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.
Continued Occupancy Packet (CONT’D OCC PACKET)                   Rev.8-2020

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.
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)

FHA 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

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

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

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household’s income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

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

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA’s grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained
State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(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.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form HUD-9886 (07/14) Item #1879
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
- Medical or Child Care Allowances
- Residences and Rental Activity Income
- 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
- Utility Companies
- Medical and Child Care
  Providers
- Veteran’s Administration
- Schools and Colleges
- Credit Bureaus and Providers
- Retirement/Pensions
- Welfare Agencies
- Social Security Administration
- Mortgage Companies
- Schools and Colleges
- Lending Institutions
- Financial Institutions
- Courts and Post Offices
- Social Security
- Social Security Agency
- State Welfare and food stamp agencies

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 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.

<table>
<thead>
<tr>
<th>Signatures</th>
<th>Printed Name</th>
<th>Date</th>
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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: _______
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.
A Guide for Applicants & Tenants of EFV

What You Should Know About EFV

1. Confirm your name, date of birth (DOB) and address for accuracy.
2. Verify your receipted income and sources.
3. Confirm your occupation in any one HUD.
4. Confirm any reported income not received.
5. Provide any required proof of income (gross paystub).
6. Provide Housing of Section 8 Program.
7. Provide the information received.
8. Provide the information needed for EFV.

Read the HUD, rental, and supplemental information (SSI) and confirm it.

The information provided HUD with wage and employment.

HHS provides HUD with wage and employment.

By the State Workforce Agency (SWDA). The information is used by HUD and

The information is used by HUD and ES.

February 2018

Continued Occupancy Packet (CONTD OCC PACKET)
What do I do if the EV information is incorrect?

Immediately notify the PHA. When changes occur in your household income or expenses, you must notify your PHA.

What is the purpose of the PHA?

The PHA monitors your income and expenses to ensure you are complying with the terms of your lease.

What are the penalties for providing false information?

Penalties may include fines and may result in eviction.

What forms do I need to file?
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, or 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**

---

This form to be used for SNRHA purposes only.

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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 § 862.552(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.
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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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 ________________
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

CC: Original – in file Copy to: Applicant/Participant

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.
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:

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<tr>
<th>Documents Provided</th>
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<tbody>
<tr>
<td>HUD Fair Housing/Discrimination Brochure</td>
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<tr>
<td>SNRHA Affirmatively Further Fair Housing Policy</td>
</tr>
<tr>
<td>SNRHA Mobility Brochure</td>
</tr>
<tr>
<td>Reasonable Accommodation Brochure</td>
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</table>

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) ___________________________
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

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

CHILDREN 17 AND YOUNGER

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation to Head</th>
<th>US Citizen Y/N</th>
<th>Disabled? Y/N</th>
<th>Sex M/F</th>
<th>Date of Birth</th>
<th>SSN # or Alien Reg #</th>
<th>Full-Time Student Y/N</th>
<th>Marital Status</th>
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</tbody>
</table>
List name and address of absent parent; or if separated list name and address of spouse:

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
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<tbody>
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</table>

**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?  
☐ Yes  ☐ No  If yes, how many times? ________  
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)? ____________________________________________________________________

---

Continued Occupancy Packet (CONT’D OCC PACKET)  Rev. 8-2020
### 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? ________________

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer Name &amp; Address</th>
<th>Amount $</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Week □ Month □ Year</td>
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<td></td>
<td>□ Bi-Weekly □ Bi-Monthly</td>
</tr>
</tbody>
</table>

- Payments from Social Security? ________________
- Payments from annuities? ________________
- Payments from retirement/pension funds? ________________
- Payments from disability/death benefits? ________________
- Lump sum payments for the delayed start of periodic payments? ________________
- Unemployment compensation? ________________
- Worker’s compensation ________________
- Severance pay? ________________
- TANF payments? ________________
- Alimony payments? ________________
- Income from Title V? ________________
- Income from work study or training programs? ________________
- Are you self-employed? ________________
- Regular or special military pay? ________________

If yes, fill in the amount: $ ________
Food stamp payments? --------------------------------------

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If yes, $</th>
</tr>
</thead>
</table>

Energy assistance payments?-------------------------------

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If yes, $</th>
</tr>
</thead>
</table>

Foster care payments?---------------------------------------

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If yes, $</th>
</tr>
</thead>
</table>

Adoption payments?------------------------------------------

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If yes, $</th>
</tr>
</thead>
</table>

Child support payments?------------------------------------

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If yes, complete the following:</th>
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<table>
<thead>
<tr>
<th>State</th>
<th>Address</th>
<th>Case Number</th>
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</table>

Regular contributions from anyone? ☐ Yes ☐ No
(Includes payments of utilities or funds for food, clothing, etc.)
If yes, complete the following:

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Address</th>
<th>Amount $</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>☐ Week ☐ Month ☐ Year</td>
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<td>☐ Bi-Weekly ☐ Bi-Monthly</td>
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</table>

Financial assistance, grants or scholarships to attend school?--------------------------------------

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If yes, complete the following:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Family Member</th>
<th>Name and Address of School</th>
<th>Amount $</th>
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</table>

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:

<table>
<thead>
<tr>
<th>Savings account?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking account?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certificate of deposit?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money market account?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Member Name</th>
<th>Type of Account</th>
<th>Bank Name</th>
<th>Account Number</th>
<th>Balance</th>
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<tbody>
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</tbody>
</table>
2. Do you or any family member own or have access to any of the following?

<table>
<thead>
<tr>
<th>Stocks?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real property (land)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pensions?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Inheritances?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Trust funds?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Individual Retirement Funds</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Life insurance policies?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Individual Retirement Funds</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Any other type of capital investment?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Explain any “Yes” answers below.

<table>
<thead>
<tr>
<th>Family Member Name</th>
<th>Type of Asset</th>
<th>Account Number</th>
<th>Value/Income</th>
</tr>
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<tbody>
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**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:

<table>
<thead>
<tr>
<th>Minor's Name</th>
<th>Care Provider Information</th>
<th>Amount Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name</td>
<td>Address</td>
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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:

<table>
<thead>
<tr>
<th>Care Attendant Name</th>
<th>Address</th>
<th>Phone #</th>
<th>Monthly $</th>
</tr>
</thead>
<tbody>
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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? _______________

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Phone #</th>
<th>Amount Monthly</th>
</tr>
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<tbody>
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</table>
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

<table>
<thead>
<tr>
<th>Name of Provider</th>
<th>Address</th>
<th>Monthly Cost</th>
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### PHARMACY

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<th>Name of Provider</th>
<th>Address</th>
<th>Monthly Cost</th>
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### PHYSICIANS AND OTHER PROVIDERS

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<th>Name of Provider</th>
<th>Address</th>
<th>Monthly Cost</th>
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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**

<table>
<thead>
<tr>
<th>Signature of Head of Household</th>
<th>Date</th>
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<tbody>
<tr>
<td>Signature of Other Adult</td>
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</table>

**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.