



135 Serig Drive, Wheeling, WV 26003
Phone (304) 232-6590 • Fax (304) 232-6589



Historic North Wheeling • Wheeling Heights I & II • Jacob Street Apartments

Dear Prospective Applicant:

Thank you for your interest in rental housing managed by Wheeling Neighborhood Ventures Inc. Enclosed with this letter is an application that can be completed and submitted to be considered for our Historic North Wheeling, Wheeling Heights, Wheeling Heights II and/or Jacob Street Apartments rental properties. PLEASE INDICATE WHICH PROPERTY(TIES) YOU ARE INTERESTED IN.

Please be advised, we screen our applicants very carefully. We completely verify all information provided to us on the rental application. **CRIMINAL BACKGROUND CHECKS AND CREDIT REPORTS ARE COMPLETED FOR ALL APPLICANTS AGE 18 AND OVER.** We verify all income, assets, and student status.

APPLICATIONS WILL NOT BE CONSIDERED FOR PLACEMENT ON A WAIT LIST OR PROCESSED FOR ELIGIBILITY THAT ARE NOT FULLY COMPLETED.

Questions on the application must have responses indicating your CURRENT situation.

All "Yes" or "No" questions MUST have a Yes or No response indicated.

All "Yes" responses require an explanation. Do not leave blank or answer with a question mark (?)

In the Housing Reference section, we are requesting that you provide all addresses you have resided for the past SEVEN years. Attach additional sheet if necessary. Indicate if the address was owned or rented by you and, if applicable, indicate "other" with an explanation such as "I resided with my parents in their home".

The screening and verification process is used for every applicant the same way, fairly, consistently, and uniformly. By making application, you acknowledge that these checks and verifications will be completed and give your permission for WNV to do so.

All adults must sign and date the application, as well as the Authorization forms. Submitting an application without the required signatures will result in the application being deemed invalid and placement on the wait list will not occur.

If you have any questions while completing the application, please contact me at (304) 232-6590 for assistance. If you would like to meet with me personally, please contact me to schedule an appointment.

Sincerely,

Tammy Clark
Asset Manager



135 Serig Drive
 Wheeling, WV 26003
 (304) 232-6590

**Historic North Wheeling/Wheeling Heights
 Jacob Street Apartments/Wheeling Heights II
 Rental Program
 Initial Applicant Questionnaire**

Please indicate if you are applying for:

HISTORIC NORTH WHEELING ____ Yes ____ No **WHEELING HEIGHTS** ____ Yes ____ No

JACOB STREET APARTMENTS ____ Yes ____ No **WHEELING HEIGHTS II** ____ Yes ____ No

Household Information

List all household members that are currently living in your household, beginning with yourself, or who will be residing in this apartment.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birth Date <i>Month, Date, Year</i>
	HEAD			

Current Address: _____

Mailing Address: _____

Daytime Phone: _____ **Evening Phone:** _____

For background check, please list all counties/states where you and all adult household members (18 years or older) have lived over the past seven years (example, Ohio County/West Virginia)

Name: _____ Counties/States: _____

Name: _____ Counties/States: _____

YES NO

- 1. Do you expect any additions to the household within the next twelve months?**
 Name & Relationship: _____
 Explanation: _____
- 2. Is there anyone living with you now who won't be living with you at this property?**
 Name & Relationship: _____
 Explanation: _____
- 3. Do you have full custody of your child(ren)?** (If no, obtain proof of amount of time child(ren) will be living in unit.)
 Explanation: _____

YES NO

4. Are there any absent household members who under normal conditions would live with you?
(For example, a spouse away in the military)

Explanation: _____

5. Does your household have or anticipate having any pets other than those used as service animals?

Disability Information

YES NO

6. Will you or any other ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

7. Do you or any other household member need an apartment with special features for people with disabilities?

Explanation: _____

8. Do you or any other household member need an accommodation because of a disability?

Explanation: _____

Background Information

YES NO

9. Have you or anyone else named on this application been convicted of a crime(s)?

Date of Conviction(s): _____ For: _____

10. Have you or anyone else on this application been convicted for possessing, dealing, or manufacturing illegal drugs, or any other drug related criminal activity?

Explanation: _____

11. Have you or anyone else named on this application been convicted of property damage?

Explanation: _____

12. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: _____

Housing Information

Starting with *CURRENT* address, list all addresses you have resided at for the past *SEVEN* years. (If additional space is required, attach additional sheet)

OWNER's Name/Address	Your Address	Indicate If You Owned/Rented/Other (If other, provide explanation)	Dates/Explanation
Name: _____ Address: _____ Phone: () _____	_____ _____ _____	Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other <input type="checkbox"/>	From: _____ To: _____ Explanation: _____
Name: _____ Address: _____ Phone: () _____	_____ _____ _____	Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other <input type="checkbox"/>	From: _____ To: _____ Explanation: _____
Name: _____ Address: _____ Phone: () _____	_____ _____ _____	Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other <input type="checkbox"/>	From: _____ To: _____ Explanation: _____
Name: _____ Address: _____ Phone: () _____	_____ _____ _____	Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other <input type="checkbox"/>	From: _____ To: _____ Explanation: _____
Name: _____ Address: _____ Phone: () _____	_____ _____ _____	Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other <input type="checkbox"/>	From: _____ To: _____ Explanation: _____

Income Information

Earned income is counted for anyone 18 or older (unless younger and legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including members.

