CITY OF TEMPE HOUSING AUTHORITY

P.O. Box 5002
Tempe, Arizona 85280

CHANGE IN INCOME/HOUSEHOLD COMPOSITION

You must report the following changes to the Housing Authority, in writing, within ten (10) calendar days of the change:

1. All changes that occur to your family income. This includes earned and unearned income and all assets. The Housing Authority will determine if your change will result in a change to your portion of the rent.

2. If any person is added to your household, or if any person leaves your household. You must obtain approval from both your landlord and the Housing Authority before adding a person to your household.

The ten day reporting requirement means that you must report the change **within ten (10) calendar days from the effective date of the change**, in writing. Changes will not be accepted over the telephone.

DECREASES IN INCOME: You may report decreases in the household income, in writing, as it may result in a decrease in your portion of the rent.

Complete the information below. Submit the original to the Housing Authority. Keep one copy for your records. Check all that apply and complete the requested information:

☐ A decrease in income effective: _____. Explain: _____
_____.

☐ An increase in income effective: _____. Explain and list the name and address of your source of this income: _____
_____.

☐ I wish to add a member(s) to my household effective: _____. Please explain and list the name and relationship of person(s) you wish to add: _____
_____
_____.

☐ A member is leaving, or has left, my household effective: _____. Please explain and list the name and relationship of person(s) that is leaving: _____
_____
_____.

☐ Other information I would like to report:
_____
_____
_____.

PLEASE PRINT:

Name: _____ Daytime Phone: (_____) _____

Address: _____, Tempe, AZ Zip Code: _____

I/We certify the above information is true and correct.

_____ _____
Head of Household Signature Date

_____ _____
Co-Head/Spouse Signature Date

EQUAL HOUSING OPPORTUNITY

IMPORTANT
PRINT OUT A COPY FOR YOUR RECORDS BEFORE SUBMITTING THE FORM ONLINE

CITY OF TEMPE HOUSING SERVICES
SECTION 8 PREFERENCE CERTIFICATION

Date:_____

Print Full Name of Head of Household:_____

Current Mailing Address: _____

E-mail Address (optional): _____

I am applying for the following preference(s) and certify that the following conditions exist as of the date this form is signed below. I understand that the following information will be verified before I can be considered eligible for the housing assistance program.

✓ **Check all that apply to you and complete the explanation, if applicable.**

This Column for THS Use Only:		**Applicant is:**
200 points	☐	**Involuntarily Displaced by Federal or Local Government Action**
150 points	☐	**Applicant is:** **Homeless in the City of Tempe** (List primary night time residency) Name of Shelter and/or transitional living program and/or address:_____
100 points	☐	**Applicant resides in the City of Tempe** Address:_____ _____
	☐	**Head of Household and/or Spouse or Co-Head or Sole Member works or was hired to work, in the City of Tempe** Employers Name:_____ Address: _____ _____
	☐	**Head of Household and/or Spouse or Co-Head or Sole Member is homeless and/or residing in the City of Tempe and is: 62 years of age or older and/or a person with disabilities.**
0 points	☐	**None of the above apply**
Total Preference Points: _____ **Max 450 pts** **Staff:**____		I certify that the above information is true and correct. _____ _____ Signature of Head of Household/Spouse or Co-Head Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

THS: 8/2010

Created on 9/10/2010 8:11:00 AM

SECTION 8 HOUSING CHOICE VOUCHER
WAITING LIST PREFERENCE DEFINITIONS

1. INVOLUNTARILY DISPLACED BY FEDERAL OR LOCAL GOVERNMENT ACTION

To qualify for this preference, the applicant is or will be involuntarily displaced if the applicant has vacated or will vacate his/her housing unit as a result of one or more of the following actions:

- Activity carried on by an agency of the United States or by any State or local Governmental body or agency in connection with code enforcement; **or**
- a public improvement or development program; **or**
- due to uninhabitability as a result of a natural disaster such as a fire or flood.

Verification of Involuntary Displacement will be verified by Certification from a unit or agency of government that you have been or will be displaced by government action, or due to uninhabitability due to a natural disaster (i.e., fire or flood).

PREFERENCE POINTS: **200**

2. HOMELESS IN THE CITY OF TEMPE

To qualify for this preference, the applicant must lack a fixed, regular, and adequate night-time residence; and have primary night time residency that must meet one of the following criteria:

- a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or
- an institution that provides a temporary residence for individuals intended to be institutionalized; or
- a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings,
- a transtitional project that is designed to provide housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months.

Homeless in Tempe: Residency in Tempe prior to becoming homeless will be verified with the shelter and/or transitional living program the individual and/or family is staying.

PREFERENCE POINTS: **150**

3. RESIDE IN THE CITY OF TEMPE

To qualify for this preference, applicant must meet at least one of the following criteria:

- Lessee (tenant); must have a current lease with the legal owner/landlord of the rental property; or
- Household member; must be listed on a current lease as legally living in the rental property as a member of the Lessee's household; or
- Lessee (tenant); must be legally responsible for rent payments to the legal owner/landlord of the rental property.

Residency will be verified with the legal owner/landlord of the rental property.

OR

4. WORKING, OR HIRED TO WORK, IN THE CITY OF TEMPE

To qualify for this preference, the Head of Household and/or Spouse or Co-Head or Sole Member must meet at least one of the following criteria:

- be physically employed in the city limits of Tempe; or
- have been notified that they are hired to work in the city limits of Tempe; or
- employed in the city limits of Tempe through an internship or other training program designed to prepare individuals for the job market may qualify for this preference.

Employment will be verified with the employer. An applicant shall be given the benefit of the working family preference if the Head of Household and/or Spouse or Co-Head or Sole Member is age 62 or older, or is a person with disabilities and is homeless and/or resides in the City of Tempe.

PREFERENCE POINTS: **100**

MAXIMUM POINTS POSSIBLE: **450**

Attachment A

OMB Control # 2502-0581
Exp. 07/31/2012

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant	**Date**

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

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