPA Lead Based Paint Pamphlet: I hereby acknowledge that I received this pamphlet in my Briefing Packet.

Reporting Changes in Income or Household Composition: I understand I am required to report in writing, within 10 calendar days, any changes in income and household composition (including getting married). I understand the rules regarding guest/visitors and when I must report when anyone stays with me. I understand that "all" income, including income provided to pay utility bills or other assistance, MUST be reported on the continued occupancy form and/or interim notice immediately.

I do hereby swear or affirm that all of the information above, about my household and me, is true and correct to the best of my knowledge. I also understand that any and all changes in the income of any member of the household, as well as any changes in the household members, must be reported to the Housing Authority, in writing, within 10 calendar days.

I understand FAILURE to report changes in family compositions (including marriages or child/ren being removed from the home) and all changes in income (including bills being paid by others), in writing within 10 calendar days of the change, may cause an overpayment, which I would be responsible to pay back; and/or may result in the loss of my assistance and/or I could even be prosecuted by the court of law.

Utility Allowance: Effective July 1, 2014, the U.S. Department of Housing and Urban Development (HUD) revised the application of the Utility Allowance. The Southern Nevada Regional Housing Authority (SNRHA), Housing Choice Voucher (HCV) Program must implement the new change required by HUD.

The Fiscal Year of 2014 Appropriations Bill **limits the utility allowance payment for tenant-based vouchers to the family unit size for which the voucher is issued**, regardless of the size of the unit rented by the family.

Therefore, the utility allowance for a family is the LOWER of:

- The **voucher size** issued, or
- The **unit size** rented by the family.



SNRHA must notify the current program participants at least 60-days prior to their next reexamination. Vouchers issued after July 1, 2014, the new guidelines are effective at initial lease-up. Current participants will be impacted at next annual or move.

HUD Debts Owed to Public Housing Agencies and Terminations: I acknowledge I have read and signed the subject form and understand that should I leave owing any Public Housing Agencies or any Housing Choice Voucher Landlords, that this balance will be reported to HUD and maintained within HUD's Enterprise Income Verification (EIV) System.

Foreclosure Impacts on HCV Participants! HUD:

In compliance with HUD's PIH Notice 2009-52 that provides guidance on Section 702 of the Protecting Tenants at Foreclosure Act (PTFA) of 2009 and the American Recovery and Reinvestment Act of 2009, SNRHA shall enforce HUD's new regulations relating to landlords providing notices to Housing Choice Voucher (HCV) Participants.

The new regulations require that during the term of the lease, the owner shall not terminate except for serious and repeated violations of the terms and conditions of the lease or other good cause, and in the case of an owner who is an immediate successor in interest pursuant to foreclosure during the term of the lease vacating the property prior to the sale shall not constitute other good cause, except that the owner may terminate the tenancy effective the date of transfer of the unit to the owner, if the owner:

- Will occupy the unit as a primary residence; and
- Has provided the tenant a notice to vacate at least 90 days before the effective date of such notice.

This change provides our HCV participants with more protection! Nevada leads the nation in foreclosures and that is impacting a lot of HCV participants. Please ensure you advise your caseworker immediately if you receive any foreclosure notice. We will not issue you a voucher to move until such time as the unit has actually foreclosed if you are in the first year of your lease or within 45 days of the end of your 90 days notice in compliance with new laws. If you have lived in the unit for more than 12 months, then the lease is generally month-to-month "unless" you have signed a new 12 month lease. If that is the case or if you are in the first year of your lease, the owner is required to provide a 90-day notice. If you receive that notice, please call your caseworker for an appointment so we can assist you with planning your relocation. Don't panic! We are here to provide you with guidance.

HOUSING CHOICE VOUCHER PARTICIPANT ACKNOWLEDGEMENT AND CERTIFICATION
CONTINUED

I certify under penalty of perjury, my answers are correct and complete to the best of my knowledge and ability. I swear I have honestly reported the citizenship of myself and anyone for which I am applying for rental subsidy.

Signature of Adult Family Members

Signature of Head of Household	Date	Signature of Other Adult	Date
Signature of Other Adult	Date	Signature of Other Adult	Date
Signature of SNRHA Representative		Date	

This form to be used for SNRHA purposes only.

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority's personnel [24 CFR § 982.552(c)(1)(ix.)]

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 matter within its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attention: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingüe. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Español, por favor contacte a su asistente social.