**Include all income anticipated for the next 12 months.
Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES **NO**

 13. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash)

<u>Household Member's Name</u>	<u>Employer Name & Phone</u>	<u>Annual Amount</u>
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 14. Self-Employment? (Include overtime, tips, bonuses, commissions and payments received in cash.)

<u>Household Member's Name</u>	<u>Type of Business</u>	<u>Annual Amount</u>
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 15. Regular pay as a member of the Armed Forces/Military?

<u>Household Member's Name</u>	<u>Base Name/Branch</u>	<u>Annual Amount</u>
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 16. Unemployment benefits or workman's compensation?

<u>Household Member's Name</u>	<u>State</u>	<u>Annual Amount</u>
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 17. Current Public Assistance, General Relief or Temporary assistance for Needy Families (TANF)?

<u>Household Member's Name</u>	<u>Caseworker</u>	<u>Annual Amount</u>
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 18. Social Security, SSI or any other payments from the Social Security Administration?

<u>Household Member's Name</u>	<u>SSA Office</u>	<u>Annual Amount</u>
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YES NO

 19. (a) **Child support or Alimony?**

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)

<u>Child(ren's) Name</u>	<u>Payer</u>	<u>Annual Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) **How is the support received?** (Check all that apply)

- Child Support Enforcement Agency** Name of agency: _____
- Court of Law** Name or Court: _____
- Directly From Individual** Name of Person: _____
- Other** Explain: _____

(c) **If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?** (If Yes, obtain court papers)

Explanation: _____

 20. **Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?**

<u>Household Member's Name</u>	<u>Source of Benefit</u>	<u>Annual Amount</u>
_____	_____	_____
_____	_____	_____

 21. **Regular payments from a severance package?**

<u>Household Member's Name</u>	<u>Source of Benefit</u>	<u>Annual Amount</u>
_____	_____	_____
_____	_____	_____

 22. **Regular payments from any type of settlement?** (For example, insurance settlements.)

<u>Household Member's Name</u>	<u>Source of Benefit</u>	<u>Annual Amount</u>
_____	_____	_____
_____	_____	_____

 23. **Regular gifts or payments from anyone outside of the household?** (This includes anyone supplementing your income or paying any of your bills.)

<u>Household Member's Name</u>	<u>Source of Benefit</u>	<u>Annual Amount</u>
_____	_____	_____
_____	_____	_____

YES **NO**

24. **Regular payments from lottery winnings or inheritances?**
- | <u>Household Member's Name</u> | <u>Source of Benefit</u> | <u>Annual Amount</u> |
|--------------------------------|--------------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
25. **Regular payments from rental property or real estate that you or any other household member own?**
- | <u>Household Member's Name</u> | <u>Source of Benefit</u> | <u>Annual Amount</u> |
|--------------------------------|--------------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
26. **Any other income sources or types not listed?**
- | <u>Household Member's Name</u> | <u>Source of Benefit</u> | <u>Annual Amount</u> |
|--------------------------------|--------------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
27. **Do you or any other household members expect any changes to your income in the next 12 months?**
- Explanation: _____
28. **Are you or any other ADULT housing members claiming zero income?**
- Household Member: _____
- Explanation: _____

Asset Information

Include all assets held as well as balances. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

YES **NO**

29. **Checking account?**
- | <u>Household Member's Name</u> | <u>Financial Institute</u> | <u>Annual Amount</u> |
|--------------------------------|----------------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
30. **Savings Account?**
- | <u>Household Member's Name</u> | <u>Financial Institute</u> | <u>Annual Amount</u> |
|--------------------------------|----------------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

YES NO

 31. **CDs, money market accounts or treasury bills?**

<u>Household Member's Name</u>	<u>Financial Institute</u>	<u>Annual Amount</u>
_____	_____	_____
_____	_____	_____

 32. **Stocks, bonds, or securities?**

<u>Household Member's Name</u>	<u>Company or Broker</u>	<u>Annual Amount</u>
_____	_____	_____
_____	_____	_____

 33. **Trust Funds?**

<u>Household Member's Name</u>	<u>Financial Institute</u>	<u>Annual Amount</u>
_____	_____	_____
_____	_____	_____

 34. **Do you pay into and/or have access to funds in a Pension, IRA's, Keogh or other retirement account?**

<u>Household Member's Name</u>	<u>Bank/Employer</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

 35. **Whole life insurance policy?**

<u>Household Member's Name</u>	<u>Insurance Carrier/Phone</u>	<u>Face Value</u>
_____	_____	_____
_____	_____	_____

 36. **Do you own real estate, rental property, land contracts/contract for deeds or other real estate holdings?**
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

<u>Household Member's Name</u>	<u>Address of Property</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

 37. **Personal property held as an investment?**
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture, or clothing.)

<u>Household Member's Name</u>	<u>Item</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

YES NO

 38. A safe deposit box?

<u>Household Member's Name</u>	<u>Items</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

 39. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? (This includes gifts to family members and/or friends.)

Household Member: _____ Amount: _____

Explanation: _____

Student Information

YES NO

 40. Are you or any other household member (INCLUDING MINORS) currently a student?

Household Member(s): _____

School(s): _____

 41. Do you or any other household members expect to enroll as a full-time student in the next 12 months?

<u>Household Member(s)</u>	<u>School(s)</u>
_____	_____
_____	_____

 42. Have you or any other household members already attended school as a full-time student during this calendar year?

<u>Household Member(s)</u>	<u>School(s)</u>
_____	_____
_____	_____

Wait List Information

YES **NO**

- 43. Do you currently hold a Housing Choice Voucher?** (Also known as Section 8)
Housing Authority Name: _____
- 44. Have you applied to receive a Housing Choice Voucher?**
Housing Authority Name: _____
- 45. Do you qualify for any of the following wait list preferences?** (Check all that apply)
- Working Family (Working 20 or more hours per week)
 - Over Age 62, Disabled or Handicapped qualifying for a 1 bedroom unit
 - CURRENT Victim of Domestic Violence
 - Participating in a Self-Sufficiency Program

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Historic North Wheeling and/or the Wheeling Heights Rental Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Historic North Wheeling/Wheeling Heights Rental Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Wheeling Neighborhood Ventures (WNV) any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under Section 8 Rental Rehabilitation, Low Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD and/or the WNV to release information from my file about rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes information on my payment history and any violations of my lease or WNV policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to: identity and marital status, employment, income and assets, residences and rental activity, medical or child care allowances, and 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 for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: previous landlords (including public housing authorities), courts and post offices, schools and colleges, support and alimony providers, past and present employers, welfare agencies, state unemployment agencies, social security administration, medical and childcare providers, veteran's administration, retirement systems, banks and other financial institutions, credit providers, credit bureaus, and utility companies.

COMPUTER MATCHING NOTICE AND CONSENT

I understand that HUD or WNV 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 the right of notification of any adverse information found and a chance to disprove incorrect information. HUD or WNV may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: state employment agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, The Social Security Administration, and state welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original is on file with WNV and will stay in effect for fifteen (15) months from the date it was signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household

Print Name

Date

Adult Member

Print Name

Date

Adult Member

Print Name

Date

Adult Member

Print Name

Date

**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

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

WHEELING NEIGHBORHOOD VENTURES INC
PO BOX 2089
WHEELING WV 26003

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

Authority: Section 904 of the Steward 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 received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income 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 the 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 application 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.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

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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.

Form HUD- 92006 (05/09)



**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 08/31/2016.

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.

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.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		

Wheeling Housing Authority/Wheeling Neighborhood Ventures Inc.

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 **Wheeling Housing Authority (WHA)/Wheeling Neighborhood Ventures Inc. (WNV)** are 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 from WHA/WNV, 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 from WHA/WNV, 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 from WHA/WNV 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.

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.

Removing the Abuser or Perpetrator from the Household

WHA/WNV 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 WHA/WNV chooses to remove the abuser or perpetrator, WHA/WNV 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, WHA/WNV must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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

WHA/WNV 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. WHA's/WNV's emergency transfer plan provides further information on emergency transfers, and WHA/WNV 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

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

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

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

Confidentiality

WHA/WNV 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.

WHA/WNV must not allow any individual administering assistance or other services on behalf of WHA/WNV (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.

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

- You give written permission to WHA and/or WNV to release the information on a time limited basis.
- WHA/WNV 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 WHA/WNV or your landlord to release the information.

VAWA does not limit WHA's/WNV'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, WHA/WNV 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 WHA/WNV 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 WHA/WNV can demonstrate the above, WHA/WNV 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 the HUD Charleston Field Office at 405 Capitol Street, Suite 708 Charleston, WV 25301-1795. Their toll-free phone number is (800) 877-8339 or, for persons with hearing impairments, 1-800-877-8339 (TTY).

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, WHA/WNV must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact any WHA/WNV management office including the Housing Choice Voucher office or contact the HUD Charleston Field Office as listed above.

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 the Wheeling Police Department at (304) 234-3664, the Ohio County Sheriff's Department at (304) 234-3606, and/or the Family Violence Prevention Program at (304) 232-0511.

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 the Wheeling Police Department at (304) 234-3664, the Ohio County Sheriff's Department at (304) 234-3606.

Victims of stalking seeking help may contact the Wheeling Police Department at (304) 234-3664, the Ohio County Sheriff's Department at (304) 234-3606

Attachment: Certification form HUD-5382

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

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

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

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

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

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

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

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

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

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

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____

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

7. Relationship of the accused perpetrator to the victim: _____
8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

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

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

Signature _____ Signed on (Date) _____

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

Acknowledgement of Receipt

I have received the **Notice of Occupancy Rights under the Violence Against Women Act, HUD Form 5380** and the **Certification of Domestic Violence, Dating Violence, Sexual Assault, Or Stalking, and Alternate Documentation, HUD Form 5382** on this date.

Signature

Date

Print Name